



BOCA TERRACE

Condominium Association, Inc.

RULES AND REGULATIONS SERVICE AND SUPPORT ANIMALS

1. The animal must be maintained on a leash at all times, or in a carrier, or otherwise in direct control of the resident who has been granted the accommodation when not in the unit (unless doing so would impair the assistance animal in assisting the resident).
2. Residents must properly dispose of animal excrement or waste.
3. Residents shall not allow their animal to become a nuisance to others including, but not limited to:
 - a. Excessive barking;
 - b. Biting;
 - c. Aggressive behavior;
 - d. Attacking;
 - e. Sanitation/odor problems; and
 - f. Failure to comply with all state and local ordinances and statutes.
4. Residents must provide current and annual vaccination of the animal, immunization and veterinarian records for the animal; and all certifications or training the animal possesses, if the animal is a service animal.
5. Residents must take into consideration other residents who may suffer from severe allergies to animal dander or who may have mental or physical disabilities which also require an accommodation.

Failure to comply with any of these Rules may be grounds to withdraw the approval of the animal.



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Policy And Procedure To Request A Reasonable Accommodation

Background: Under the Federal and State Fair Housing Acts, an individual may request a reasonable accommodation(s) in the rules, policies, practices, or services of Boca Terrace Condominium Association, Inc. ("Association") when such accommodation(s) is necessary to ameliorate the limitations caused by a disability and to afford the individual an equal opportunity to use and enjoy a dwelling. It is the policy of the Association to provide reasonable accommodations to individuals who have disabilities.

I. WHAT IS A REASONABLE ACCOMMODATION?:

“Reasonable accommodation” is defined as a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. *See* 2004 HUD/DOJ Joint Statement on Reasonable Accommodations.

Some examples of a reasonable accommodation are as follows:

- 1) Providing Association forms in large print.
- 2) Providing a reserved accessible parking space near a resident’s unit.
- 3) Allowing a resident to have an assistance animal in a “no pets” building.

II. POLICY:

Submission of Request: A disabled individual may make a reasonable accommodation request(s) at any time and may make it verbally although for reasons of clarity for both parties, the Board recommends filling out the enclosed forms. The Board will assist the individual who needs such assistance and will accept requests in alternate format if necessary because of a disability.

Procedure for Reviewing a Request: The Board of Directors is responsible for processing requests for reasonable accommodation. The request will be reviewed by the Board upon receipt of the requested forms (or information supplied) for a disabled individual's request for a reasonable accommodation(s) in the Association's policies, practices, or services. If additional information is required by the Board the submitting resident will be so advised in writing.

While the Board has responsibility for processing requests for reasonable accommodation, the Board may work closely with the Association's legal counsel to review the documentation submitted in support of a request for a reasonable accommodation, which in turn, may delay the Board from providing a decision. If the matter is referred to the Association's legal counsel, resident will be notified in writing.



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The Board's decision to approve or deny an accommodation will be provided to the applicant in writing in a timely manner. An individual's receipt or denial of an accommodation does not prevent the individual from appealing such decision or making another request at a later time if circumstances change and he or she believes that an accommodation is needed due to limitations from a disability.

Time Frame for Processing a Request: The time frame for processing a request is as soon as possible but no later than 30 business days from the date the request is made. This 30-day period shall be extended in circumstances where the delay in the review process is due to the failure of the individual making the request to timely respond to the Board's communications.

The time frame begins when a request for accommodation is made. If the Board must request medical information or documentation from a requester's doctor, the time frame will be tolled on the day that the Board makes the request and will resume on the day that the responding information/documentation is received by the Board.

There may be extenuating circumstances that could not reasonably have been anticipated or avoided in advance of the request for accommodation, or that are beyond the Board's control, which will extend the time for processing a request for reasonable accommodation. Extensions will be limited to circumstances where they are absolutely necessary and only for as long as required to deal with the extenuating circumstances.

Guidelines as to when medical documentation is required and what type of medical documentation is required: The Association is entitled to obtain information that may be needed to evaluate whether a requested accommodation is necessary because of the requester's disability. After reviewing the submitted Request Form, the Association may request reliable information that is necessary to verify that the requester has a physical or mental impairment that substantially limits one or more major life activities. If information on the requester's disability is requested by the Association, he/she may provide information verifying that he/she meets the statutory requirements, for example, by submitting proof that he/she is under 65 years of age and receiving Supplemental Security Income, Social Security Disability Insurance benefits, or private disability insurance benefits, and/or by providing verification of the disability from a medical provider with expertise in the area of the requester's disability.

When the disability is obvious or known to the Board, documentation of disability will not be required. When the need for the requested accommodation is obvious or known to the Board, documentation of the need for the accommodation will not be required.

If the disability and/or need for the accommodation is not apparent, the Association may request additional information that is necessary to evaluate the disability and the disability-related need for the requested accommodation. To the extent a disability is not permanent, the Association may request additional updated medical information as it deems necessary to determine if there is a continued need for the requested accommodation.



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The Association may request advice from its legal counsel concerning any requests for a reasonable accommodation. The requester consents to the disclosure of all documentation in support of the request to the Association's legal counsel.

All information received by the Association in conjunction with a disabled individual's request for reasonable accommodation will be kept confidential. If any other resident or owner inquires as to why a special accommodation appears to have been made, the Association representative's response will be: "a Federal Fair Housing Act reasonable accommodation has been granted." No additional information will be provided regarding the nature of the disability.

III. CHANGE IN INDIVIDUAL'S NEED:

An individual's need for an accommodation may change over time as a result of changes in the individual's own level of disability or impairment, treatments available to mitigate a disability, and/or other circumstances affecting the individual. If and when circumstances change, it is the individual's responsibility to notify the Association if he/she needs, or no longer needs, a reasonable accommodation.

IV. MAINTAINING AN ASSISTANCE ANIMAL:

Should a request for a reasonable accommodation to the Association's pet policy be granted, the Association reserves the right to withdraw this approval if the animal becomes a nuisance to others. The withdrawal may not be made unless the individual fails to cure the nuisance even after notice is given to the individual regarding same. A **nuisance** to others, includes, but is not limited to:

- excessive barking;
- biting;
- aggressive behavior;
- attacking;
- resident's failure to properly dispose of excrement or waste;
- failure to comply with all state and local ordinances and statutes;
- failure to maintain the animal on a leash at all times, or in a carrier, when not in the unit (unless doing so will impair the assistance animal in assisting the resident); and
- sanitation/odor problems.

The requester may be required to provide current and annual vaccination of the animal, immunization and veterinarian records for the animal; and all certifications or training the animal possesses, if the animal is a service animal. Failure to comply with any of these requirements may be grounds to withdraw the approval of the animal. Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled.

The resident is **solely responsible for any and all damage** caused by the animal, whether to person or property.



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V. APPEALS PROCEDURE: If an individual disagrees with the Board's decision regarding an accommodation request, the individual has a right to appeal using the following procedure: The individual may submit a written request for reconsideration, along with any additional supporting documentation, to the Board within 5 business days of the Board's original decision. Once the Board receives the request for reconsideration, the Board shall have 10 business days to provide the requester its decision, in writing, as to whether it will reverse its original decision.

As stated earlier, an individual's denial of an accommodation does not prevent the individual from making another request at a later time if circumstances change and he or she believes that an accommodation is needed due to limitations from a disability

Individuals who wish to make a reasonable accommodation request may do so orally or in writing. Individuals may complete and return the attached Request for Reasonable Accommodation Form, the Acknowledgment of Policy and Procedure for Disabled Individual to Request a Reasonable Accommodation, the Affidavit of Medical Provider*, and the Animal Registration Form*. Please return any completed forms to:

**BOCA TERRACE CONDOMINIUM ASSOCIATION, INC.
800 9th Street Circle
Boca Raton, FL 33486**

***To be filled out if requesting an assistance animal accommodation**



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Acknowledgment

I have received and read a copy of the *Policy And Procedure To Request A Reasonable Accommodation* and I agree to abide by the regulations. If requesting an assistance animal accommodation, I acknowledge that I bear full responsibility for any assistance animal and I agree to indemnify and hold harmless the Board, Association, management, owners and occupants of the dwelling unit against any loss, claim or liability of any kind or character whatsoever arising from owning or keeping an assistance animal in the dwelling.

Date: _____

By: _____
Signature of Requesting Party

Address: _____

Print: _____
Name of Requesting Party



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Request for Reasonable Accommodation

Person Requesting a Reasonable Accommodation: _____

Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

1. I am a person with a disability, or the following member of my household has a disability

Name: _____

Relationship to you: _____

2. As a result of this disability, I am requesting an exception to the Association's express, written, and strictly enforced rule _____ to allow

_____ as a reasonable accommodation.

3. This request for a reasonable accommodation is necessary so that I have an equal opportunity to use and enjoy the property which I currently lack because (please describe how the disability impairs your from using and enjoying the dwelling unit):

I understand that the information obtained by the Association will be kept completely confidential and used solely to evaluate my request for reasonable accommodation.

Signed: _____

Requesting Party



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Animal Registration Form

Resident Name: _____

Address: _____

Animal's Name: _____ Breed: _____

____ Male ____ Female Color: _____ Weight: _____

Date Animal Acquired: _____ Tag Number: _____

Veterinarian: _____ Phone #: _____

In case of emergency, contact: _____

Does the animal have any specialized training and/or certifications?

____ Yes ____ No

I/We, the Owners of _____ (animal name) do hereby certify and understand that Boca Terrace Condominium Association, Inc. has pet restrictions. I/We understand and agree that the only reason the above assistance animal may be permitted to remain on the property is due to _____ (requesting person's name) request for a reasonable accommodation to the Association's policy and the Board's determination that _____

(requesting person's name) suffers from a disability that substantially limits one or more of the requester's major life activities and the assistance animal will ameliorate the effects of the disability. I/We have attached the following (please circle):

- photograph of the animal
- veterinarian's certificate of up-to-date shots/inoculations
- copies of training certificates and/or certifications (if applicable)
- copies of all requisite licenses (if applicable)
- completed Affidavit of Medical Provider and/or Accommodation Letter from an individual with knowledge of the disability and need for accommodation

Date: _____

Signature: _____

State of Florida : _____

County of _____ :

Sworn to and subscribed before me this ____ day of _____, 20____, by _____, () who is personally known to me, or () who produced _____ as identification.

My commission expires: _____

Notary Public, State of Florida



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AFFIDAVIT OF MEDICAL PROVIDER ACCOMMODATION ANIMAL

*Optional

BEFORE ME, the undersigned authority, personally appeared _____ who, being duly sworn, deposes and says:

1. My name is _____

2. I am licensed by the State of _____, with full privileges to practice in the State of _____.

3. My practice specialty is _____.

4. I have been practicing in this field for _____ years.

5. My office is located at _____.

6. I am the treating medical provider for _____ (“Patient”).

7. I have been Patient’s treating medical provider for _____ years / months (circle one)

8. Within a reasonable degree of medical certainty, I estimate that Patient’s disability began on or about _____ and will continue until _____.

9. Within a reasonable degree of medical certainty, I have concluded that Patient’s condition(s) substantially limits the following of Patient’s “major life activities” (Please list all “major life activities” that are substantially impaired by the Patient’s disability):

10. Patient’s “major life activities” listed above are substantially limited by Patient’s medical/mental condition(s) and Patient is disabled.

11. As a result, I have prescribed Patient a _____ (type of animal).

12. The accommodation animal is necessary to assist Patient to overcome:



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Affidavit of Medical Provider
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13. Why is this animal necessary to afford Patient’s equal opportunity to use and enjoy the dwelling? _____

14. This affidavit is made to induce Boca Terrace Condominium Association, Inc. To make exceptions to the Association’s pet policy based upon a medical, mental, and/or psychological disorder which substantially limits one or more “major life activities” and which does not include current, illegal use, or addiction to a controlled substance.

15. Please include any additional comments concerning Patient that you believe are relevant and/or necessary for the Board of Directors and/or its legal counsel in its determination that Patient is disabled as a matter of law and requires an accommodation animal for the purpose of affording Patient an equal opportunity to use and enjoy his or her dwelling unit:

FURTHER AFFIANT SAYETH NAUGHT.

State of _____ :
County of _____ :

Sworn to and subscribed before me this _____ day of _____, 20____, by _____, () who is personally known to me, or () who produced _____ as identification.

My commission expires: _____

Printed Name _____

Notary Public, State of _____