



REQUEST FOR REASONABLE ACCOMMODATION

Name of Person Requesting a Reasonable Accommodation: _____

Address: _____ Unit # _____

Daytime Phone#: _____ Evening Phone#: _____

Name of Association: BRIAR CREEK MHP Phase 1

1. I am a person with a disability/handicap as defined by one or more of the following: *A physical or mental impairment that substantially limits one or more major life activities; or a record of having such an impairment; or is regarded as having such an impairment.*

****If I am not the person with a disability/handicap, the following member of my household has a disability as defined above:**

Name: _____

Relationship to you (e.g. child, parent): _____

2. As a result of this disability/handicap, I am requesting the following reasonable accommodation for my household: an exception to the Association's express, written and strictly enforced "no pet" policy (reasonable accommodation) to allow the following animal to reside in my unit:

3. This request for a reasonable accommodation is necessary so that I (or the requesting party) have an equal opportunity to use and enjoy the unit which I (or the requesting party) currently lack because: _____

I understand that the information obtained by the Association will be kept completely confidential as required by Florida Statute section 718.111(12)(c) and used solely to evaluate my request for a reasonable accommodation.

Please return this form, along with the Affidavit of Treating Physician, Acknowledgement of Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation and Pet Registration forms as promptly as possible so that the Association can evaluate your request.

Signed: _____

Requesting party _____

****If on behalf of a minor child, please indicate whether you are the parent or guardian.**

AFFIDAVIT OF TREATING PHYSICIAN

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 Florida with full privileges to practice medicine within the State of Florida.
3. My practice specialty is _____.
4. My office is located at _____.
5. I am _____ (hereinafter "Patient") treating physician. I began treating Patient on _____.
6. On or about _____, I diagnosed Patient within a reasonable degree of medical certainty as suffering from a physical and/or mental disability/handicap. (Circle all that apply)
7. Within a reasonable degree of medical certainty, I estimate that Patient's medical/mental condition(s) began on or about: _____ and will continue until _____.
8. Within a reasonable degree of medical certainty I have concluded that Patient's medical/mental condition substantially limits Patient's major life activities as follows: (list the major life activities affected by the disability):

_____ and the animal is able to ameliorate the effects of the disability by _____

9. I prescribed an emotional support animal and/or service animal as part of Patient's medical treatment.

10. The (emotional support animal/service animal/reasonable accommodation) is medically necessary and will assist Patient in _____

_____.

11. It is my medical opinion that Patient is handicapped as that term is defined under the Fair Housing Act and Florida Fair Housing Act***, and the animal is medically necessary to afford Patient an equal opportunity to use and enjoy the unit/home.

12. This affidavit is made to induce _____ to make substantial and material alterations to the Associations' use restrictions based upon a medical, mental and/or physiological disability/handicap substantially limiting one or more of Patient's major life activities which does not include current, illegal use or addiction to a controlled substance.

FURTHER AFFIANT S AYETH NAUGHT.

STATE OF _____)
COUNTY OF _____) : SS
_____ M.D.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me, or who is not personally known to me, but to whom an oath was administered, and who produced _____ No. _____, as identification, and executed the foregoing instrument.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, 2009.

My commission expires:

Notary Public, State of _____

Commission No.:

Printed Name of Notary _____

*** The Federal Fair Housing Act (42 U.S.C. §3602) defines the term handicap as follows:

"Handicap" means, with respect to a person –

- (1) a physical or mental impairment which substantially limits one or more of such person's major life activities,
- (2) a record of having such an impairment, or
- (3) being regarded as having such an impairment, but such term does not include current illegal use of or addiction to a controlled substance....

The Florida Fair Housing Act (Fla. Stat. § 760.22) defines the term handicap as follows:

(7) "Handicap" means:

- (a) A person has a physical or mental impairment which substantially limits one or more major life activities, or he or she has a record of having, or is regarded as having, such physical or mental impairment; or
- (b) A person has a developmental disability as defined in s. 393.063.

SERVICE ANIMAL REGISTRATION

Name of Association: **Briar Creek MHP Phase 1**

Resident Name & Unit Number and/or Address making request:

Dog's name _____ Breed _____

Circle: Male Female Color _____ Weight _____

Q1. Is the dog a **Service Animal** required because of a disability _____

Q2. What work or task has the dog been trained to do _____

*I/We the owners of _____ (name of pet) do hereby certify and understand that pets are not permitted at BC1 "No Pet Section". I/We understand and agree that the only reason the above **SERVICE Animal**, is permitted to remain on the property is due to _____'s request for a reasonable accommodation to the 'no pet' policy under the Americans with Disabilities Act (ADA).*

Name _____ Date _____

Sworn to and subscribed before me this ____ day of _____ 20 ____

By _____ who is personally known to me or who has produced _____ as identification.

Type/Print Name of Notary: _____

Commission Number: _____ Commission expires _____

**ATTACH THE FOLLOWING: 1) Copy of photograph of pet
2) Copy of Veterinarian's certification that all shots/inoculations are current**

EMOTIONAL SUPPORT ANIMAL (ESA) REGISTRATION

Name of Association: **Briar Creek MHP Phase 1**

Resident Name & Unit Number and/or Address making request:

Animal's name _____ Breed _____

Circle: Male Female Color _____ Weight _____

Date Pet Acquired _____ Pet's Tag Number _____

Veterinarian _____

Does the animal have any specialized training and/or certification? Y _____ N _____

I/We the owners of _____ (name of pet) do hereby certify and understand that pets are not permitted at BC1 "No Pet Section". I/We understand and agree that the only reason the above ESA, Emotional Support Animal, is permitted to remain on the property is due to _____'s request for a reasonable accommodation to the 'no pet' policy and the determination by a licensed medical professional that substantially limit one or more of the applicant's major life activities and the support animal will alleviate the effects of the disability/handicap. I/We also understand the ESA will not be allowed in the common Recreational areas of BC1, which include(s) the Clubhouse, pool and pool area, etc.

Name _____ Date _____

Sworn to and subscribed before me this _____ day of _____ 20 _____

By _____ who is personally known to me or who has produced _____ as identification.

Type/Print Name of Notary: _____

Commission Number: _____ Commission expires _____

**ATTACH THE FOLLOWING: 1) Copy of photograph of pet
2) Copy of Veterinarian's certification that all shots/inoculations are current**