

**REQUEST FOR REASONABLE ACCOMMODATION FORM FOR
CHALFONTE CONDOMINIUM APARTMENT ASSOCIATION, INC.**

Name of Owner of Property _____

Name of Person Requesting a Reasonable Accommodation: _____

Address: _____

Daytime Phone#: _____ **Evening Phone#** _____

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.*

**I am not the person with a disability/handicap, but the following member of my household, for whom I am the legal guardian or parent, 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 myself or for (name) _____: an exception to the Association's express, written and strictly enforced pet policy, (reasonable accommodation) to allow the following (check one) service ___ or emotional support ___ animal to reside in the 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 as a result of a disability or handicap.

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

I understand that pursuant to Section 413.08 of the Florida Statutes, "a person who knowingly and willfully misrepresents herself or himself, through conduct or verbal or written notice, as using a service animal and being qualified to use a service animal or as a trainer of a service animal commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 and must perform 30 hours of community service for an organization that serves individuals with disabilities, or for another entity or organization at the discretion of the court, to be completed in not more than 6 months." A misdemeanor of the second degree can include a "definite term of imprisonment not exceeding 60 days."

Please return this form, along with your treating physician/medical provider's statement, substantiating that you or the requesting party suffer(s) from a physical or mental impairment, explaining which of your major life activities are substantially impaired as a result, and explaining how the animal will ameliorate the effects of the disability, along with the Acknowledgement of Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation, Animal Registration form, vaccination records, and Palm Beach County Tag as promptly as possible so that the Association can evaluate your request.

Signed:

ACTIVE: C00160/201800:10669583 1

CHALFONTE CONDOMINIUM APARTMENT ASSOCIATION, INC.
Rules and Regulations regarding
"Assistance" Animals

1.1 An application must be submitted to and approved by the Board of Directors prior to any "Assistance" Animal being permitted to enter upon the condominium property or occupy any unit. For purposes of this rule, an "Assistance" Animal shall include Emotional Support Animals.

1.2 The Association requires all of the following to be submitted with the application:

- Recent Picture of Animal
- Proof of all inoculations required
- Proof of rabies license tag
- Proof of documentation for "Assistance Animal" from a treating physician or other health professional who is qualified to make such diagnosis and who has actually treated the requesting Owner. Documentation shall not be required where a person seeking the accommodation has an obvious physical disability that is readily apparent (i.e., blindness).

1.3 For purposes of this rule "Owner" shall refer to the Owner of the animal being requested, and may include an Owner, tenant, or other resident or person residing in a Condominium Unit or using the Condominium property.

1.4 When the animal defecates the Owner must immediately remove all animal waste, and must properly clean up after the animal at all times in accordance with any and all provisions of the Association governing documents, including the Rules and Regulations, and any City or County law or ordinance.

1.5 Whenever leaving the dwelling, the Owner must keep the Assistance Animal on a non-retractable leash, fixed at a length of no more than six feet (6') or be placed in an animal carrier, under the complete custody and control of the Owner at all times, and as otherwise required by Palm Beach County Code of Ordinances. No Assistance Animal may be left unattended on any patio or balcony at any time. In addition, the animal may not be left unattended when the animal is out of the Owners or Tenant's unit and may not be tied or tethered to any objects on the property.

1.6 If an "Assistance" animal's behavior constitutes a nuisance as defined in the Declaration of Condominium or is otherwise deemed dangerous in the sole discretion of the Board of Directors, the Owner will be required to immediately remove the animal from the premises. For purpose of this rule a "dangerous dog" is any dog which (1) has bitten, attacked, endangered, or inflicted injury to any person or animal (2) when unprovoked, chased or approached any person

or animal in the community in a menacing fashion and/or (3) been deemed/classified as "potentially dangerous" or "dangerous" or "vicious" by any governmental authority. In addition, an animal's behavior is considered a nuisance under the following circumstances:

- Where the animal causes personal injury or property damage
- Where the animal makes an excessive amount of noise for an excessive period of time, beyond what is considered normal and reasonable
- Where the animal is allowed to urinate or defecate anywhere other than designated areas

1.7 Animal health must be maintained by its owner, including vaccinations, flea control, and regular bathing and grooming

1.8 Assistance animals shall not be allowed in the kitchens.

1.9 No animal of any kind is permitted to be carried in the Chalfonte shopping carts. Shopping carts are provided for residents use to transfer their groceries and shopping bags to their units from the garage.

1.10 In addition to withdrawing the approval of a Reasonable Accommodation for an Assistance Animal, for violations of any of the listed rules, the board reserves the right to levy cautions, warnings and fines for failing to abide by the above restrictions.

1.11 Failure of the Owner to comply with any provision of these Rules and Regulations, may result in automatic revocation of approval of the "Assistance" Animal, disapproval of the animal, and may require immediate removal of the animal from the premises.

1.12 All medical documentation relating to the disability submitted to the Association in reference to the Owner's disability after having been reviewed by the board, will be kept confidential in an envelope marked "confidential" in the Owner's folder.

1.13 When an Owner is no longer handicapped, dies, or no longer resides at Chalfonte, the animal must be immediately removed from the premises.

1.14 Where the requested animal is an Assistance Animal, and the disability and service performed by the "Assistance" Animal is not readily apparent, the following documentation and information must be provided to the Association:

- Specific detail as to the accommodation requested. In other words, what is the animal owner specifically requesting as a reasonable accommodation to the Association's animal restrictions.

- Detail as to the qualifications and background/treatment history of the doctor or other health care professional providing the medical opinion, in order to establish that such health care professional is qualified to make such diagnosis and has actually treated the requesting Owner.
- If not readily apparent from observing the applicant, confirmation that the application suffers from a handicap or disability as that term is defined in the Florida and Federal Fair Housing laws.
- Confirmation as to how the handicap or disability substantially limits or impairs one or more major life activity.
- Confirmation and detail as to how the requested accommodation is medically necessary to afford the requesting owner an equal opportunity to use and enjoy the dwelling. In other words, what does the animal do or what service is performed by the animal to alleviate the handicap or disability, and what is the nexus or connection between the requested animal and the handicap or disability.