



**APPLICATION FOR SERVICE OR EMOTIONAL SUPPORT ANIMAL (ESA)**

Date : \_\_\_\_\_

Name of Applicant : \_\_\_\_\_

Unit Owner : ( ) Tenant : ( ) Guest : ( )

Phone Number : \_\_\_\_\_ Unit Number : \_\_\_\_\_

Dog Name : \_\_\_\_\_ Dog Breed : \_\_\_\_\_

Current Weight/Lbs : \_\_\_\_\_ Maturity Weight : \_\_\_\_\_

Age of Dog : \_\_\_\_\_ Registration Tag # : \_\_\_\_\_

In your own words, please tell us why you are requesting a waiver to the Association’s rules to allow an over the weight limit dog and/or multiple dogs within your unit and how the dog (s) will assist you in your daily major life activities :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH CURRENT PHOTO AND VACCINATION RECORD (S) OF THE DOG (S)**

Unless your need is readily apparent, please provide current (less than one year) documentation of the disability-related need for an assistance animal from a **medical professional who is licensed to treat your disability** as outlined in the attached waiver. On-line certificates are not valid and will not be accepted.

I hereby agree that I will abide by all Association rules applicable to having a dog (s) in the unit and on community grounds such as :

- Handler (owner, tenant or guest) agrees to prohibit bringing animal on to property until approval is obtained.
- Handler agrees to leash and control animal at all times observing Leash Laws.
- Handler agrees to dispose of all waste appropriately.
- Handler agrees to control nuisance barking/Handler agrees that the animal will not disturb other residents.
- Handler agrees not to allow animal in pool as per DOH; animal remains on pool deck only; animal is not to be tethered outside of Courtyard or left unsupervised.
- Handler agrees that the animal is vaccinated.
- Handler agrees that the Service or Support Animal does not present as a health risk.
- Handler is responsible for damages caused by animal.

**Any waiver so granted can be withdrawn if the Handler or others in control of the animal violates Association rules.**

Applicant Signature : \_\_\_\_\_

Print Name : \_\_\_\_\_

Unit Owner Signature : \_\_\_\_\_

(Signature is required for tenant or guest of tenant seeking approval)



**WAIVER FOR SERVICE OR EMOTIONAL SUPPORT ANIMAL (ESA)**

The Association will seek to accommodate residents who make an application for Service or an Emotional Support Animal (assistance animal) for reason of disability. **An assistance animal is not a pet.** It is an animal that works, provides assistance or performs tasks for the benefit of a person with a disability or provides emotional support alleviating one or more identified symptoms or effects of a person's disability. Assistance animals perform many disability-related functions, including but not limited to, guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures or providing emotional support to persons with disabilities who have a disability-related need for such support. The Fair Housing Act defines disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such impairment; and (3) individuals with a record of such an impairment.

In making a determination to approve a request, the Association will consider the following :

- 1) Does the person seeking to use and live with the animal have a disability - i.e., a physical or mental impairment that substantially limits one or more major life activities ?
- 2) Does the person making the request have a disability-related need for an assistance animal ? In other words, does the animal work, provide assistance, perform tasks or services for the benefit of a person with a disability or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability ?

The applicant must apply in writing explaining in their own words why they are making the request.

Unless the disability and the need for an assistance animal is readily apparent, the applicant must provide current documentation of the disability-related need for an assistance animal. **A medical professional who can write prescriptions for medications for emotional conditions or any mental health professional who is licensed to conduct mental health counseling therapy is qualified to write the Doctor's letter.** The letter must say that the animal is necessary to ameliorate and help with life functions **for a condition covered under DSM4 or ICD9** (which are diagnostic codes used by the medical and mental health professionals).

Once the application and all documentation are received, the Association will notify the applicant within 14 days of its decision.