



TEQUESTA HILLS CONDOMINIUM ASSOCIATION, INC.

APPLICATION FOR SERVICE OR EMOTIONAL SUPPORT ANIMAL (ESA)

Date : _____

Name of Applicant : _____

Unit Owner : _____ Tenant : _____ Guest : _____ Household Member : _____

On whose behalf are you requesting accommodation (reasonable accommodation that does not violate Tequesta Hills documents, Florida or Federal Statutes) ? _____

Phone Number : _____ Unit Number : _____

Emergency Contact : _____ Phone Number : _____

I am applying for reasonable accommodation (reasonable accommodation that does not violate Tequesta Hills documents, Florida or Federal Statutes) : _____ Service Animal _____ Emotional Support Animal

Animal's Name : _____ Breed : _____

Current Weight/Lbs : _____ Maturity Weight : _____

Color : _____ Male/Female : _____ Date Animal Acquired : _____

Age of Animal : _____ Registration Tag # : _____

Does the animal have any individualized training and/or certifications ? _____ Yes _____ No

In your own words, please tell us why you are requesting a waiver to Association rules to allow reasonable accommodation (reasonable accommodation that does not violate Tequesta Hills documents, Florida or Federal Statutes) within community/unit and how animal will assist you in your daily major life activities (general, vague references are not enough) : _____

PLEASE ATTACH CURRENT PHOTO AND VACCINATION RECORD (S) OF ANIMAL

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

I hereby agree that I will abide by Association rules applicable to having animal in unit/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/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 animal will not disturb other residents.
- Handler agrees that animal will remain on pool deck as per DOH.
- Handler agrees that animal will not be tethered to Courtyard, building, object, landscaping, or vehicle or left unattended/unsupervised at any time.
- Handler agrees that animal is vaccinated, does not present as a health risk and will provide Veterinary information.
- Handler agrees he/she is responsible for damages caused by animal to property, others, other animals.



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If disability is not readily apparent, which of the following will you provide as proof of disability ?

- _____ Social Security Disability Income
- _____ Medicare or Supplemental Security Income for a person under 65 years of age
- _____ Veterans' Disability Benefits
- _____ Services from a Vocational Rehabilitation Center
- _____ Disability benefits or services from another Federal, State or Local agency
- _____ Housing Assistance or Voucher due to disability
- _____ Information confirming the disability **from a Healthcare Professional with personal knowledge of your disability**, e.g., Physician, Psychiatrist, Psychologist, Clinical Social Worker, Neurologist, Licensed Therapist, Mental Health Counselor, Nurse Psychotherapist, Psychiatric Mental Health Registered Nurse, other professionals with training and expertise in diagnosis.

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

It is your responsibility to notify Association if you need or no longer need a reasonable accommodation (reasonable accommodation that does not violate Tequesta Hills documents, Florida or Federal Statutes).

NOTE : You are not permitted to have more than one (1) support animal unless distinction of separate needs for each animal has been established. A separate form (Application for Service or Emotional Support Animal) is required for each animal. Falsely representing an animal as a Service Animal or as an Emotional Support Animal is a crime under Federal Law. ESA misrepresentation is a Misdemeanor.

WAIVER FOR SERVICE OR EMOTIONAL SUPPORT ANIMAL (ESA)

Association will seek to accommodate residents who make an application for Service or 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 person to impending seizures or providing emotional support to person with disabilities who have a disability-related need for such support. 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, Association will consider the following :

- 1) Does person seeking to use and live with animal have a disability - i.e., a physical or mental impairment that substantially limits one or more major life activities ?
- 2) Does person making request have a disability-related need for an assistance animal ? In other words, does 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.



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Unless disability and need for assistance animal is readily apparent, applicant must provide current documentation of disability-related need for 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 animal is necessary to ameliorate and help with life functions **for a condition covered under DSM4 or ICD9** (which are diagnostic codes used by medical and mental health professionals).

If your request for reasonable accommodation (reasonable accommodation that does not violate Tequesta Hills documents, Florida or Federal Statutes) is granted, Association reserves the right, pursuant to Florida Law, to withdraw approval at any time should Service Animal or ESA become a nuisance to others, which includes, but is not limited to : barking, biting, aggressive behavior, attacking, owner's failure to properly dispose of excrement/waste, failure to comply with State and Local Ordinance and Statutes, not maintaining/controlling animal on a leash at all times when outside of Courtyard/unit, insect/extermination issues and/or sanitation/odor problems.

Approval of animal may be withdrawn if requesting party is no longer disabled. Further, applicant/owner is required to provide updated medical information concerning his/her disability (if such disability is not permanent), current and annual vaccination records, immunization and Veterinarian records for animal, certifications or trainings the animal possesses, as required by Board of Directors.

Failure to comply with any of these requirements shall be grounds to withdraw approval of animal. Owner is solely responsible for any and all damages caused by animal, whether to property, others, other animals.

All information received by Association in conjunction with reasonable accommodation (reasonable accommodation that does not violate Tequesta Hills documents, Florida or Federal Statutes) will be kept confidential in compliance with Florida Statute.

Periodic follow-up that may be required by the Board of Directors :

- Annual Vaccination Record Updates
- Periodic Review of On-going Needs (Emotional Support Animal Only)
- Review of any complaints regarding Service Animal or Emotional Support Animal

ESA misrepresentation is a misdemeanor. A person who falsifies information or written documentation or who knowingly provides fraudulent information or written documentation to obtain an emotional support animal (ESA) or otherwise knowingly and willfully misrepresents himself/herself as having a disability or a disability-related need for an ESA animal commits a misdemeanor of the 2nd degree as punishable under Chapter 775 of the Florida Statutes."

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

Applicant Signature : _____

Applicant Name (Please Print) : _____

Unit Owner Signature : _____
(Signature is required for tenant or guest of tenant seeking approval)

Unit Owner (Please Print) : _____

Date : _____



TEQUESTA HILLS CONDOMINIUM ASSOCIATION, INC.

HEALTHCARE PROVIDER AUTHORIZATION

Healthcare Provider's Name : _____
(Please Print Name of Healthcare Provider)

Address : _____

Telephone Number : _____

I, _____, hereby provide my consent to
(Please Print Your Name)
_____, my Healthcare Provider, so
(Please Print Name of Healthcare Provider)

that they may speak with an authorized representative of Tequesta Hills Condominium Association, Inc. in conjunction with my Service Animal/ Emotional Support Animal Application if it is necessary for clarification of statements in the Statement of Qualifying Health Professional. I understand that the only information my Healthcare Provider is permitted to release is that which is related to my need for Service or Companion Animal.

The above Healthcare Provider has personal knowledge of my physical and/or mental disability/handicap/medical/mental condition. Healthcare Providers **MUST** have personal knowledge of the patient.

Applicant Signature : _____

Applicant Name (Please Print) : _____

Date : _____



TEQUESTA HILLS CONDOMINIUM ASSOCIATION, INC.

STATEMENT FROM HEALTHCARE PROVIDER

Date : _____

Healthcare Provider's Name : _____
(Please Print Name)

Office Address : _____

Telephone Number : _____

Licensed by the State of : _____

My Practice Specialty Is : _____

I am the Healthcare Provider treating _____, hereinafter Patient. I began treating Patient on _____. 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). 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 major life activities affected by disability) : _____

I prescribe a Service Animal or Emotional Support Animal (circle one) as part of Patient's medical treatment. The (Service Animal/Emotional Support Animal) is medically necessary and will assist Patient and will ameliorate symptoms of one or more major life activities in the following ways (please state specifics) : _____

Alternative Remedy Will Not Work ? _____ Yes _____ No

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 animal is medically necessary to afford Patient an equal opportunity to use and enjoy unit/home.

This statement is made to induce Tequesta Hills Condominium Association, Inc. to make alterations to Association's animal weight restrictions based upon 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 narcotic.

Healthcare Provider's Signature : _____