

**TEQUESTA HILLS CONDOMINIUM ASSOCIATION, INC.**  
**SERVICE AND SUPPORT ANIMAL**  
**GUIDELINES**

-10-

**INFORMATION DOCUMENTED FROM THIS POINT FORWARD IS INFORMATION**  
**TEQUESTA HILLS CONDOMINIUM ASSOCIATION, INC. PROVIDES TO APPLICANTS WHO**  
**REQUEST ACCOMMODATION OF A SERVICE OR EMOTIONAL SUPPORT ANIMAL**

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

The application is provided to assist in a reasonable accommodation (reasonable accommodation that does not violate Tequesta Hills documents, Florida or Federal Statutes) request for owners, residents, member of household or a guest on the premises who is a person with a disability request approval for an animal. HUD encourages applicants to complete applications in order to avoid miscommunication and the questions are designed to help provide the Association with the information needed to review the request. For additional information, applicants can visit : [https://www.hud.gov/sites/dfiles/PA/documents/HUD AsstAnimalNC1-28-2020.pdf](https://www.hud.gov/sites/dfiles/PA/documents/HUD%20AsstAnimalNC1-28-2020.pdf)

**Qualified Individual With a Disability Definition :** Include, but are not limited to walking, caring for oneself, performing manual tasks, seeing, hearing, speaking, breathing, learning, working (for specified classes of jobs), sleeping and reproducing, an individual is "substantially limited" when he/she is unable to perform a major life activity that the average person in the general population can perform or greatly restricted as to the condition, manner or duration under which a major life activity is performed.

**Handicap Definition :** A person has a physical or mental impairment which "substantially limits" one or more major life activities or he/she has a record of having or is regarded as having such physical or mental impairment or a person has a developmental disability.

**ESA Definition :** An animal that does not require training to do work, perform tasks, provide assistance or provide therapeutic emotional support by virtue of its presence which alleviates one or more identified symptoms or effects of a person's disability. If one needs more than one ESA, they must show supporting proof for each animal.

**HEALTHCARE PROVIDER AUTHORIZATION**

**STATEMENT FROM HEALTHCARE PROVIDER**

Any qualified health professional *who has qualifications to diagnose and treat that condition* : Physician, Psychiatrist, Psychologist, Social Work, Counselor

The Healthcare Provider's information is NOT part of the official records open for inspection.

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