

PLAZA DEL PRADO
CONDOMINIUM ASSOCIATION, INC.
Policy and Procedure for Disabled Owner or
Resident to Request Reasonable Accommodation

Background: Under the Federal and State Fair Housing Acts, an owner or resident who is disabled may request reasonable accommodation(s) to the Association's rules, policies, practices, or services when such accommodation(s) may be necessary because of his/her disability.

Objective: To establish policies and procedures for meeting the requirements of applicable state and federal law relating to disabled individuals.

Policy: The policy of the Board of Directors of Plaza Del Prado Condominium Association, Inc. is to make every attempt to provide reasonable accommodations to disabled residents in accordance with applicable state and federal law.

PROCEDURE

Submittal of Request: A disabled owner or resident should complete the Association's: (a) Request for Reasonable Accommodation; and provide completed copies of the (b) Affidavit of Treating Physician/Medical Provider/Verifiable 3rd party source; (c) Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation; and (d) Assistance/Emotional Support Animal Registration forms. The completed forms should be delivered or mailed to the Association's management office or to the Board of Directors. The Association will consider all requests for a reasonable accommodation no matter how the request is made; however, use of the supplied forms will expedite the process.

Procedure for Reviewing a Request for Reasonable Accommodation: Upon receipt of the requested forms (or information supplied) for a disabled owner or resident's request for a reasonable accommodation(s) to the Association's rules, policies, practices, or services, the request forms will be reviewed by the Board of Directors within 30 days of receipt, and the owner or resident will be notified in writing of the Board's decision. If additional information is required by the Board, the review may take longer, and the submitting owner or resident will be so advised in writing. Additionally, it may be necessary for the Association's legal counsel to review the documentation submitted in support of a request for a reasonable accommodation which in turn, may prevent the Board from providing the requesting party with a decision within 30 days. If the matter is referred to the Association's legal counsel, the requesting party will be notified in writing.

If the request is approved, any condition of approval will be provided in writing. If disapproved, disapproval will be provided in writing.

Guidelines as to when medical documentation is required and what type of medical documentation is required. The Association is entitled to obtain information that may be necessary to evaluate whether a requested accommodation is necessary because of the owner's or resident's disability. If a person's disability is obvious and if the request for accommodation also is apparent, then the Association will not request any

additional information about the requester's disability or the related need for the requested accommodation.

If the requester's disability is not obvious, after reviewing the submitted request form, the Association may request reliable information that is necessary to verify that the requester has a physical or mental impairment that substantially limits one or more major life activities (which constitutes a "disability" under the Fair Housing laws). If information on the requester's disability is requested by the Association, he/she may provide information verifying that he/she is disabled, for example, by submitting proof that he/she is under 65 years of age and receiving Supplemental Security Income, Social Security Disability Insurance benefits, or private disability insurance benefits.

In addition, a qualified physician/medical provider/verifiable 3rd party source may provide verification of the disability through the use of the Association's Affidavit of Treating Physician/Medical Provider/Verifiable 3rd Party Source. The Association will supply the Affidavit of Treating Physician/Medical Provider/Verifiable 3rd Party Source upon receipt of any request for a reasonable accommodation. If the requester's disability is obvious, but the need for the accommodation is not apparent, the Association may request information that is necessary to evaluate the disability-related need for the requested accommodation. In this case, the Association will request reliable disability-related information that is necessary to evaluate the disability-related need for the accommodation.

To the extent a disability is not permanent, the Association may request additional updated medical information as it deems necessary to determine if there is a continued need for the requested accommodation.

The Association may request advice from legal counsel concerning any owner's or resident's request for a reasonable accommodation. The requester consents to the disclosure of all documentation in support of the request to the Association's legal counsel.

Additional Information

An individual's need for an accommodation may change over time as a result of changes in the individual's own level of disability or impairment, treatments available to mitigate a disability and/or other circumstances affecting the individual. What qualifies as reasonable in one set of circumstances may not be reasonable or necessary in another. If and when circumstances change, it is your responsibility to notify the Association if you need, or no longer need, a reasonable accommodation.

Maintaining An Assistance/Emotional Support Animal

Should a request for a reasonable accommodation to the animal restrictions be granted, the Association reserves the right to withdraw this approval at any time should the assistance/emotional support animal 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 or waste; walking the dog to relieve itself in prohibited areas; failure

to comply with all state and local ordinances and statutes; not carrying or maintaining the animal on a leash at all times when outside of the unit; insect/extermination problems; sanitation/odor problems.

Further, the requesting party may be requested to provide updated medical information concerning his/her disability (if the disability is not permanent), and current and annual vaccination, immunization and veterinarian records for the animal. Failure to comply with any of these requirements is grounds to withdraw the approval of the animal. The requesting party and owner (if the requester is not the owner) are solely responsible for any and all damage caused by the animal, whether to person or property.

The assistance/emotional support animal is required to be walked in certain designated areas to relieve itself which may differ depending on the location of the unit and the owner's disability. If the request is granted, the Association will provide you with the designated area for walking the animal to relieve itself.

All information received by the Association in conjunction with a disabled/handicapped owner's or resident's request for reasonable accommodation will be kept confidential in compliance with Florida Statute Section 718.111(12)(c)(3) (d). If any other resident or owner inquires as to why a special accommodation appears to have been made, the Association representative's response will be: "a Federal Fair Housing Act reasonable accommodation has been granted." No additional information will be provided regarding the nature of the disability/handicap.

I have received and read a copy of the Policy and Procedure for Disabled Owner or resident to request Reasonable Accommodation and I agree to abide by the regulations. I bear full responsibility for the assistance/emotional support animal and I agree to indemnify and hold harmless the Board of Directors, Association, management company, Owners and Occupants against any loss, claim or liability of any kind or character whatsoever arising from owning or keeping an assistance/emotional support animal in the unit.

Requesting Party's Signature

Date

Printed Name of Requesting Party

REQUEST FOR REASONABLE ACCOMMODATION

Name of Person Requesting a Reasonable Accommodation: _____

Address: _____

Unit #: _____

Daytime Phone #: _____ Evening Phone #: _____

1. I am a person with a disability 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, 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, I am requesting the following reasonable accommodation for my unit: an exception to the Association's express, written and strictly enforced "no pet" policy (reasonable accommodation) to allow the following assistance/emotional support 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/Medical Provider/Verifiable 3rd Party Source, the signed Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation, and the Assistance/Emotional Support Animal 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.**

ASSISTANCE/EMOTIONAL SUPPORT ANIMAL REGISTRATION

**PLAZA DEL PRADO
CONDOMINIUM ASSOCIATION, INC.**

UNIT NUMBER _____

OWNER'S NAME _____

ASSISTANCE/EMOTIONAL SUPPORT ANIMAL NAME _____

BREED _____

MALE _____ FEMALE _____ COLOR _____ WEIGHT _____

DATE ASSISTANCE/EMOTIONAL SUPPORT ANIMAL ACQUIRED _____

VETERINARIAN _____

DOES THE ASSISTANCE/EMOTIONAL SUPPORT ANIMAL HAVE ANY SPECIALIZED
TRAINING AND/OR CERTIFICATIONS? YES _____ NO _____

I/WE, the Owners of _____ (*Name of Assistance/Emotional Support Animal*) do hereby certify and understand that there is a "no pet" policy at Plaza Del Prado Condominium Association, Inc. and that an assistance/emotional support animal is permitted to remain on the property in violation of these restrictions is due to _____'s request for a reasonable accommodation to the "no pet" policy and the Board of Director's determination that _____ suffers from a disability/handicap that substantially limits one or more of the applicant's major life activities and the assistance/emotional support animal will ameliorate the effects of the disability/handicap.

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:

- Copy of photograph of the assistance/emotional support animal.
- Copy of veterinarian's certification that all shots/inoculations are up to date.

AFFIDAVIT OF TREATING PHYSICIAN/MEDICAL PROVIDER/ VERIFIABLE 3RD PARTY SOURCE

BEFORE ME, the undersigned authority, personally appeared _____, who being duly sworn, deposes and says:

1. My name is _____.
2. If I am a medical provider/treating physician, I am licensed by the State of _____ with full privileges to practice within the State of _____.
3. My practice specialty is _____.
4. I have been practicing in this field for _____ years.
5. My office is located at _____.
6. I am the treating physician/medical provider/verifiable 3rd party source for _____ (hereinafter "Patient").
7. I have been Patient's treating physician/medical provider for _____ (years/months) (circle one).
8. I first treated Patient on _____.
9. I last treated Patient on _____.
10. I estimate that Patient's medical/mental condition(s) began on or about _____ and will continue until _____.
11. Patient's medical/mental condition(s) substantially limits the following of Patient's major life activities: (list all major life activities that are substantially limited by the disability).
_____.
12. Patient's major life activities listed above are substantially limited by Patient's medical/mental condition(s) and Patient is **disabled**.
13. The (assistance/emotional support animal reasonable accommodation) will assist Patient in _____.
14. The (assistance/emotional support animal reasonable accommodation) is **necessary** to afford Patient's equal opportunity to use and enjoy a dwelling? Yes ☐ No ☐
15. Patient's prescribed course of treatment for the medical/mental condition was intended to be beneficial to Patient because it is intended to allow Patient to function with his/her medical/mental condition.

16. This affidavit is made to induce Plaza Del Prado Condominium Association, Inc. to make reasonable accommodations to the Associations' "no pet" policy based upon a medical, mental and/or physiological disorder substantially limiting one or more life activities which does not include current, illegal use or addiction to a controlled substance.
17. Please include any additional comments concerning Patient you believe are relevant and/or necessary for the Board of Directors and/or its legal counsel to determine that Patient is disabled as a matter of law and requires an assistance/emotional support animal to afford Patient an equal opportunity to use and enjoy his/her dwelling. _____
- _____
- _____

FURTHER AFFIANT SAYETH NAUGHT _____

STATE OF _____)
COUNTY OF _____)

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 _____, 20__.

Notary Public, State of _____

My Commission Expires: _____

Printed Name of Notary

Commission No. _____

**PLAZA DEL PRADO
CONDOMINIUM ASSOCIATION, INC.**

Attn: Board of Directors
18071 Biscayne Boulevard
Aventura, FL 33160

Date: _____
Unit Owner: _____
Address: _____

RE: Approval of Request for Reasonable Accommodation

Dear Unit Owner:

The Board of Directors for Plaza Del Prado Condominium Association, Inc. (the "Association") received your request for a reasonable accommodation to the Association's "no pet" policy set forth in the governing documents of the Association, to maintain an assistance/emotional support animal in your unit. You provided the Association with documentation substantiating a physical or mental impairment that limits one or more of your major life activities pursuant to Federal and Florida law. Further, you substantiated that the assistance/emotional support animal will help ameliorate the effects of your disability. Based upon this information, the Association is granting your request for a reasonable accommodation to allow you to keep an assistance/emotional support animal in your unit, subject to the following understanding:

All assistance/emotional support animals must be contained within the unit at all times, unless it is on a controlled leash no longer than six (6) feet long. All solid waste or droppings from the assistance/emotional support animal must be placed in a sealed plastic bag and disposed of in designated receptacles. Equally, the owner of the assistance/emotional support animal shall promptly clean up any urine or other liquids, which may be present on the Condominium Property and/or Common Elements due to the presence of the assistance/emotional support animal. The owner of the assistance/emotional support animal will be required to have the assistance/emotional support animal regularly inoculated against rabies, and any other diseases required by law or ordinance. Proof of current valid licensure, if required by any governmental agencies, and inoculation by a duly qualified and licensed veterinarian must be provided to the Association, and it is the owner's responsibility to provide such current information, from time to time, to the Association.

In addition to the foregoing, the individual seeking a reasonable accommodation through the availability of an assistance/emotional support animal must abide by the following:

1. Written acknowledgment and execution of the terms of the reasonable accommodation/modification policy;
2. The party requesting the accommodation, and the owner shall be responsible for any and all damages caused by their assistance/emotional support animal(s) to any common element area and to the person or property of other owners, residents or renters, and agrees to indemnify and hold harmless the Association, its Members, Directors, officers and/or agents from any loss, claim or liability of any kind or character arising by reason of, or related to,

maintaining the assistance/emotional support animal(s) within the unit and/or on Condominium property;

3. Registration and various Rules/Regulations;

- a. Assistance/emotional support animal shall be limited to a single animal and no additional assistance/emotional support animal shall be permitted for a reasonable accommodation unless the need for that additional animal (and/or extenuating circumstances) can be documented by a treating medical care provider or verifiable 3rd party source.
- b. Prior to the placement of any assistance/emotional support animal at the Condominium, the requesting party is asked to complete and execute the Board Policy and Procedure document, the Registration form, as well as other components of the registration process, which shall include, but not limited to, submitting the following:
 - i. Recent photograph of the animal;
 - ii. Statement from veterinarian of current health certificate and evidence of all necessary vaccinations;
 - iii. All applicable city and county licensing;
- c. Care and maintenance of assistance/emotional support animal.
 - i. Assistance/Emotional Support Animal may not be tethered or left on balcony unaccompanied by unit owner/renter;
 - ii. At all times in the building, unit owner/renter (or the walker of the animal) shall keep the assistance/emotional support animal confined to the walker's side until the assistance/emotional support animal is exited from the building;
 - iii. All proper grooming for assistance/emotional support animal should be performed within unit, on a frequent and regular basis, to minimize dog dander, or hair from being airborne in common elements.
 - iv. Unless the information from the medical provider demonstrates a need for the animal to be present in the following areas, or other extenuating circumstances can be documented by a treating medical provider, assistance/emotional support animals are prohibited from the following areas for reasons of safety and hygiene:
 - (a) Pool;
 - (b) Jacuzzi or Sauna.
 - v. At all times on property, unit owner/renter when accompanied by an assistance/emotional support animal shall be in possession and be able to produce plastic bags and paper towels to address animal discharge.

(a) Discharge must be immediately addressed with removal, through bagging, sealing the bag and disposal in an appropriate receptacle;

(b) Assistance/Emotional Support Animal fecal matter produced within the unit must be appropriately bagged, sealed and disposed in trash chutes. This also applies to animal pads and diapers.

vi. Assistance/Emotional Support Animal may only be walked to relieve itself in the following areas:

Assistance/Emotional Support Animals that are a direct threat or nuisance to others (biting, constant barking, defecating or urinating on common elements, etc.), as determined in the sole discretion of the Board of Directors, or otherwise violate animal control laws, can be reported to the proper authorities. Any resident which believes an assistance/emotional support animal's actions create a nuisance or threat shall immediately notify the Association, in writing, for consideration by the Board of Directors. The Board of Directors will utilize whatever means it deems necessary, in its sole discretion, to investigate and attempt to resolve the nuisance or threat complaint.

Notwithstanding the approval of the requested accommodation, the Association reserves the right, pursuant to Florida law, to withdraw this approval at any time should the assistance/emotional support animal become a nuisance to others, which includes, but is not limited to: barking, biting, aggressive behavior, attacking, unit owner's failure to properly dispose of waste and excrement, walking the dog to relieve itself in prohibited areas, failure to comply with all state and local ordinances and statutes, not maintaining the dog on a leash at all times when outside the unit, insect/extermination problems, sanitation/odor problems.

Additionally, the approval of the assistance/emotional support animal may be withdrawn if the requesting party is no longer disabled, refuses to provide updated medical information (if necessary, for temporary conditions), and/or fails to provide current and annual vaccination, immunization and veterinarian records for the assistance/emotional support animal. To the extent the assistance/emotional support animal has any certificates of training, please provide those, as well.

You acknowledge that you are responsible for any damages caused by the assistance/emotional support animal whether to person or property.

An individual's need for an accommodation may change over time as a result of changes in the individual's own level of disability or impairment, treatments available to mitigate a disability and/or other circumstances affecting the individual. What qualifies as reasonable in one set of circumstances may not be reasonable or necessary in another. If and when circumstances change, it is your responsibility to notify the Association if you need, or no longer need, a reasonable accommodation.

The Association reserves its right to amend its Policy and/or promulgate reasonable additional Rules and Regulations regarding assistance/emotional support animals, which may be amended from time to time, in the sole discretion of the Board of Directors. The disabled person agrees to comply fully with these Rules and Regulations.

Upon your review of the foregoing, please execute this letter and return a signed copy to the Board. Should you have any questions or concerns, please contact me at my office.

Sincerely yours,

Authorized Representative,
Board of Directors
PLAZA DEL PRADO
CONDOMINIUM ASSOCIATION, INC.

Requesting Party's Signature

Date

Printed Name of Requesting Party

PLAZA DEL PRADO
CONDOMINIUM ASSOCIATION, INC.
ASSISTANCE/EMOTIONAL SUPPORT ANIMAL
RULES AND REGULATIONS

All assistance/emotional support animals must be contained within the unit at all times, unless it is on a controlled leash no longer than six (6) feet long. All solid waste or droppings from the assistance/emotional support animal must be placed in a sealed plastic bag and disposed of in designated receptacles. Equally, the owner of the assistance/emotional support animal shall promptly clean up any urine or other liquids from the Condominium Property and/or Common Elements due to the presence of the assistance/emotional support animal. The owner of the assistance/emotional support animal will be required to have the assistance/emotional support animal regularly inoculated against rabies, and any other diseases required by law or ordinance. Proof of current valid licensure, if required by any governmental agencies and inoculation by a duly qualified and licensed veterinarian must be provided to the Association and it is the owner's responsibility to provide such current information, from time to time, to the Association.

Notwithstanding the approval of the requested accommodation for the assistance/emotional support animal, the Association reserves the right to withdraw this approval at any time should the assistance/emotional support animal become a nuisance to others, which includes, but is not limited to: barking, biting, aggressive behavior, attacking, owner's failure to properly dispose of waste and excrement, walking the dog to relieve itself in prohibited areas, failure to comply with all state and local ordinances and statutes, not maintaining the dog on a leash at all times when outside the unit, insect/extermination problems, sanitation/odor problems.

In addition to the foregoing, the individual seeking the reasonable accommodation through the availability of an assistance/emotional support animal must abide by the following:

1. Written acknowledgment and execution of the terms of the reasonable accommodation/modification policy;
2. The party requesting the accommodation, and the owner shall be responsible for any and all damages caused by their assistance/emotional support animal(s) to any portion of the elements or Condominium property and to the person or property of other owners, residents or renters, and agrees to indemnify and hold harmless the Association, its Members, Directors, officers and/or agents from any loss, claim or liability of any kind or character arising by reason of, or related to, maintaining the assistance/emotional support animal(s) within the unit and/or on Condominium property;
3. Registration and various Rules/Regulations:
 - a. Assistance/emotional support animal shall be limited to a single animal and no additional assistance/emotional support animal shall be permitted for a reasonable accommodation unless the need for that additional animal (and/or extenuating circumstances) can be documented by a treating medical care provider or verifiable 3rd party source.
 - b. Prior to the placement of any assistance/emotional support animal at the Condominium, the requesting party is asked to complete and execute the Board Policy and Procedure document, the Registration form, as well as other

components of

the registration process, which shall include, but not limited to, submitting the following:

- i. Recent photograph of the animal;
- ii. Statement from veterinarian of current health certificate and evidence of all necessary vaccinations;
- iii. All applicable city and county licensing; and,

c. Care and maintenance of assistance/emotional support animal.

- i. Assistance/Emotional Support Animal may not be tethered or left on balcony unaccompanied by owner/renter;
- ii. At all times in the building, the walker of the assistance/emotional support animal shall keep such animal confined to the walker's side until the animal is exited from the building;
- iii. All proper grooming for assistance/emotional support animal should be performed within unit, on a frequent and regular basis, to minimize dog dander, or hair from being airborne in common elements;
- iv. Unless the information from the medical provider/verifiable 3rd party source demonstrates a need for the animal to be present in the following areas, or other extenuating circumstances can be documented by a treating medical provider/verifiable 3rd party source, all assistance/emotional support animals are prohibited from the following areas for reasons of safety and hygiene:
 - (a) Pool;
 - (b) Jacuzzi or Sauna.
- v. At all times on property, unit owner/renter when accompanied by an assistance/emotional support animal shall be in possession and be able to produce plastic bags and paper towels to address animal discharge.
 - (a) Discharge must be immediately addressed with removal, through bagging, sealing the bag and disposal in an appropriate receptacle;
 - (b) Assistance/Emotional Support Animal fecal matter produced within the unit must be appropriately bagged, sealed and disposed in trash chutes. This also applies to animal pads and diapers.
- vi. Assistance/Emotional Support Animal may only be walked to relieve itself in the following locations:
