

Hidden Creek Condominium Association, Inc.

Policy and Procedure for Disabled/Handicapped Owner or Resident to Request Reasonable Accommodation

Background: Under the Federal and State Fair Housing Acts, an owner or resident who resides in a Unit at Hidden Creek Condominium, who is disabled/handicapped may request reasonable accommodation(s) to the Association's rules, policies, practices, or services when such accommodation(s) may be necessary to afford a person with a disability/handicap an equal opportunity to use and enjoy a dwelling. For more information on the rules pertaining to requests for reasonable accommodation, please review the Joint Statement of the Dept. of Housing and Urban Development and the Department of Justice on Reasonable Accommodations under the Fair Housing Act at www.usdoj.gov/ert/housing/jointstatement_ra.htm.

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

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

PROCEDURE

Submittal of Request: A disabled/handicapped Unit Owner and/or their residing occupant and/or their tenant (submitted through the Unit Owner) must complete Hidden Creek Condominium Association, Inc.'s, "Request for Reasonable Accommodation" along with completed copies of the following:

1. Acknowledgement of Policy and Procedure for Disabled/Handicapped Owner or Resident to Request Reasonable Accommodation – with current Photo ID of owner and tenant (if applicable);
2. Pet Registration form(s) along with current photo of animal being registered, copy of Veterinarian's certification of current vaccinations and copy of any of the animal's training certificate(s) and/or certification; and
3. Affidavit of Treating Physician and/or letter on Physician's letterhead.

The completed forms and requested documents should be delivered or mailed to:

Hidden Creek Condominium Association, Inc.
Teri Beeler LCAM HMI,
1600 Hidden Creek Blvd.
Orlando, FL 32807

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/handicapped owner or resident's request for a reasonable accommodation(s), the request forms will be reviewed by the Board of Directors within 30 days of receipt in the Association's Management office, and the Unit Owner and/or their residing occupant and/or their tenant (if applicable) 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 owner with a decision within 30 days. If the matter is referred to the Association's legal counsel, the owner or resident will be notified in writing.

If the request is approved, any condition of approval will be provided in writing and a numbered registration tag will be issued, which must be attached to and visually displayed on animal at all times animal is outside the Unit, on Unit's porch/patio or on common grounds. If disapproved, the reason for 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/handicap. If a person's disability/handicap is readily apparent and if the request for accommodation is also readily apparent, then the Association will not request any additional information about the requester's disability/handicap or the related need for the requested accommodation.

If the requester's disability/handicap is not readily apparent, 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 is the definition of a "handicap" under the Fair Housing Act).

If information on the requester's disability/handicap is requested by the Association, s/he may provide information verifying that s/he meets the foregoing definition of "handicap," for example, by submitting proof that s/he is under 65 years of age and receiving Supplemental Security Income, Social Security Disability Insurance benefits, or private disability insurance benefits. In addition, a physician with expertise in the area of the requester's proposed disability/handicap may provide verification of the disability/handicap by completing an Affidavit of Treating Physician form or by submitting a letter on his or her letterhead.

The Association will supply the Affidavit of Treating Physician form upon receipt of any request for a reasonable accommodation. If the requester's disability/handicap is readily apparent, but the need for the accommodation is not readily apparent, the Association may request information that is necessary to evaluate the disability/handicap-related need for the requested accommodation. In this case, the Association will request reliable disability/handicap-related information that is necessary to evaluate the disability/handicap-related need for the accommodation which may include medical records evidencing dates of diagnosis and treatment for the disability/handicap. To the extent a disability/handicap 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 owners' or residents' request for a reasonable accommodation. All owners' and residents' consent 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/handicap or impairment, treatments available to mitigate a disability/handicap 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 Emotional Support/Service Animal

Should a request for a reasonable accommodation to the Association's pet policy be granted, the Association reserves the right, pursuant to Florida law, to withdraw this approval at any time should the emotional support/service 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 animal in prohibited areas;
- Failure to comply with all state and local ordinances and statutes;
- Not maintaining the animal on a leash at all times when outside of the unit;
- Leaving animal unattended on patio/porch or anywhere on common grounds
- Insect/extermination problems;
- Sanitation/odor problems.

Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled/handicapped. Further, the applicant/owner is required to provide updated medical information concerning his/her disability/handicap (if the disability/handicap is not permanent); current and annual vaccination, immunization and veterinarian records for the animal; all certifications or trainings the animal possesses and to maintain an identification tag on the animal. Failure to comply with any of these requirements is grounds to withdraw the approval of the animal. Owner is solely responsible for any and all damage caused by the animal, whether to person or property. Like all other members of the Association, the Unit Owner is required to provide the Association with proof of a currently effective policy of hazard and liability insurance on an annual basis pursuant to the Governing Documents, Rules and Regulations.

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 Section 718.111, Florida Statutes. 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.

HIDDEN CREEK CONDOMINIUM ASSOCIATION, INC.
REQUEST FOR REASONABLE ACCOMMODATION

Name of Person Requesting a Reasonable Accommodation:

Address: _____

Daytime Phone#: _____ Evening Phone# _____

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. **If I am not the person with a disability/handicap, the following member of my household has a disability as defined above:

Name: _____

Relationship to you (e.g. self, child, parent): _____

As a result of this disability/handicap, I am requesting the following reasonable accommodation for my household: an exception to the Association's express, written pet policy, to allow the following animal to reside in my Unit:

Name and type of animal _____

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 Statutes and used solely to evaluate my request for a reasonable accommodation.

Please return this form, along with the Affidavit of Treating Physician and the Pet Registration form 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.

SERVICE/EMOTIONAL SUPPORT ANIMAL REGISTRATION

**Please supply your information requested below, read the rules listed below,
and sign at the bottom of the page to acknowledge your receipt of this document**

ANIMAL OWNER'S NAME _____
ANIMAL'S NAME _____ BREED _____
ANIMAL'S COLOR _____ WEIGHT _____
MALE / FEMALE (CIRCLE ONE) -- CURRENT PHOTO OF ANIMAL MUST BE ATTACHED

VETERINARIAN _____ RABIES TAG NUMBER _____

DOES ANIMAL HAVE ANY SPECIALIZED TRAINING / CERTIFICATIONS: YES / NO

1. In accordance with Hidden Creek Condominium Association, Inc.'s Governing Documents/Rules and Regulations; pets (other than certain fish or birds) are not permitted. Notwithstanding these provisions, state and federal fair housing laws may require the Association to make exceptions from time to time for service or support animals required by disabled residents in order to fully use and enjoy the property.
2. Animals permitted as service or support animals as a reasonable accommodation for disabled residents are not subject to the above restriction regarding pets. However, all such requests for an accommodation for a service or support animal must be submitted to and approved by the Association's board of directors **prior** to bringing the animal onto the property.
3. There will be NO staking or tethering of animals or leaving of animal unattended allowed anywhere on porches or on common grounds.
4. Animal owners are responsible for immediate clean-up and removal of all droppings or other animal waste.
5. Fees shall be assessed as outlined in this policy or in accordance with the Association's Governing documents and/or Rules and Regulations for non-compliance with any of these rules.
6. The animal owner will provide a copy of the animal's Rabies Vaccination Certificate at time of registration, if applicable by local or state laws for that type of animal.
7. Any disturbance by an animal, including noise, odor, or threatening/nuisance behavior are grounds for action by the Board of Directors.
8. If request is approved, a registration tag will be issued by Management, which must be attached to and visually displayed on animal at all times animal is outside the Unit, on Unit's porch/patio or on common grounds.
9. In signing this form, animal owner acknowledges receipt of Hidden Creek Condominium Association, Inc.'s **Policy and Procedure for Disabled/Handicapped Owner or Resident to Request Reasonable Accommodation** effective July 1, 2021.

If registration is approved – the Board of Directors or Authorized Non-compliance with any of the policies herein stated shall be grounds for the Association to seek relief which may include, but not limited to, charging the Unit owner with fine(s) or admin fee(s) and/or other appropriate enforcement action.

HOMEOWNER SIGNATURE _____ DATE _____

TENANT(S) SIGNATURE _____ DATE _____

ATTACH: CURRENT PHOTOGRAPH OF PET ____ (check if attached)
COPY OF VETERINARIAN'S CERTIFICATION OF CURRENT VACCINATIONS ____
COPIES OF THE ANIMAL'S TRAINING CERTIFICATES AND/OR CERTIFICATIONS ____

(To be filled out by Management if approved: REGISTRATION TAG # _____)

AFFIDAVIT OF TREATING PHYSICIAN

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

1. My name is _____
2. I am licensed by the State of _____ with full privileges to practice medicine within the State of _____.
3. I am the treating physician for _____ (hereinafter "Patient").
4. On or about _____, I diagnosed Patient within a reasonable degree of medical certainty as suffering from a physical and/or mental disability/handicap.
5. I have concluded that Patient's medical/mental condition substantially limits Patient's major life activities as follows: (list the major life activities affected by the disability):

_____ and the
animal is medically necessary and will be able to ameliorate the effects of the disability and will assist the Patient as follows: _____

6. I prescribed an emotional support animal and/or service animal as part of Patient's medical treatment.
7. 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 the animal is medically necessary to afford Patient an equal opportunity to use and enjoy the unit/home.
8. This affidavit is made to induce the Association to make substantial and material alterations to the Association's use restrictions based upon a 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 controlled substance.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA
COUNTY OF

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, M.D., who is personally known to me or has produced _____ as identification.

Notary Signature Notary
Stamp or Seal:

*** The Federal Fair Housing Act (42 U.S.C. §3602) defines the term handicap as follows:**

"Handicap" means, with respect to a person -

- (1) a physical or mental impairment which substantially limits one or more of such person's major life activities,
- (2) a record of having such an impairment, or
- (3) being regarded as having such an impairment, but such term does not include current illegal use of or addiction to a controlled substance...

The Florida Fair Housing Act (Fla. Stat. § 760.22) defines the term handicap as follows:

(7) "Handicap" means:

- (a) A person has a physical or mental impairment which substantially limits one or more major life activities, or he or she has a record of having, or is regarded as having, such physical or mental impairment; or
- (b) A person has a developmental disability as defined in s. 393.063.

Fla. Stat. § 413.08 defines the term "Individuals with a Disability" as follows:

"Individual with a disability" means a person who has a physical or mental impairment that substantially limits one or more major life activities of the individual. As used in this paragraph, the term:

1. "Major life activity" means a function such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
2. "Physical or mental impairment" means:
 - a. A physiological disorder or condition, disfigurement, or anatomical loss that affects one or more bodily functions; or
 - b. A mental or psychological disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, such as an intellectual or developmental disability, organic brain syndrome, traumatic brain injury, posttraumatic stress disorder, or an emotional or mental illness.

A person is considered to have a "disability" if s/he has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. According to the Joint Statement of the Department of Housing and Urban Development and the Department of Justice Reasonable Accommodations under the Fair Housing Act, the term "physical or mental impairment" includes but is not limited to such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotion illness, drug addiction caused by legal use of a controlled substance, and alcoholism. The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning and speaking.