

Dune Walk by the Ocean

CONDOMINIUM ASSOCIATION, INC.

7370-7380 South Ocean Drive

Jensen Beach, Florida 34957

Phone: (772) 229-5004 Fax: (772) 229-0539

Website: www.dunewalkbytheocean.com

Email: dunewalkoffice@comcast.net

REASONABLE ACCOMMODATION, REASONABLE MODIFICATION & NO PETS POLICY AND REQUEST FORM

TO: RESIDENTS OF DUNE WALK BY THE OCEAN

FROM: THE BOARD OF DIRECTORS

The Dune Walk by the Ocean Condominium Association, Inc. is fully committed to ensuring that individuals with disabilities have the full and equal opportunity to enjoy the housing it offers. We recognize our obligation to provide reasonable accommodations and to permit reasonable modifications to persons with disabilities under federal and state fair housing laws.

A request for a reasonable accommodation or a reasonable modification must be submitted in writing using the form attached to this Policy. The completed form and/or questions regarding this Policy should be addressed to: Dune Walk by the Ocean Condominium Association, Inc. c/o Office Manager, 7380 S. Ocean Drive, Jensen Beach, FL 34957.

*Please contact the Dune Walk Office for a complete copy
of the policy, questions and additional information.*

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FORM TO REQUEST AN ASSISTANCE ANIMAL

The Federal Fair Housing Act and other state and local fair housing laws require that housing owners and managers provide reasonable accommodations for applicants and residents who have disabilities. Dune Walk by the Ocean Condominium Association, Inc. ("the Association") is committed to granting reasonable accommodations when necessary to afford persons with disabilities the equal opportunity to use and enjoy a dwelling at the Association.

Under fair housing laws, a person with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Reasonable accommodations may include waiving or varying Association rules or policies to allow a resident to keep an "assistance animal." An assistance animal is an animal that does work or performs tasks for the benefit of a person with a disability, or provides emotional support or other assistance that alleviates one or more symptoms or effects of a person's disability ("Assistance Animal").

If you or someone associated with you has a disability and you believe that there is a need for an Assistance Animal as a reasonable accommodation for the person with a disability to use and enjoy a dwelling unit at the Association, please complete this form and return it to the management office. Please check all items that apply and answer all questions. The Association will endeavor to respond to this request in writing within 10 business days. All information provided to the Association in connection with this request will be kept confidential, except as otherwise required by law. If you require assistance in completing this form, please call the management office at (772)229-5004 for assistance or to make an oral request for a reasonable accommodation.

1. Do you require assistance filling out this form?

Yes No

If your answer is "Yes," and you do not have someone who can assist you, please ask the Office Manager at (772) 229-5004 to assist you in filling out this form.

2. The person who has a disability requiring a reasonable accommodation is (please check one).

_____ **Me.** If you answered "Me," continue to Question 3.

_____ **A person making a reasonable accommodation request on behalf of or assisting the person with a disability** who needs an Assistance Animal. After filling out the following, continue to Question 3 and fill out the information regarding that person for whom you are requesting a reasonable accommodation.

Name of person filling out form: _____

Address: _____

Telephone Number: _____

Relationship to person needing Assistance Animal: _____

3. Name of person with a disability for whom a reasonable accommodation is being requested:

Name: _____

Address: _____

Phone Number: _____

4. Are you a person with a disability requesting an accommodation of an Assistance Animal so that you can have an equal opportunity to use and enjoy a dwelling at the Association?

Yes No

5. Designate the species of animal for which you are making a reasonable accommodation request e.g., "dog," "cat,": _____

6. Provide the name and physical description (size, color, weight, any tag and/or license) of the animal for which you are making a reasonable accommodation request:

7. Does the animal for which you are making a reasonable accommodation request perform work or do tasks for you because of your disability?

Yes No (If "No," continue to Question 8)

If the answer is "Yes":

- (a) Provide a statement from a qualified health or social service professional indicating that you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); **and**
- (b) Explain below how the animal has been trained to do work to perform tasks that alleviate one or more symptoms or effects of your disability or, if the animal lacks individual training, how the animal is able to do work or perform tasks that would alleviate one or more symptoms or effects of your disability:

You may provide any additional information or documentation of the training or work you describe above and attach it to this application.

8. If the animal for which you are making a reasonable accommodation request does not perform work or do tasks for you because of your disability, but provides emotional support or alleviates one or more symptoms or effects of your disability, please submit a statement from a qualified health or social service professional stating that (a) you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); and (b) the animal would provide emotional support or other assistance that would alleviate one or more symptoms or effects of your disability and how the animal alleviates the symptoms or effects. Please attach such a statement to this application.

Signature of person with disability

Date

Signature of person making request

Date

A person who knowingly and willfully misrepresents herself or himself, as being qualified to use a service animal commits a misdemeanor of the second degree. FL Statute 413.08 (9).

TO BE COMPLETED BY MANAGEMENT

Medical Statement Attached Yes No

Unit # _____

Additional Documents Attached Yes No

Unit Owner: _____

Lease Term Dates: _____

Form accepted by: _____

Guest Visit Dates: _____

Date: _____

Signature