

**ISLAND POINT, INC., NO. 1, A CONDOMINIUM
ESA APPLICATION FORM**

In order for the Association to grant your request to keep a service or emotional support animal in your unit within the community, the Association requires you and a medical provider with knowledge of your disability to complete the below form. This form will be kept confidential to the extent required pursuant to the Condominium Act, Chapter 720 of the Florida Statutes.

After both you and your medical provider have completed the form, please return the form to the Association's legal counsel via email, dan@attorneyjoe.com, or regular mail: Cianfrone, Nikoloff, Grant & Greenberg, P.A., 1964 Bayshore Blvd., Suite A, Dunedin, FL 34698.

PART I: TO BE COMPLETED BY RESIDENT

Name: _____ Property Address: _____

Description of Animal (species, breed, weight, color, age, etc.): _____

Description of Disability: _____

Description of How the Above-Referenced Disability Substantially Limits One or More Major Life Activities:

Description of How the ESA/Service Animal Accommodation alleviates the symptoms of the above-described disability:

I have had one or more accommodations in the past for my disability:

_____ Yes _____ No

If Yes, the accommodation was:

RELEASE: I hereby authorize the release of the medical information identified in this form to **ISLAND POINT, INC., NO. 1, A CONDOMINIUM**, and authorize the Association, or its agent, to contact the medical provider below and obtain additional information, if necessary, regarding my reasonable accommodation request, authorize the medical provider below to discuss the medical information identified in this form with the Association or its agent, and authorize the Association to disclose the medical information in this form to the extent allowed pursuant to the Florida Law.

Signature of Resident Requesting an Accommodation

Date

PART II: TO BE COMPLETED BY MEDICAL PROFESSIONAL

**DISABILITY VERIFICATION
SERVICE/SUPPORT ANIMAL**

I, _____ am a licensed physician/health care provider and I have been treating (Patient's Name): _____ for a disability since _____, _____. My license number is: _____. I am familiar with the Florida and Federal Fair Housing Acts which permits individuals with a disability to maintain emotional support and service animals in otherwise pet-restricted housing facilities. The Act defines a person with a disability to include: (1) individuals with physical or mental impairments; (2) individuals who are regarded as having such impairment; and (3) individuals with a record of such impairment. Under the Federal Fair Housing Act, the **disability must "substantially limit" one or more "major life activities."** 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. (This list of major life activities is not exhaustive.)

Under normal circumstances, the Association's governing documents would require the Association to prohibit allowing the requested animal to reside within the community. However, under the Florida and Federal Fair Housing Acts, if an individual with a disability requests a reasonable accommodation, including but not limited to, keeping an animal in violation of the Association's governing documents, the Association must consider the request. To do this, we must verify that the individual qualifies under the Florida and Federal Fair Housing Acts and requires an accommodation in order to have an equal opportunity to use and enjoy his/her dwelling.

Therefore, the Association requests that you respond to all of the following questions:

1. Is above named resident disabled, as defined by the Florida Fair Housing and Federal Fair Housing Acts? _____ Yes _____ No
2. How long have you treated the above-named resident for his/her disability?

3. When was the last time you treated the above-named resident?

4. (a) In your professional opinion, does the above-named resident need a service or support animal in order to have equal opportunity to use and enjoy his/her dwelling in **ISLAND POINT, INC., NO. 1, A CONDOMINIUM**?
_____ Yes _____ No
- (b) In your professional opinion, does the above-named resident need a service or support animal in order to have equal opportunity to use and enjoy the Common Element amenities within **ISLAND POINT, INC., NO. 1, A CONDOMINIUM**?
_____ Yes _____ No

If the request is granted, will the named resident be able to observe reasonable rules that require the animal to be picked up after and kept on a leash while outside the unit/dwelling?

_____ Yes _____ No

If you marked No, explain in detail why and what variance you recommend:

Can the above-named resident's disability be otherwise reasonably accommodated to have an equal opportunity to use and enjoy his/her dwelling and the Common Elements without the animal? _____ Yes _____ No

If Yes, please describe: _____

By signing below, I acknowledge and agree that to the best of my knowledge the above information is true and accurate based on my professional medical opinion.

Signature of Medical Professional

Date

Print Name: _____

Firm/Organization: _____

Title: _____

License Number: _____

Address: _____

Phone Number: _____