

JUPITER HARBOUR CONDOMINIUM ASSOCIATION, INC.
FORM TO REQUEST A REASONABLE ACCOMMODATION

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable accommodation for that person to have an equal opportunity to use and enjoy a dwelling unit or common elements, then please complete this form and return with the requested information to Jupiter Harbour Condominium Association, Inc. Complete every blank, even if “not applicable” is correct.

Owner’s Name: _____ **Unit No:** _____ **Today’s Date:** _____

Telephone numbers: _____

Address: _____

The person who has a disability requiring a reasonable accommodation is (CHECK AS APPLICABLE):

Me _____ A Person associated with or living with me _____

Name of person with the disability: _____

Telephone numbers: _____

Address: _____

I am requesting the following change in a rule, policy, practice, or service so that the person with a disability identified above can have an equal opportunity to use and enjoy the premises:

Accommodation Requested: _____

If the request is to keep an animal, please provide information regarding the animal on the Registration Form provided for your convenience.

Is the animal required because of a disability? Yes _____ **No** _____

If the request is to keep an animal that is individually trained to do work or perform tasks for the benefit of an individual with a disability, state at least one task or type of work that the animal has been trained to perform:
1 _____

Please provide a written statement from a health or social service professional indicating the existence of a disability, the major life activities significantly limited by the disability, whether the disability is permanent or temporary, and that the presence of the animal alleviates one or more identified symptoms or effects of the disability, **IF** the request is to keep an animal that is not trained to do work or perform tasks, or to keep an animal to do work or perform tasks for an individual with a disability, if the disability is not readily apparent, or if the need for the accommodation is not readily apparent or known. For your convenience, the attached Form for Health or Social Service Professional may be used by your health or social service professional to assist you in providing information to assist the Association in evaluating your accommodation request.

Florida Statutes § 817.265 provides that it is unlawful for a person to falsify information or written documentation, or knowingly provide fraudulent information or written documentation, for an emotional support animal, or otherwise knowingly and willfully misrepresents himself or herself as having a disability through conduct, or verbal or written notice, as having a disability or disability related need for an emotional support animal. (Effective, July 1, 2020.)

Signature of person making Request: _____

¹ Department of Justice revised ADA regulations specify that “the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this [service animal] definition.” FHEO Notice: FHEO-2013-01

**JUPITER HARBOUR CONDOMINIUM ASSOCIATION, INC.
FORM FOR HEALTH OR SOCIAL SERVICE PROFESSIONAL
IF REQUESTING TO KEEP AN ASSISTANCE/EMOTIONAL SUPPORT ANIMAL**

Your patient requested Jupiter Harbour Condominium Association, Inc. to provide a reasonable accommodation allowing the keeping of the following animal in his/her unit a (Please circle one or state in space provided) “dog” “cat” _____. For your convenience, this form is provided to assist you in providing information to assist the Association in evaluating whether to grant the requested assistance/emotional support animal accommodation, an exception to the Association’s pet restriction.

Florida Statutes § 817.265 provides that it is unlawful for a person to falsify information or written documentation, or knowingly provide fraudulent information or written documentation, for an emotional support animal, or otherwise knowingly and willfully misrepresents himself or herself as having a disability through conduct, or verbal or written notice, as having a disability or disability related need for an emotional support animal. (Effective, July 1, 2020.)

Florida Statutes § 456.072 provides that a health care practitioner who provides information, including written documentation, indicating that a person has a disability or which documentation supports a person’s need for an emotional support animal without personal knowledge of the person’s disability or disability-related need for the specific emotional support animal is subject to disciplinary action. (Effective, July 1, 2020.)

**STATEMENT IN SUPPORT OF PET RESTRICTION EXCEPTION ON THE BASIS OF
DISABILITY ² SUBSTANTIALLY LIMITING MAJOR LIFE ACTIVITIES**

This Statement is my personal knowledge of _____’s (hereinafter “Applicant”) Disability and I am acting within the scope of my practice to provide this information.

1. My name is _____.
2. I am licensed by (state the jurisdiction) the **State of** _____ to practice (state your field, such as "medicine") _____.
3. My practice specialty is _____.
4. My office is located at _____.

^{2,3}For this purpose, a person with a disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Physical or mental impairments include, but are 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, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Accommodations Under the Fair Housing Act, May 17, 2004.

5. I am Applicant's (state your relationship, such as "treating physician") _____.

6. On or about (date) _____, I diagnosed Applicant within a reasonable degree of medical certainty as suffering from a medical condition, a physical or mental impairment substantially limiting one or more major life activities (referred to herein as "Disability"³).

7. Within a reasonable degree of medical certainty I have concluded that Applicant's major life activities⁴ substantially limited⁵ are as follows (**explain what major life activities are substantially limited**):

_____.

8. I have prescribed the following accommodation concerning the Disability which created substantial limitation to Applicant's exercise of major life activities (course of prescribed treatment): _____

_____.

9. The prescribed accommodation stated in the prior paragraph for Applicant's Disability is intended to be beneficial to her/him because (**explanation of the disability-related, identifying the particular assistance or therapeutic emotional support provided by the animal, what major life activities substantially limited are alleviated by the animal and how**): _____

_____.

⁴ The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking. Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Accommodations Under the Fair Housing Act, May 17, 2004.

⁵ The term "substantially limits" suggests that the limitation is significant or to a large degree. Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Accommodations Under the Fair Housing Act, May 17, 2004.

10. Alternative treatments other than an animal accommodation, such as medication, counseling or otherwise that within a reasonable degree of medical certainty will provide Applicant the opportunity to use and enjoy Applicant's dwelling are as follows _____

11. Applicant's Disability is expected to end: _____.

12. If I am not a licensed medical doctor, then my credentials for providing the opinions stated in this document are as follows: _____.

13. If I am not licensed, or a certified practitioner, or a provider, in the State of Florida, then I have provided in-person care or services to Applicant on at least _____ occasions.

14. This Statement is made to induce Jupiter Harbour Condominium Association, Inc. to make substantial and material alterations to the Association's use restrictions based upon a Disability substantially limiting one or more major life activities which does not include current, illegal use or addiction to a controlled substance.

Under penalties of perjury, I declare that I have read the above Statement in Support of Pet Restriction Exception on the Basis of Disability Substantially Limiting Major Life Activities of my patient _____ and that the facts stated in it are true.

Sign Name: _____ Date _____

Print Name: _____

Please return completed form with requested information to:
Rosemarie von Zabern, LCAM
Jupiter Harbour Condominium Association, Inc.
1000 N. US Highway One Unit J600
Jupiter, FL 3347- 4449

JUPITER HARBOUR CONDOMINIUM ASSOCIATION, INC.
ANIMAL REGISTRATION FORM

Unit Owner Name: _____ Unit No: _____

Telephone Numbers: _____

Animal Owner Name: _____

Telephone Numbers: _____

Animal's Name: _____ Animal's Age: _____ Animal's Weight: _____

Description (*Be specific – give complete description, breed, color, etc.*): _____

(Attach current color photographs, clear and focused of front view and side/portrait view)
(Attach proof of current vaccines, Veterinarian Certificate-Must be updated annually)
(Attach proof of license)

Animal Owner's Signature: _____ Date: _____

Unit Owner's Signature: _____ Date: _____

Please return completed form with requested information to:
Rosemarie von Zabern, LCAM
Jupiter Harbour Condominium Association, Inc.
1000 N. US Highway One Unit J600
Jupiter, FL 3347- 4449

