

**CLUB CHALET COOPERATIVE ASSOCIATION
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 requests that your medical provider with firsthand knowledge of your disability to complete the below form. This form will be kept confidential to the extent required pursuant to the Cooperative Association Act, Chapter 719 of the Florida Statutes.

After your medical provider has completed the form, please return the form to Club Chalet
Office or email to: clubchalet3@gmail.com.

TO BE COMPLETED BY MEDICAL PROFESSIONAL

**DISABILITY VERIFICATION FOR
SERVICE/SUPPORT ANIMAL ACCOMMODATION**

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 Club Chalet Cooperative Association?

_____ 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 area amenities within Club Chalet Cooperative Association?

_____ 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: _____

CLUB CHALET COOPERATIVE ASSOCIATION
EMOTIONAL SUPPORT ANIMAL/SERVICE ANIMAL
REGISTRATION FORM

Animal Owner's Name: _____

Address and Unit No.: _____

Contact Number: _____

Type of Assistance Animal: _____

Name and Age of Animal: _____

Breed and Description:

*(Picture of the animal is required to be supplied with this form for identification purposes)

Emergency Caretaker: Name: _____

Phone Number: _____

I hereby certify that the animal is current on all licensing and vaccination requirements and I have read, understand, and agree to abide by the Association's rules and regulations pertaining to emotional support/service animals. I understand that the granted reasonable accommodation is specific to me and this animal only and that a new request for reasonable accommodation must be submitted if a different animal is requested.

Owner Signature

Date

CLUB CHALET COOPERATIVE ASSOCIATION
WAIVER FOR EMOTIONAL SUPPORT ANIMAL/SERVICE ANIMAL

Owner(s): _____

Unit #: _____

Date: _____

This waiver is being granted by the Board of Directors in compliance with the existing Federal and State Statutes regarding “Emotional Support Animals” and service animals.

This waiver is subject to the restrictions listed below:

1. The animal must be licensed and current with all required shots and vaccinations and the Board may require proof of same be provided by owner as verified by a licensed veterinarian.
2. This reasonable accommodation is granted only as to the particular animal currently owned by the owner. A separate application, documentation, and waiver will be required for any replacement animal.
3. The animal must be on a leash no longer than six (6) feet long at all times when outside the owner’s unit.
4. The owner must pick up all animal waste immediately and dispose of the waste properly.
5. The animal cannot make unreasonable noise or display unruly or aggressive behavior which disturbs the peace and tranquility of other residents or create a nuisance or danger to other residents.
6. The accommodation is being made to the owner who qualifies for the exemption under Federal and State Fair Housing Laws and to no other owner/occupant of the unit. When the owner entitled to the reasonable accommodation is no longer in residence in the unit, the animals shall be removed.

7. If the Board receives any complaints regarding the Owner's failure to abide by the restrictions listed above, the Owner will be notified in writing of the complaint(s) and directed to correct the problem. If the Owner fails to correct the problem, and the same problem persists, the Board may take action to have the animal removed.

I understand and agree to comply with the above listed restrictions:

Owner Signature

Date