

VILLAGE ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.

FORMS FOR ACQUIRING EMOTIONAL SUPPORT / SERVICE ANIMAL

As required by Village on the Green Pato Homes Homeowner i's Association, Inc.

The attached forms must be completed in the following order:

1. PART I. To be completed and signed by homeowner.
2. PART II. Disability verification, to be completed by Medical Professional.
3. Waiver for Emotional Service / Service Animal, completed.
4. Animal Registration Form completed.

Please submit two copies of each completed form to:

Ameri-Tech, Community Management Inc., 24701 US Highway 19, Suite 102, Clearwater, FL. 33763. The second copy will be provided to, and kept by Village on the Green Homeowner's Association

(Form Attached....\$.) (5 pages, + cover total)

VILLAGE ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.

c/o Ameri-Tech Management
24701 U. S. Hwy. 19 North, Suite 102, Clearwater, FL 33763

In order for Village on the Green Homeowner's Association, Inc. to grant your request to keep a service or emotional support animal in your home within Village on the Green Homeowner's Association, Inc. requires you and a medical provider with knowledge about the subject disability and the manner in which an animal can ameliorate the effects of the disability, to complete the below forms. These forms will be kept confidential to the extent required pursuant to the Chapter 720 of the Florida Statutes regarding Homeowner's Associations.

After both you and your medical provider have completed the forms below, **please have your medical provider** return both forms to: Village on the Green Homeowner's Association, Inc. c/o Ameri-Tech Management, 24701 U. S. Highway 19 North, Suite 102, Clearwater, FL 33763.

PART I: TO BE COMPLETED BY RESIDENT

Name: _____ Property Address: _____

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

Description of Limitation: _____

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

_____ Yes _____ No The accommodation was: _____

RELEASE: I hereby authorize the release of medical information identified in this form to Village on the Green Homeowner's Association, Inc. and authorize Village on the Green Homeowner's Association, Inc or its agents 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 Village on the Green Homeowner's Association, Inc. or its agents, and authorize Village on the Green Homeowner's Association, Inc. to disclose the medical information in th form to the extent allowed pursuant to the Florida Law, Chapter 720 et seq.

Signature of Resident Requesting an Accommodation

Date

VILLAGE ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.

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 a treating physician/health care provider treating (Patient's Name): _____ disability, since _____, _____. My license number is: _____. I am familiar with the Federal Fair Housing Act which permits emotional support and service animals. 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 and 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 animal in Village on the Green Homeowner's Association, Inc. However, under the Federal and Florida 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 Federal and Florida Fair Husing 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 Federal Fair Housing and Florida Fair Housing Acts? _____ Yes _____ No.

1a. If Yes, please state the disability that substantially limits one or more of the above-named resident's major life activities,

1b..If Yes and you deem appropriate, please attach any additional information to this request and/or provide any other information you deem appropriate regarding his/her disability below:

2. How long have you treated th above-named resident for his/her disability?

VILLAGE ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.

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

4. In your professional opinion, does the above-named resident need the above-described animal in order to have equal opportunity to use and enjoy his/her dwelling in Village on the Green Homeowner's Association, Inc.? _____ Yes _____ No

Please describe in detail the manner in which the requested accommodation will affirmatively enhance the above-named resident's quality of life by ameliorating the effect of the disability: _____

If this request is granted, will the named resident be able to obey the Association's pet rules that are attached to this form? _____ Yes _____ No

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

5. Can the above named resident's disability be otherwise accommodated to have an equal opportunity to use and enjoy his/her dwelling in Village on the Green Homeowner's Association, Inc. without the animal?

_____ Yes _____ No If YES, please describe: _____

6. Would you be willing to testify in a proceeding or sign an affidavit as to the above-named resident's need for the requested accommodation? _____ Yes _____ No

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: _____

VILLAGE ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.

WAIVER FOR EMOTIONAL SUPPORT / SERVICE ANIMAL

Owner (s): _____

Address: _____

Lot #: _____ Date: _____

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

The referenced in our documents describing the exclusion of pets shall continue to be applied to all who have not obtained a valid written statement from a physician / health provider.

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 or additional animal.
3. The animal is required to wear a collar with identification information for the animal and the name, address and telephone number for the animal's owner and must be on a leash no longer than six (6) feet long at all times when outside the owner's unit.
4. The animal may only relieve itself on the owner's lot and may not be walked within the community. The animal must be transported outside of the community to be walked. The owner must pick up all animal waste immediately and dispose of the waste properly.
5. The animal cannot make noise which disturbs the peace and tranquility of other lot owners or creates a nuisance or danger to others.
6. The animal may not be kept unattended on the patio, or yard of the unit and may not be left alone in the unit for more than 10 consecutive hours or overnight.
7. This 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 animal shall be removed.
8. The owner agrees that he or she shall indemnify and hold the Association harmless for any damages or personal injury caused by the animal and shall promptly reimburse the Association for any costs incurred by the Association to make repairs as a result of, or arising out of the animal being on the premises.
9. If the Board receives any complaints regarding the Owner's failure to abide by the restriction 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 appropriate action to have the animal removed.
10. To the extent it is necessary to institute legal action to enforce the provisions herein, the Owner shall bear any reasonable attorney's fees and costs incurred by the Association.

I understand and agree to comply with the above restrictions.

Owner(s) Signature

Date

VILLAGE ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.

ASSISTANCE ANIMAL REGISTRATION FORM AND REQUEST FOR REASONABLE ACCOMMODATION

**(Must be completed in its entirety prior to animal being permitted on the premises)
(Please submit this form and all further documentation to Management Company)**

Animal Owner's Name : _____

Address: _____ Lot # _____

Contact Number: _____

Type of Assistance Animal: _____

Name and Age of Animal: _____

Breed and Description: _____

***Picture of 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 reasonable accommodation animals. I understand that the granted reasonable accommodations is specific to me and this animal only and that a new request for reasonable accommodation and form must be submitted for a different animal.

I FURTHER HEREBY AGREE TO INDEMNIFY THE ASSOCIATION FOR ANY AND ALL DAMAGE THAT MAY RESULT TO ASSOCIATION PROPERTY OR TO ANY PERSON WHILE HE OR SHE IS ON ASSOCIATION PROPERTY AS A RESULT OF OR ARISING FROM THE ANIMAL BEING ON THE ASSOCIATION PROPERTY.

Animal Owner Signature

Date

The Board of Directors has received acceptable documentation or the need for the animal is readily apparent and grants a reasonable accommodation to allow the above-referenced animal despite the pet restriction contained in the deed restrictions and/or rules and regulations.

Print:

Date

On Behalf of the Board of Directors for
VILLAGE ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.