CITRUS GROVE ESTATES

Service or Assistance Animal Approval Process

1. Documentation is not required for a “service animal” assuming it meets the qualifications/test set forth herein and assuming it is a dog. The animal must still, however, be registered with the Community. No fees may be charged.
2. Documentation is required for an assistance animal under fair housing laws (including but not limited to emotional support animals) if the disability is not obvious or already known to the Community and if the need for the animal is not obvious or already known to the Community. Applications (see attached 7 pages) are available upon request.
3. A copy of the HUD “Guidance on Documenting an Individual’s Need for Assistance Animals in Housing” should be provided to the person seeking approval of an assistance animal (including but not limited to an emotional support animal). That document is available here: <https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf> and begins on page 16.
4. Completed applications should be returned to the Community at the following address or at the drop box onsite:

Citrus Grove Estates

Community Manager’s Office

1. Applications are logged in and sent to the Community’s Management for approval or denial upon receipt of completed application.
2. The Community and/or the Community’s attorney, at the Community’s request, will issue an approval/denial letter to Applicant.

Policies and Procedures for Disabled Owner or

Resident to Request Service Animal or Reasonable Accommodation for Assistance Animal

Background: Under the Federal and State Fair Housing Acts, an owner or resident who is disabled may request reasonable accommodation(s) to the Community’s rules, policies, practices, or services when such accommodation(s) may be necessary because of his/her disability. For more information on the rules pertaining to requests for reasonable accommodation, please review the *Joint Statement of the Dept. of Housing and Urban Development and the Department of Justice on Reasonable Accommodations under the Fair Housing Act which can be found* at [www.usdoj.gov/crt/housing/jointstatement\_ra.htm](http://www.usdoj.gov/crt/housing/jointstatement_ra.htm). For more information regarding assistance animals under fair housing laws specifically, please review *Assessing a Person’s Request to Have an Animal as a Reasonable Accommodation Under the Fair Housing Act*, which can be found at <https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf>.

Objective: To establish policies and procedures for meeting the requirements of applicable state and federal law relating to disabled individuals.

Policy: The policy of Citrus Grove Home Owners Association, Inc. is to make every attempt to provide reasonable accommodations to disabled residents in accordance with applicable state and federal law.

**PROCEDURE**

Service Animals: HUD’s January 28, 2020 notice entitled “Assessing a Person’s Request to Have an Animal as a Reasonable Accommodation Under the Fair Housing Act” requires a housing provider to initially assess whether the requested animal qualifies as a “service animal” under the Americans With Disabilities Act. Accordingly, when first evaluating an owner or resident’s animal request, in all cases where the animal is a **dog**, the following analysis will be followed.

If it is apparent that the dog is trained to do work or perform tasks for the benefit of a person with a disability, then further inquiries are unnecessary and inappropriate because the animal is a “service animal” and must be allowed.

If this is not readily apparent, then the Community will limit its inquiries to two questions:

(1) Is the animal required because of a disability? And

(2) What work or task has the animal been trained to perform?

The Community will not ask about the nature or extent of the person’s disability and will not ask for documentation when asking these questions. If the answer to question #1 is “yes” and a work or task is identified in response to question #2, then Community will grant the requested accommodation if otherwise reasonable because the animal qualifies as a “service animal.” If the answer to either question is “no” or “none,” the animal does not qualify as a “service animal,” but it may still be an assistance animal under fair housing laws, and the remainder of this Process will be followed.

Submittal of Request: If the animal whose presence the disabled owner or resident is requesting does not qualify as a “service animal” as set forth above, then the disabled owner or resident should complete the Community’s Request for Reasonable Accommodation and provide completed copies of the Disability Verification for Emotional Support Animals or for Assistance Animal Form (please select the appropriate form), Acknowledgment of Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation and Animal Registration forms. The completed forms should be delivered or mailed to Citrus Grove Home Owners Association, Inc., at the Community Manager’s Office. The Community will consider all requests for a reasonable accommodation no matter how the request is made; however, use of the supplied forms will expedite the process.

Procedure for Reviewing a Request for Reasonable Accommodation: Upon receipt of the requested forms (or information supplied) for a disabled owner or resident’s request for a reasonable accommodation(s) in the Community’s rules, policies, practices, or services, the request forms will be reviewed by Citrus Grove Home Owners Association, Inc. within 15 days of receipt in the Community’s management office, and the owner or resident will be notified in writing of Management’s decision. If additional information is required by Citrus Grove Home Owners Association, Inc., the review may take longer, and the submitting owner or resident will be so advised in writing. Additionally, it may be necessary for the Community’s legal counsel to review the documentation submitted in support of a request for a reasonable accommodation, which may prevent Citrus Grove Home Owners Association, Inc. from providing owner with a decision within 15 days. If the matter is referred to the Community’s legal counsel, owner will be notified in writing.

If the request is approved, any condition of approval will be provided in writing. If disapproved, the reason for disapproval will be provided in writing. If more information is needed, the disabled owner or resident will be so advised.

Guidelines regarding Qualified Care Provider Documentation: The Community is entitled to obtain information that may be necessary to evaluate whether a requested accommodation is necessary because of the owner’s or resident’s disability. If a person’s disability is obvious or otherwise known to the Community and if the need for the requested accommodation also is apparent, then the Community will not request any additional information about the requester’s disability or the related need for the requested accommodation.

If the requester’s disability is not obvious, after reviewing the submitted request form, the Community may request reliable information that is necessary to verify that the requester has a physical or mental impairment that substantially limits one or more major life activities (which is definition of a disability under the Fair Housing Act). If information on the requester’s disability is requested by the Community, he/she may provide information verifying that he/she meets the foregoing definition of “disability,” for example, by submitting proof that he/she is under 65 years of age and receiving Supplemental Security Income, Social Security Disability Insurance benefits, or private disability insurance benefits. In addition, a qualified care provider with expertise in the area of the owner’s proposed disability may provide verification of the owner’s claimed disability through the use of the Community’s form Affidavit of Treating Health Care Professional. The Community will supply the Affidavit of Treating Health Care Professional upon receipt of any request for a reasonable accommodation. If the requester’s disability is obvious, but the need for the accommodation is not apparent, the Community may request reliable information that is necessary to evaluate the disability-related need for the requested accommodation.

To the extent a disability is not permanent, the Community may request additional updated information as it deems necessary to determine if there is a continued need for the requested accommodation.

The Community may request advice from legal counsel concerning any owner or resident’s request for a reasonable accommodation. Owner or resident consents to the disclosure of all documentation in support of the request to the Community’s legal counsel.

Additional Information

An individual’s need for an accommodation may change over time as a result of changes in the individual’s own level of disability or impairment, treatments available to mitigate a disability, and/or other circumstances affecting the individual. What qualifies as reasonable in one set of circumstances may not be reasonable or necessary in another. If and when circumstances change, it is your responsibility to notify the Community if you need, or no longer need, a reasonable accommodation.

Maintaining a Service or Assistance Animal

Should a request for a reasonable accommodation to the no pet policy be granted, the Community reserves the right, pursuant to Florida law, to withdraw this approval at any time should the assistance or service animal become a nuisance to others, which includes, but is not limited to: excessive barking; biting; aggressive behavior; attacking; owner’s failure to properly dispose of excrement or waste; failure to comply with all state and local ordinances and statutes; not maintaining the animal on a leash at all times when outside of the unit unless a reasonable accommodation is required in relation to leash rules and laws due to the owner or resident’s disability and reliable documentation of such need is provided to the Community; sanitation/odor problems related to failure to clean up after or properly care for the animal. Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled. Further, the applicant/owner is required to provide current and annual vaccination, immunization and veterinarian records for the animal; and to maintain an identification tag and license tag on the animal. Failure to comply with any of these requirements is grounds to immediately withdraw the approval of the animal. Owner is solely responsible for any and all damage caused by the animal, whether to person or property.

All information received by the Community in conjunction with a disabled owner or resident request for reasonable accommodation will be kept confidential as required by Florida or federal law. If any other resident or owner inquires as to why a special accommodation appears to have been made, the Community representative’s response will be: “We cannot provide information about another resident’s residency. Sometimes the law requires that exceptions be made to Community rules.” No information will be provided regarding the disability or need for the accommodation.

I have received and read a copy of these Policies and Procedures for Disabled Owner or resident to request Reasonable Accommodation and I agree to abide by the regulations. I bear full responsibility for my service or assistance animal.

|  |  |
| --- | --- |
| Requesting Party’s Signature | Date |
| Printed Name of Requesting Party |  |

CITRUS GROVE ESTATES

REQUEST FOR REASONABLE ACCOMMODATION

Name of Person Requesting a Reasonable Accommodation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am a person with a disability defined as one or more of the following: A physical or mental impairment that substantially limits one or more major life activities; or a record of having such an impairment; or is regarded as having such an impairment.

\*\* If I am not the person with a disability, the following member of my household has a disability as defined above:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you (e.g. child, parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As a result of this disability, I am requesting the following reasonable accommodation for my household: an exception to the Community’s express, written and strictly enforced “no pet” policy (reasonable accommodation) to allow the following animal to reside in my unit:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. This request for a reasonable accommodation is necessary so that I (or the requesting party) have an equal opportunity to use and enjoy the unit which I (or the requesting party) currently lack because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the information obtained by the Community will be kept completely confidential as required by state and/or federal law and used solely to evaluate my request for a reasonable accommodation.

Please return this form, along with the applicable disability verification form completed by your treating health care professional, Acknowledgement of Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation and Pet Registration forms as promptly as possible so that the Community can evaluate your request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Requesting Party

\*\* If on behalf of a minor child, please indicate whether you are the parent or guardian

CITRUS GROVE ESTATES

Service or Assistance Animal Registration Form

UNIT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWNER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANIMAL’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□MALE □FEMALE

COLOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEIGHT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ACQUIRED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY LICENSE NUMBER \_\_\_\_

VETERINARIAN NAME AND PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We hereby certify and understand the rules regarding animals at CITRUS GROVE ESTATES that relate to care, clean-up, and leash rules. If a reasonable accommodation is needed in relation to any particular rule I will advise the Community of such request.

I/We understand and agree that the above assistance animal or service animal is permitted to remain on the property because I have a requested a reasonable accommodation to the “pet/no pet” policy and provided any required documentation evidencing that I have a disability and a disability-related need for the animal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME DATE

**CITRUS GROVE ESTATES**

**Disability Verification**

**Assistance Animal**

I, (Health Care Professional’s Name:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am a licensed physician or heath care provider and I have been a treating physician or health care provider treating (Patient’s Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s disability, since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. My license number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am aware that the Americans with Disabilities Act and Section 504 of the Rehabilitation Act define disability as:

1. A physical or mental impairment which substantially limits one or more of the person’s major life activities, and/or
2. A record of having a physical or mental impairment which substantially limits one or more of the person’s major life activities, and/or
3. Being regarded as having a physical or mental impairment which substantially limits one or more of the person’s major life activities.

Major life activities include, but are not limited to: caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and/or working. By signing this document, I hereby affirm that the above-named patient has a disability which meets the above legal definition.

MY PATIENT IS SEEKING APPROVAL FOR AN ASSISTANCE ANIMAL UNDER FAIR HOUSING LAWS. This animal does work, provides assistance, or performs at least one task that benefits the patient because of the patient’s disability, or it provides therapeutic emotional support to alleviate a symptom or effect of the patient’s disability. The animal is not merely a pet. My patient requires an assistance animal that performs the following functions in relation to my patient’s disability:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS FORM IS ONLY FOR USE BY RESIDENTS SEEKING TO APPLY FOR AN ASSISTANCE ANIMAL UNDER FAIR HOUSING LAWS WHERE THE DISABILITY OR THE NEED FOR THE ANIMAL ARE NOT OBVIOUS OR OTHERWISE KNOWN TO THE LANDLORD.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Medical Provider Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Medical Provider Phone Number of Medical Provider

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Medical Provider