

Southwinds at the Moorings Association, Inc.

Form to Request a Reasonable Accommodation for an Assistance Animal as an Exemption to the Association Pet Restrictions

Adopted February 2022

The Federal Fair Housing Act and other state and local fair housing laws require that housing owners and managers provide reasonable accommodations for applicants and residents who have disabilities. Southwinds at the Moorings Association, Inc. (the “Association”) will allow reasonable accommodations when necessary to afford persons with disabilities the equal opportunity to use and enjoy a dwelling.

Under fair housing laws, a person with a disability is defined as a person who has 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. Reasonable accommodations may include waiving or varying Association rules or policies to allow a resident to keep an “assistance animal.” An assistance animal is an animal that does work or performs tasks for the benefit of a person with a disability, or provides emotional support or other assistance that alleviates one or more symptoms or effects of a person’s disability (the “Assistance Animal”).

If you or someone associated with you has a disability and you believe that there is a need for an Assistance Animal as a reasonable accommodation for the person with a disability to use and enjoy a dwelling unit at the Association, please complete this form and return it to the Association. Please check all items that apply and answer all questions. All information provided to the Association in connection with this request will be kept confidential, except as otherwise required by law.

1. Do you require assistance filling out this form?

YES

NO

If your answer is “Yes” and you require assistance filling out this form, please contact the Association’s manager (Keystone Property Management) for assistance.

If your answer is “No” continue on to Question No. 2.

2. Today’s Date: _____

3. The person who has a disability requiring a reasonable accommodation is (please check one):

_____ **Me.** If you answered “Me” continue to Question 4.

_____ **A person making a reasonable accommodation request on behalf of or assisting the person with a disability** who needs an Assistance Animal
After filling out the following, continue to Question 4 and fill out the information regarding the person for whom you are requesting a reasonable accommodation:

Name of person filling out form: _____

Address:

Telephone number: _____

Relationship to person needing Assistance Animal: _____

4. Name of person with a disability for whom a reasonable accommodation is being requested:

Address:

Telephone number: _____

5. Are you a person with a disability requesting an accommodation of an Assistance Animal so that you can have an equal opportunity to use and enjoy a dwelling at the Association?

YES

NO

6. Designate the species of animal for which you are making a reasonable accommodation request e.g., “dog”, “cat”:

7. Provide the name and physical description (size, color, weight, any tag and/or license) of the animal for which you are making a reasonable accommodation request, along with attaching the animal’s latest vaccination certificates or veterinarian records:

8. Does the animal for which you are making a reasonable accommodation request perform work or do tasks for you because of your disability?

YES

NO (If “No”, continue to Question 9)

If the answer is yes:

(a) provide a statement from a health or social service professional indicating that you have a physical disability (i.e. you have a physical impairment that substantially limits one or more major life activities); and

(b) explain below how the animal has been trained to do work or performs tasks that alleviate one or more symptoms or effects of your disability or, if the animal lacks individual training, how the animal is able to do work or performs tasks that would alleviate one or more symptoms or effects of your disability:

You may provide any additional information or documentation of the training or work you describe above and attach it to this application.

9. If the animal for which you are making a reasonable accommodation request does not perform work or do tasks for you because of your disability, but provides emotional support or alleviates one or more symptoms or effects of your disability, please submit a statement from a health or social service professional stating that (a) you have a disability (i.e. you have a mental impairment that substantially limits one or more major life activities); and (b) the animal would provide emotional support or other assistance that would alleviate one or more symptoms or effects of your disability and how the animal alleviates the symptoms or effects. Please attach such a statement to this application.

ACKNOWLEDGEMENT: By signing below, I confirm that I have received and read a copy of the Policy and Procedure for Requesting a Reasonable Accommodation and I agree to abide by same. I confirm that the person with the disability signing below shall bear full responsibility for the Assistance Animal and shall keep it under control at all times.

Signature of Person Making the Request:

Date: _____

Signature of Person with Disability:

Date: _____

Please Return Completed Form and attachments to the Association's Management Company:

Southwinds at the Moorings
c/o Keystone Property Management
780 US Highway 1, Ste. 300
Vero Beach, FL 32962

Email: Southwinds@keyirc.com
Telephone: (772) 569-7928
Fax: (772) 978-9273

*TO BE COMPLETED BY THE BOARD OF DIRECTORS FOR SOUTHWINDS AT THE
MOORINGS ASSOCIATION, INC.:*

Request Granted:

Request Denied:

Name

Title

Signature

Date