

OCEANA SOUTH CONDOMINIUM ASSOCIATION, INC

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Official Rules Regarding Pets and Service/Companion Animals

No pets shall be permitted unless approved by the Condominium Association. Only one (1) pet is allowed, the weight may not exceed 30 pounds. For the purposes of definition, pets shall be defined as ONLY cats and dogs; no other large animal of any kind may be kept on premises as a pet. Birds, reptiles, terrapins, fish and caged rodents are usually exempted from the pet policy. Pets MUST be carried in the lobby, elevators, and walkways. Cats and dogs may not roam freely and must be on a leash when on Association property. Pets must be curbed in the "Pet Area" on the North side of the building, west of the maintenance sheds. Unit owners or tenants are required to clean up after their pets using the dog waste bags provided at the dog station. No pets shall be left on the balcony when the unit owner is not home.

The Association policy on therapy or assistance dogs meets with the standards established under the FHA, and not with the American's with Disabilities Act (ADA). The ADA act applies to PUBLIC accommodation only and, as a non-commercial residential building, Oceana South does not fall under the ADA definition. The FHA act states that an association must provide reasonable accommodation to handicapped individuals so they may have full use and enjoyment of the property.

If an owner requests an exception to the pet policy as a result of a handicap, the owner must make the request in writing to the board. The board will provide a form to the owner that must be filled out by a health care professional. While the Board does not have the authority to request medical records, nor a specific diagnosis, nor a list of medications, the Board can ask for certain information relating to the request. Since a handicap is defined as lacking the ability to perform one or more of life's daily activities, the health care professional must provide specific information on what daily activity the owner has lost the ability to perform and what specifically the animal will do to ameliorate the effect of this handicap. All records obtained by the Board in its duty to respond to the request are confidential and are NOT part of the Association's public record, so may NOT be released to any other owner. If an owner has any questions concerning this policy, please see the manager.



ASSISTANCE ANIMAL REASONABLE ACCOMMODATION VERIFICATION FORM

Oceana South Condominium Association provides reasonable accommodations to our residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies *made necessary because of a disability* for the resident to use and enjoy a condominium community. The resident has authorized you to provide the information requested on this form.

The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The disability must be permanent (of continual or long duration) to be protected by the Fair Housing Act. Since a handicap is defined as lacking the ability to perform one or more of life's daily activities, the health care professional must provide specific information on what daily activity the owner has lost the ability to perform and what specifically the animal will do to ameliorate the effect of this handicap.

The legal definition of a reasonable accommodation is an exception to the normal rules of the condominium community that is necessary for the resident to have an equal opportunity to use and enjoy his/her apartment community. **This community permits residents to have one pet, with a weight of 30 lbs. Any pet that is larger than 30 lbs. requires an exception to this policy.** Note: Applying the definition of a reasonable accommodation to a request for an animal requires a higher standard than merely stating that a resident would "benefit" from the presence of an animal in his/her apartment, since presumably most pet owners benefit from the presence of their pets.

Owner: Please fill out the resident section below and give the form to your health care professional to complete the reverse side. Once complete, please return to the condominium association office for review. Please allow 7 working days for a decision from the Board.

Name of Resident (print): _____ **Unit #** _____

TYPE OF REQUESTED ACCOMMODATION: _____

SIGNATURE: _____ **DATE:** _____

This signature authorizes the verifier to provide answers to the questions below and any necessary follow up questions to the best of his/her knowledge of this resident. All records obtained by the Board in its duty to respond to the request are confidential and are NOT part of the Association's public record, so may NOT be released to any other owner. If an owner has any questions concerning this policy, please see the manager.

To the Health Care Professional:

The Department of Housing and Urban Development's definition of an assist animal is as follows:

An assistance animal is not a pet. It is an animal that works, provides assistance, assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals perform many disability-related functions, including but not limited to, guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support.

With that understanding please answer the following questions. Please make every effort to provide as much information as possible, so that the Board can make a reasonable decision. Use additional sheets if necessary.

1. Is this resident disabled? Please Circle.

YES NO I DON'T KNOW

1. Is it your opinion that the presence of an animal in this resident's apartment is necessary because of his/her disability for this resident to use and enjoy this apartment community? Please Circle.

YES NO I DON'T KNOW

2. Please describe the nexus or connection between the resident's disability and the requested accommodation. Use additional sheets if necessary.

3. If you answered yes to #2, is there a specific animal, number of animals, or type of animal(s) that is (are) necessary?

YES NO

3 a. Please explain answer. Use additional sheets if necessary.

4. This community permits its residents to have a pet. If, in your professional opinion, this resident's disability makes an assist animal necessary, please describe how an assist animal would perform tasks or alleviate the symptoms or effects of this resident's disability in a different manner than a pet. Please Circle.

YES NO DOES NOT APPLY

4 a. Please explain answer. Use additional sheets if necessary.

5. In the event that this matter is litigated, it may be necessary for you to testify in a court of law concerning the accuracy of information provided in this form. Are you willing to testify on the applicant's behalf that the above statements are true? Please Circle.

YES NO

Name and position of verifier:

(Please print) _____ Position/Occupation _____

Signature of Verifier _____ Date _____

Address _____ City _____ State/Zip _____

Telephone _____ Email _____