
TRI-PAR ESTATES PARK AND RECREATION DISTRICT
MEMORANDUM

TO: APPLICANTS FOR EMOTIONAL SERVICE ANIMALS

FROM: LEE MORRIS

SUBJECT: ESA APPLICATION CHECKLIST

DATE: JULY 22, 2020 (UPDATED)

Please make sure you submit all of the following documents when making application for an Emotional Service Animal:

- Tri-Par Application for Keeping of Emotional Support Animal in a non-animal area as an accommodation for Resident's Disability
- Florida Commission on Human Relations Medical Certification Form, Completed by your physician
- Current Year Shot Records for the proposed Emotional Support Animal
- Proof and Photocopy of Current Dog Licensing and Tag Number
- I understand that I must provide a medical necessity form signed by my physician and an updated shot records from a licensed veterinarian for my emotional support animal on an annual basis.

Tri-Par Estates Park and Recreation District
Application for Keeping of Emotional Support Animal
As An Accommodation for Resident's Disability

Property Address: _____ Date: _____ Phone: _____

Applicant/Resident with Disability:

Printed Name Signature D.O.B. Age

NOTE: Applicant must be a registered, approved, and bona fide resident of TRI-PAR ESTATES PARK AND RECREATION DISTRICT.

Emotional Support Animal described as follows:

Species (Circle One) Dog or Cat or Other: _____ (if Other, please identify)
Breed: _____ Color(s): _____
Height: _____ Length: _____ Weight: _____
Fully grown: Yes No (Circle One)
If not presently fully grown, state anticipated size and weight when fully grown:
Height: _____ Length: _____ Weight: _____

Pursuant to the Fair Housing Amendments Act of 1988, Applicant agrees to reside in mobile home with said Emotional Support Animal as an accommodation for a disability, until residency on the property ceases for any reason, under the following conditions:

1. Said Emotional Support Animal shall be kept by Resident for companionship or genuine service, and not for breeding or any other commercial use or purpose.
2. Resident shall be required to annually present Board of Trustees of Tri-Par Estates Park and Recreation District (hereinafter "Board of Trustees") competent written evidence of continuing medical necessity for said Emotional Support Animal as an accommodation of Resident's disability. Upon failure of Resident to furnish said written evidence of continuing medical necessity or upon termination of Resident's residency, the Animal shall be removed from Tri Par Estates Park and Recreation District within fifteen (15) days.
3. Concerning the conduct/behavior of said Emotional Support Animal, Resident acknowledges and agrees that Resident's right to keep said Animal on the property is further conditioned upon the following matters:
 - a. Said Emotional Support Animal shall not become a nuisance or health hazard.
 - b. Said Emotional Support Animal shall not be permitted to bark, whine or cry for periods in excess of ten (10) minutes.
 - c. Said Emotional Support Animal shall not bite any person or other pet animal in Tri-Par Estates Park and Recreation District.
 - d. Said Emotional Support Animal shall wear a collar at all times, with appropriate current license tag, and be kept on a leash at all times when outside Resident's home but inside Tri-Par Estates Park and Recreation District.
 - e. Said Animal's feces shall always be promptly picked up by Resident or by such other person in control of Resident's Emotional Support Animal at the time, and placed in a sealed bag and disposed of in an appropriate garbage receptacle.
 - f. Said Emotional Support Animal shall not be walked on the private property of any other owner in Tri-Par Estates Park and Recreation District. Said Animal shall not be walked, for the purpose of relieving itself, in the common

areas of Tri-Par Estates Park and Recreation District. Said Animal shall not be allowed in Tri-Par Estates' recreational or other common area facilities except those areas, if any, which may be specifically designated by the Board of Trustees for such purpose.

- g. Said Emotional Support Animal shall not be abandoned by the Resident.
- h. Resident shall observe all applicable laws and ordinances concerning the care and control of said Animal.
- i. Resident shall be required to maintain adequate homeowner's and public liability insurance coverages to protect against personal injury and property damages resulting due to actions of Resident's Emotional Support Animal.

4. No replacement Emotional Support Animal shall be brought onto or kept on the property by Resident without first registering the new Emotional Support Animal at the Tri-Par Estates office.

The Board of Trustees of Tri-Par Estates requires that the Resident prove there is a genuine need for the keeping of an Emotional Support Animal in a pets-restricted or pets-prohibited section of the community. Such proof must be offered in writing by the Resident's attending physician or other qualified medical professional **using the attached "Florida Commission on Human Relations Medical Certification Form."**

NAME OF ATTENDING PHYSICIAN OR OTHER MEDICAL PROFESSIONAL:

Name of Physician: _____

Name of Practice: _____

Office Address: _____

City: _____ State: _____ Zip: _____

An executed copy of the "Medical Certification Form" must be attached and submitted with this document.

Printed Name of Resident

Signature of Resident

Date Submitted

RULING ON APPLICATION FOR EMOTIONAL SUPPORT ANIMAL

(Circle One)

APPROVED

DISAPPROVED

Printed Name of Trustee

Signature of Trustee

Date Executed: _____

Florida Commission on Human Relations

Medical Certification Form

_____ (hereafter "Applicant") has requested an accommodation to the policies and procedures of his/her housing provider or housing association. Applicant has requested the following modifications and/or accommodations to either the dwelling or other parts of the housing community and/or to policies, procedures, services or regulations: _____

In order to consider whether the request is reasonable, it is necessary that we have the following information from you as the physician who treats Applicant.

The Florida and Federal Fair Housing Acts define "disability" with respect to a person as a physical or mental impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

Physical or mental impairment includes:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine.
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

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|---|-----------|--------------------------|-----------|--------------------------|
| 1. Are you the Applicant's treating medical professional with knowledge of Applicant's medical condition and history? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Does the Applicant have a physical or mental impairment as described above? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. What is the expected duration of the impairment? | Permanent | <input type="checkbox"/> | Temporary | <input type="checkbox"/> |
| 4. Does the impairment substantially limit one or more of the Applicant's major life activities? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If your answer to any of the previous questions was "yes," please indicate which major life activity is affected and describe how it affects Applicant. Check all that apply.

Breathing	
Caring for Oneself	
Concentrating	

	Hearing	
	Interacting with Others	
	Learning	
	Lifting	
	Performing Manual Tasks	
	Reaching	
	Seeing	
	Sitting	
	Sleeping	
	Standing	
	Walking	
	Working	
	Other	

6. In your professional, medical opinion, is the above-described modification or accommodation necessary, in order for Applicant to have an equal opportunity to use and enjoy a dwelling as a person without a disability?

Yes No

If "yes," please describe how the requested modification or accommodation lessens the effects of Applicant's disability or facilitates Applicant's ability to function.

I swear under penalty of perjury that the above statements are true.

Signature of Medical Professional

Printed Name and Title

Date

Area(s) of Specialty

Name of Practice: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____