

**DELRAY VILLAS PLAT NO. 1 HOMEOWNERS' ASSOCIATION, INC.**  
**REQUEST FOR REASONABLE ACCOMMODATION**

Name of Person Requesting a Reasonable Accommodation:

\_\_\_\_\_

Address: \_\_\_\_\_

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

1. I am a person with a disability/handicap as defined by 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/handicap, the following member of my household or a visitor has a disability as defined above:

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

Relationship to you: \_\_\_\_\_

2. As a result of this disability/handicap, I am requesting an exception to the Association's express, written and strictly enforced Animal Policy set forth in the Declaration of Condominium, as amended from time to time to allow an assistive/emotional support animal to reside in or visit my dwelling unit as a reasonable accommodation.

3. This request for a reasonable accommodation is such that the animal in question alleviates or ameliorates the effects of the disability.

Check only one of the following (a), (b) or (c) that applies:

(a) \_\_\_\_\_. The disability is physical in nature which is open and obvious and it is clear which major life activities are impaired and how the animal will alleviate or ameliorate the effects of the disability. The Board may wish to meet with you if this line is checked.

(b) \_\_\_\_\_. The disability is physical in nature but either the disability is not open and obvious or it is not clear which major life activities are impaired or how the animal will alleviate or ameliorate the effects of the disability.

(c) \_\_\_\_\_. The disability is mental or emotional in nature.

If “(b)” or “(c)” above is checked, a letter from your medical provider must be submitted (i) indicating that the patient is under the care of the medical provider; (ii) the name(s) of the emotional support/assistive animal(s) involved; (iii) describing the major life activity or activities impaired; (iv) describing how the animal(s) alleviate(s) or ameliorate(s) the effects of the disability and (v) if more than one (1) animal is involved, how each one by name provides the accommodation. All of such information must be contained in the medical provider’s opinion. If “(a)” above is checked, once the Board meets with you, the Board if appropriate may request such letter from a medical provider.

I understand that the information obtained by the Association will be kept completely confidential and used solely to evaluate my request for a reasonable accommodation.

Please return this form, along with the Acknowledgment of Policy and Procedure for Disabled Owner or Requester to Request Reasonable Accommodation – Animals and any documentation if required above from a medical provider as promptly as possible so that the Association can evaluate your request.

**Signed:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

Requesting Party