

**REQUEST FOR REASONABLE ACCOMMODATION WAIVER OF ASSOCIATION'S PET RESTRICTION**

RESIDENT NAME(S) \_\_\_\_\_ BUILDING \_\_\_\_\_ UNIT # \_\_\_\_\_

RESIDENT ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OWNER NAME (IF DIFFERENT FROM APPLICANT) \_\_\_\_\_

The resident named above requests that Bella Costa, Inc. (the "Association") grant a reasonable accommodation waiver to its pet restrictions, based on an asserted legal mental or physical disability, for the following Assistance Animal:

Animal's Name \_\_\_\_\_ Species \_\_\_\_\_

Color: \_\_\_\_\_ Size/Weight \_\_\_\_\_  Male  Female

If the disability, or the disability-related need for the animal, is not obvious or known to the Association, the fair housing laws allow the Association to request additional information to verify the disability and/or the disability-related need for the Assistance Animal. If the disability and/or the disability-related need for the Assistance Animal is readily apparent or known to the Association, it may waive the requirement for verification documents. If you have any questions about whether additional information is needed, please feel free to contact us.

- The documentation must be from a doctor or other medical/health professional, or reliable third party who is familiar with your disability and the disability-related need for the requested accommodation. THE ASSOCIATION IS NOT REQUESTING THAT YOU PROVIDE ANY MEDICAL RECORDS. Correspondence on the health care provider's letterhead verifying 1) that you have a legal disability and 2) that the Assistance Animal provides disability-related assistance will suffice.
- A legal disability is defined as an individual that has a physical or mental impairment that substantially limits one or more major life functions (activities central to daily life including, but not limited to: seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning and speaking).

Please attach the following documents/information for consideration:

- Correspondence or documentation described above, verifying the disability and/or the disability-related need for the Assistance Animal (unless otherwise notified by the Association)
- Certificate and/or documentation from a licensed veterinarian that the Assistance Animal:
  - Has met all the legal vaccination requirements and that they are current
  - Has met all local dog licensing and registration requirements
- Photograph of the Assistance Animal for the Association's records to assist in identifying the animal.

Once the request is made and information provided, the Association Legal Counsel will review it and recommend if the accommodation will be granted. If additional information is needed to make a determination, we will promptly advise you of the information required. The applicant agrees to abide by all Bella Costa rules, and understands that violation(s) of the rules is grounds for the termination of the accommodation and removal of the Assistance Animal from the premises.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_