

# CARDINAL MANAGEMENT GROUP of Florida

## Guide to Completing the LEASE/PURCHASE Application

### Information To Be Aware Of - Please Read Carefully

This application is to be completed by the owner(s) **and** purchaser(s) or the owner(s) **and** lessee(s). If utilizing a real-estate/rental agent, the unit owner is still required to sign the application or provide a signed Power of Attorney authorizing agent to sign on owners' behalf. All parties **MUST** sign the application. If electronically signed, an electronic signature certificate must accompany the application. **There are no exceptions to this requirement.** Applications will be returned and **processing delayed** if missing any signatures.

This application must be submitted to Cardinal Management Group of Florida, Inc. (CMG) and supported with **a copy of the executed purchase or lease agreement signed by all parties; along with a one hundred dollar (\$100.00) non-refundable processing fee**, made payable to **Cardinal Management Group of Florida, Inc.** and **a non-refundable criminal and evictions background fee of \$50.00 per occupant over the age of 18**, payable to **Cardinal Management Group of Florida, Inc.** There may also be additional fees.

Contact CMG at (239) 774-0723 or [cardinal@cmgflorida.com](mailto:cardinal@cmgflorida.com) for further direction.

**Buyers and tenants** are to obtain access devices from the **Huntington Lakes Clubhouse** by calling **239-591-1220** or emailing, [h1accesscontrol@embarqmail.com](mailto:h1accesscontrol@embarqmail.com), to make arrangements to obtain access devices. Tenants must give a \$25 refundable deposit for their own assigned access card or \$28 for a fob.

### General Requirements/Information

Units may not be leased for a period of less than sixty (60) days and may only be leased for a maximum of twelve (12) months. If you would like to renew your lease after twelve (12) months, a renewal form must be submitted no later than twenty (20) days in advance of the lease renewal date for the Association's review and approval. Additionally, all Association units are designated as single-family residences only, and must be leased and / or utilized as such. Information collected will be used to perform an international background of the applicants/occupants. This information is utilized by the Association to determine eligibility for approval.

### Application Processing

Application processing times vary, but can take up to 30 days to obtain approval once your **completed application** is received. A **completed application** includes **ALL** information listed under the **"mandatory requirements"** portion of this cover sheet.

If submitting the completed application less than thirty (30) calendar days prior to your closing/lease start date (target date), include the applicable "late" fee listed below in addition to your \$100 application fee. If target date changes after the application has been submitted, late fees may apply. **The thirty (30) day count down starts on the date that the application is received complete (as defined above).**

- If target date is **15-29 days** from date of the submission of a complete application, include a **\$40.00** "late" fee.
- If target date is **7-14 days** include a **\$50.00** "late" fee.
- If an application is submitted complete **within 1-6 days or after** the target date, include a **\$100** "late fee."

### Mandatory Requirements

The omission of the information listed below **will** result in your application being rejected and returned to you **VIA USPS MAIL**. This will delay the processing of your application and may result in the processing time extending beyond your closing/lease start date.

#### **DO NOT LEAVE ANY FIELDS BLANK. IF NOT APPLICABLE, ENTER "N/A".**

- A copy of the executed lease or sales contract signed by all relevant parties.
- A non-refundable processing fee of one hundred dollars (\$100.00) made payable to Cardinal Management Group of Florida, Inc. and any applicable late fees.
- A fifty dollar (\$50.00) non-refundable criminal, evictions and credit background check fee for each adult occupant ages 18 years and over make payable to Cardinal Management Group of Florida, Inc.
- **For purchases**, an estoppel must be ordered from [www.cmgflorida.com](http://www.cmgflorida.com) under the "order resale documents" link (this must be done by the closing agent or title company)
- Full legal name and date of birth are required for all applicants.
- Driver's License number(s) are required.
- Social Security Number(s) are required. If you are a citizen of another country, please provide your passport number in lieu of social security numbers.
- **At least** one phone number at which the applicant may be reached.
- Applicants' current address.
- Names, relationship, and age of **ANY/ALL** persons who will be occupying the unit on a full time basis. If none, enter **"NONE"**. **DONOTLEAVETHISFIELDBLANK.**
- Make, model, year, color, **AND** tag number of all vehicles that will enter upon the association property.
  - If a rental car will be used, this field **MUST** be filled in with the word **"Rental"**. **DONOTLEAVETHISFIELDBLANK.**
- Specify all pets to be kept in the Unit (**TENANTS ARE NOT PERMITTED TO HAVE PETS**)
- Complete applicable section **"For Purchasers Only"** or **"For Lessees Only"**.
- Note all locations where a signature is required and sign accordingly.

#### **DONOTLEAVEANYFIELDS BLANK. IF NOT APPLICABLE, ENTER "N/A"**



## CARDINAL MANAGEMENT GROUP OF FLORIDA, INC.

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### HUNTINGTON LAKES THREE CONDOMINIUM ASSOCIATION, INC.

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C/O CARDINAL MANAGEMENT GROUP OF FLORIDA  
4670 CARDINAL WAY, SUITE 302, NAPLES, FLORIDA 34112  
PHONE (239) 774-0723 FAX (239) 775-0723

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### APPLICATION FOR APPROVAL TO PURCHASE OR LEASE A UNIT

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REVISED 08/23/18

#### INSTRUCTIONS:

This application is to be completed by the owner(s) and purchaser(s) or lessee(s).

This application must be submitted to the Association's Manager and must be supported with:

- **A copy of the sales contract or lease agreement signed by all relevant parties**
- **A non-refundable processing fee in the amount of one hundred dollars (\$100.00), made payable to Cardinal Management Group of Florida, Inc.**
- **A non-refundable criminal, evictions and credit background fee of fifty dollars (\$50.00) per occupant over the age of 18 made payable to Cardinal Management Group of Florida, Inc.**

A minimum lease term of sixty (60) days and a maximum lease term of twelve (12) months are allowed. Additionally note that all Association units are designated as single-family residences only, and must be leased and / or utilized as such.

Completed applications must be submitted twenty (20) days prior to the closing or start date for the Association's review and approval.

Note: Any and all background checks, which is obtained from an outside source, are for information purposes only. This information is not shared or used for any other purpose.

#### APPLICATION QUESTIONNAIRE:

#### **I Hereby Apply for Approval To... (check one):**

<input type="checkbox"/> Purchase (address) _____ and for membership in the Association. Tentative Closing Date: _____ Sales/Rental Agent/Agency Involved: _____ Agent's Ph #: _____ Email: _____ Title Co Name and Address: _____ Ph #: _____
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<input type="checkbox"/> Lease (address) _____ in Huntington Lakes Three community for a period beginning on: (month / day) _____, (year) _____, and ending on: (month / day) _____, (year) _____. Rental Agent: _____ Phone #: _____ Email: _____
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☐ I AM ☐ I AM NOT currently serving as a member of the United States Armed Forces on active duty or state active duty or a member of the Florida National Guard/United States Reserve Forces.

1. Current Unit Owner's Name(s): \_\_\_\_\_

2. Full Name of Applicant: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Business or Profession (even if retired): \_\_\_\_\_

3. Full name of Co-Applicant / Spouse: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Business or Profession (even if retired): \_\_\_\_\_

4. Applicant's Current Street Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How Long at This Address? \_\_\_\_\_

Have you been arrested in the last 5 years? ☐ Yes ☐ No If so, please explain:

5. Mailing Address (if different than above): \_\_\_\_\_

City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Co-Applicant's Current Street Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How Long at This Address \_\_\_\_\_

Have you been arrested in the last 5 years? ☐ Yes ☐ No If so, please explain:

7. Applicants Place of Employment: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

8. Co-Applicants Place of Employment: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

9. Person(s) to be Notified in an Emergency: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (other): \_\_\_\_\_

10. The condominium documents of Huntington Lakes Three Condominium Association, Inc., restrict units to use as single family residences only. Please state the name, relationship and age of all other persons other than the applicant(s) who will be occupying the unit on a regular basis. All occupants 18 years of age or older must provide their date of birth and Social Security Number for background check purposes.

<u>Name</u>	<u>Relationship</u>	<u>Age:</u>	<u>Date of Birth</u>	<u>Social Security No.</u> (If applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**11. Two Personal References (*preferably local*):**

(#1) Name: \_\_\_\_\_

City / State: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Telephone (other): \_\_\_\_\_

(#2) Name: \_\_\_\_\_

City / State: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Telephone (other): \_\_\_\_\_

**12. Specify All Vehicles to be Stored on the Premises:**

Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

**13. Specify the type, size, and weight of pets to be kept in the unit:**

*(The owners of each unit may keep small pets of a normal domesticated type such as a cat or a dog. Tenants are not permitted to have pets)*

\_\_\_\_\_  
\_\_\_\_\_

**FOR PURCHASERS ONLY:**

**Intended Use of Unit (*check one*):**

☐ full-time residence

☐ part-time residence

☐ lease to others

In whose name will the deed be in? \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**Please provide two (2) Financial References:**

Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

PLEASE NOTE: THE ASSOCIATION ASSESSMENTS ARE DUE ON THE 1ST OF EACH QUARTER (JAN, APR, JULY, & OCT). HOMEOWNERS ARE RESPONSIBLE FOR PAYING THEIR DUES WHETHER AN INVOICE IS SENT OUT OR NOT. ASSESSMENTS NOT RECEIVED BY THE 10TH OF THE QUARTER ARE CONSIDERED LATE AND THEREFORE WILL BE SUBJECT TO LATE FEES AND INTEREST.

**FOR LESSEES ONLY:**

**Identify Current / Most Recent Landlord (*if applicable*):**

Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Duration of Most Recent Rental: \_\_\_\_\_

Prior Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have You Ever Been Evicted or Asked to Vacate a Property that You Rented? \_\_\_\_\_

If So, Why? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

**APPLICANT'S AFFIDAVIT:**

*I/we, the undersigned, certify that all the information which I/we have provided is true and correct to the best of my/our knowledge. I/we understand that falsification or misrepresentation of information on this application is grounds for disapproval.*

*I/we, the undersigned, understand that by completing and signing this application, I/we authorize the Huntington Lakes Three Condominium Association, Inc. to conduct a background investigation for the purpose of verifying the information on this application and for obtaining additional information to be used for evaluating this application. I/we understand that the background investigation may include inquiries into criminal and credit histories. I/we agree to indemnify the Association, its Board of Directors, Officers and agents and to hold them harmless for any alleged improper use or misuse of the information obtained pursuant to said background investigation.*

*As a leasee, "I am familiar with and agree to abide by the Association's Declaration of Condominium, the Bylaws, and the published Rules and Regulations. I understand and agree that the Association, in the event that my lease is approved, is authorized as the owner's agent with full authority and power to take whatever action may be necessary, including eviction, to prevent violation by lessees and guests of the provisions contained in the above documents. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. Additionally, I do consent to any further inquiries concerning this application and the references given below, as well as an investigation into my background and that of the 'other occupants' listed above. If this application is for a unit purchase, I agree to be available for an interview with the designated representatives of the Association."*

*We the undersigned have read, understood and agree to the foregoing*

**Applicant (sign):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Co-Applicant (sign):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONDOMINIUM OWNER'S AFFIDAVIT:**

*"I have verified the accuracy of the above information, verified the identities of the prospective tenants and do certify that I have reviewed all rules and regulations of the Association. I accept personal responsibility for follow-up with the tenants regarding violations or complaints."*

**Owner (sign):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Co-Owner (sign):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**RENTAL AGENT OR COMPANY AFFIDAVIT:**

*"As the rental agent for the unit owner, the undersigned agrees to be responsible for the immediate correction or prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Condominium, including termination of the lease and removal of the tenant."*

**Rental Agent (sign):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Rental Agent Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**THE FOLLOWING FIELDS ARE FOR OFFICE USE ONLY**

This application is... Approved \_\_\_\_\_ Denied \_\_\_\_\_ on date: \_\_\_\_\_

...on behalf of Huntington Lakes Three Condominium Association, by: \_\_\_\_\_,

(printed name) \_\_\_\_\_

title \_\_\_\_\_, on date: \_\_\_\_\_

**I, my heirs, assigns and legal representatives, hereby release and fully discharge Cardinal Management Group of Florida, Inc. (the "The Company"), its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.**

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**PLEASE RETURN A COPY OF THIS PAGE WHEN YOU SUBMIT  
YOUR APPLICATION, CONTRACT, AND FEES! *DO NOT OMIT!***

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PLEASE NOTE THAT A CONDENSED REVIEW OF THE ASSOCIATION'S GOVERNING DOCUMENTS IS ATTACHED. REFER TO A FULL SET OF ASSOCIATION DOCUMENTS FOR OTHER USE RESTRICTIONS.

**Huntington Lakes Three Condominium Association, Inc.**  
**Attachment to Sales Application**

This purpose of this attachment is to familiarize prospective residents with some of the basic rules of the Association and also to offer some helpful information to make the experience as pleasant as possible. This attachment only summarizes some of the more common rules. Applicants should consult the official Governing Documents of Huntington Lakes Homeowners Association and Huntington Lakes Three Condominium Association for more detailed information on other rules and regulations. The community manager may also be contacted if prospective residents have questions regarding the rules and regulations.

Please check the associations Documents for rental, vehicle and other restrictions before your purchase.

**Summary of Common Rules**

- A personal orientation with a Director or designee of the Board may be required. It is your responsibility to contact the property manager to make arrangements for this orientation (if required). Failure to do so may result in a fine.
- The owners of each unit may keep small pets of a normal domesticated type such as a cat or dog...
- Tenants are not permitted to have pets
- NO commercial vehicles, boats, trailers, recreational vehicles, or motor homes are allowed.
- NO outside storage of personal property is permitted.
- No garbage may be left at front door. It must be put in plastic bags and placed inside the Dumpster. Please use the recycling bins.
- Only electric Barbecue grills are allowed on the Association grounds.
- It is the responsibility of the purchaser to get all documents of the Association and any keys for the condominium from the seller at closing
- It is the responsibility of the tenant to gets all keys for the condominium from the owner.

**PURCHASES:**

The sellers' access cards, fobs and car decals will be deactivated upon the sale. Buyers are to obtain access devices from the Huntington Lakes Clubhouse by calling 239-591-1220 or emailing, hlaccesscontrol@embarqmail.com, to make arrangements to obtain access devices.

**LEASES:**

It is the Association's responsibility to oversee the egress and ingress to all Association common areas and limited common areas and facilities. Once access control has received the lease approval form, they will issue the proper devices for tenant's use. Please be aware of the access procedures prohibits owners from allowing tenants or guests the use of owners' access devices. Tenants must contact the Huntington Lakes Clubhouse at 239-591-1220 or email at hlaccesscontrol@embarqmail.com, to make arrangements to obtain access devices. Tenants give a \$25 refundable deposit for their own assigned access card or \$28 for a fob.

**Please sign here that you have read the above rules and agree to abide by these and other rules & regulations as set forth in the condominium documents.**

**Applicant (sign):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Co-Applicant (sign):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*"I have read and confirm my understanding of the rules and regulations summarized above."*



# Huntington Lakes 3 Association, Inc.

## Policy and Procedure for Disabled Owner/Resident to Request Accommodation Animal

**Background:** Under the Federal and State Fair Housing Acts, an owner or resident who is disabled may request a reasonable accommodation(s) in the rules, policies, practices, or services of Huntington Lakes 3 Association, Inc. ("Association"), when such accommodation(s) are necessary to ameliorate the limitations caused by the disability.

Owner-occupants in Huntington Lakes 3 can keep small household pets, of normal domesticated household type such as a cat or dog, in the unit. The pet must be leashed always while on the Condominium Property outside the Unit. Each pet owner shall be responsible for the removal and disposal of their pet's body waste. (see section.12.3, Declaration). Tenants seeking a request for Animal Accommodations may have one pet with no weight restrictions.

### POLICY

The policy of the Board of Directors of Huntington Lakes 3 Association, Inc. ("Board") is to make every attempt to provide reasonable accommodation(s) to disabled owners or residents in accordance with applicable state and federal law.

### PROCEDURE

**Submittal of Request:** A disabled owner or resident should complete the following: 1) the *Acknowledgement of Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation*, located at the end of this document, and 2) the *Request for Reasonable Accommodation* along with the completed *Affidavit of Medical Provider*. If the accommodation is granted, the owner or resident must complete and return the *Animal Registration* once the animal has been obtained. The completed forms should be delivered or mailed to the Association office.

**Procedure for Reviewing a Request for Reasonable Accommodation:** Upon receipt of the requested forms (or information supplied) for a disabled owner or resident's request for a reasonable accommodation(s) in the Association's policies, practices, or services, the request forms will be reviewed by the Board within 20 days of receipt in the Association office, and the owner or resident will be notified in writing of the Board's decision. If additional information is required by the Board, the review may take longer, and the submitting owner or resident will be so advised in writing. Additionally, it may be necessary for the Association's legal counsel to review the documentation submitted in support of a request for a reasonable accommodation, which in turn, may prevent the Board from providing a decision within 20 days. If the matter is referred to the Association's legal counsel, owner or resident will be notified in writing.



If the request is approved, any condition of approval will be provided in writing. If disapproved, the reason for disapproval will be provided in writing.

**Guidelines as to when medical documentation is required and what type of medical documentation is required:** The Association is entitled to obtain information that may be necessary to evaluate whether a requested accommodation is necessary because of the requester's disability. If a requester's disability is obvious and if the request for accommodation also is apparent, then the Association will not request any additional information about the requester's disability or the related need for the requested accommodation.

If the requester's disability is not obvious, after reviewing the submitted Request form, the Association may request reliable information that is necessary to verify that the requester has a physical or mental impairment that substantially limits one or more major life activities. If information on the requester's disability is requested by the Association, he/she may provide information verifying that he/she meets the statutory requirements, for example, by submitting proof that he/she is under 65 years of age and receiving Supplemental Security Income, Social Security Disability Insurance benefits, or private disability insurance benefits, and/or by providing verification of the disability from a medical provider with expertise in the area of the requester's disability.

If the requester's disability is obvious, but the need for the accommodation is not apparent, the Association may request additional information that is necessary to evaluate the disability-related need for the requested accommodation.

To the extent a disability is not permanent, the Association may request additional updated medical information as it deems necessary to determine if there is a continued need for the requested accommodation. The Association may request advice from its legal counsel concerning any requests for a reasonable accommodation.

## **ADDITIONAL INFORMATION**

An individual's need for an accommodation may change over time as a result of changes in the individual's own level of disability or impairment, treatments available to mitigate a disability, and/or other circumstances affecting the individual. What qualifies as reasonable in one set of circumstances may not be reasonable or necessary in another. If and when circumstances change, it is the individual's responsibility to notify the Association if he/she needs, or no longer needs, a reasonable accommodation.

## MAINTAINING A SUPPORT/SERVICE ANIMAL

Should a request for a reasonable accommodation to the rule against pets be granted, the Association *reserves* the right, pursuant to Florida law, to withdraw this approval at any time should the support/service animal become a nuisance to others, which includes, but is not limited to: barking; biting; aggressive behavior; attacking; owner's failure to properly dispose of excrement or waste; walking the animal in prohibited areas; failure to comply with all state and local ordinances and statutes; not maintaining the animal on a leash at all times, or in a carrier, if applicable, when not indoors; and sanitation/odor problems. Further, the requester is required to provide updated medical information concerning his/her disability (if the disability is not permanent) :current and annual vaccination, immunization and veterinarian records for the animal. Failure to comply with any of these requirements is grounds to withdraw the approval of the animal. Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled.

Owner or resident is solely responsible for all damage caused by the animal, whether to person or property.

The support/service animal is required to be kept on a leash always when not indoors or in the boundaries of a fenced yard.

**All information received by the Association in conjunction with a disabled owner's or resident's request for reasonable accommodation will be kept confidential in compliance with Chapter 718, Florida Statutes. If a resident or owner inquires as to why a special accommodation appears to have been made, the Association representative's response will be: "a Federal Fair Housing Act reasonable accommodation has been granted." No additional information will be provided regarding the nature of the disability.**

Please sign and return the attached *Acknowledgement* that you have received and read this *Policy and Procedure for Disabled Owner/Resident to Request Reasonable Accommodation*.

## Huntington Lakes 3 Association, Inc.

### Acknowledgement

I have received and read a copy of the ***Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation*** and I agree to abide by the regulations. I bare full responsibility for the support/service animal and I agree to indemnify and hold harmless the Board or Association management, owners and occupants of the dwelling unit against any loss, claim or liability of any kind or character whatsoever arising from owning or keeping a support/service animal in the dwelling.

\_\_\_\_\_

Date

\_\_\_\_\_

Requesting Party's Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Address



# Huntington Lakes 3 Association, Inc.

## REQUEST FOR REASONABLE ACCOMMODATION

Person Requesting a Reasonable Accommodation: \_\_\_\_\_

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

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

1. I am a person with a disability or the following member of my household has a disability:

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

2. Because of this disability, I am requesting an exception to the Association's express, written and strictly enforced covenant against pets and animals to allow a support/service animal to reside on my property as a reasonable accommodation.

3. This request for a reasonable accommodation is necessary so that I have an equal opportunity to use and enjoy the property which I currently lack because: *(Please describe how the disability impairs you from using and enjoying the dwelling unit)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information obtained by the Association will be kept completely confidential as required by Chapter 718, Florida Statutes, and used solely to evaluate my request for a reasonable accommodation.

Signed: \_\_\_\_\_

**Requesting party**

**Please return this Request for Reasonable Accommodation form, the Acknowledgement of Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation and the notarized Affidavit of Medical Provider as promptly as possible so that the Association can evaluate your request.**

HUNTINGTON LAKES 3 ASSOCIATION  
ANIMAL REGISTRATION

OWNER'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BREED: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ WEIGHT \_\_\_\_\_

DATE ANIMAL ACQUIRED: \_\_\_\_\_ ANIMAL'S TAG NUMBER \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

I/We the owners of (dog's name) \_\_\_\_\_ certify and understand that the Declaration for Huntington Lakes 3 limits the number of dogs that may be kept in tenant's home. I/We understand and agree that the only reason the above service/support animal is permitted to remain on the property is due to (owner's name) \_\_\_\_\_ for a reasonable accommodation to the pet/animal policy and the Board of Director's determination that (requester's name) \_\_\_\_\_ suffers from a disability that substantially limits one or more of the requestor's major life activities and the service/support animal will ameliorate the effects of the disability.

ATTACH: 1. Photograph of animal

2. Veterinarian's certification of up-to-date shots/inoculations

3. Copies of all requested licenses

TO BE COMPLETED BY MEDICAL PROVIDER, PEER SUPPORT GROUP, OR  
NON-MEDICAL SERVICE AGENCY

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_

who being duly sworn, deposes and says:

1. My name is \_\_\_\_\_
2. I am licensed in the State of \_\_\_\_\_ with full privileges to practice within the State of \_\_\_\_\_
3. My practice specialty is \_\_\_\_\_
4. I have been practicing in this field for \_\_\_\_\_ years
5. My office is located at \_\_\_\_\_
6. I am the treating medical provider for \_\_\_\_\_ (hereinafter "Patient")
7. I have been Patient's treating medical provider for \_\_\_\_\_ years/months (circle one)
8. I first treated Patient on \_\_\_\_\_
9. I last treated Patient on \_\_\_\_\_
10. Within a reasonable degree of medical certainty, I estimate that Patient's disability began on or about \_\_\_\_\_ and will continue until \_\_\_\_\_
11. Patient's major life activities listed above are substantially limited by Patient's medical/mental condition(s) and Patient is disabled.
12. As a result, I have prescribed Patient a \_\_\_\_\_ (type of animal)
13. This animal is necessary to assist Patient to overcome \_\_\_\_\_