

TRILLIUM HOMEOWNERS' ASSOCIATION, INC.

REASONABLE ACCOMMODATION POLICY AND PROCEDURES

Trillium Homeowners Association, Inc. ("Association") has made provisions for lot owners, lessees, or guests who have a medically documented need for an exception to a written covenant, restriction, rule or regulation of the Association to seek a Reasonable Accommodation of said covenant, restriction, rule or regulation to assist them with their quality of life in Trillium.

This Reasonable Accommodation Policy identifies the appropriate steps for any lot owner, lessee, or guest to request a Reasonable Accommodation from the Association.

A "Reasonable Accommodation" is defined as a change, exception, or adjustment to a rule, policy, practice, or service. Examples include but are not limited to: (a) approving more than two dogs or two cats or otherwise prohibited animals if the additional animal(s) serve as assistive/service animal(s) for the lot owner, lessee, or the lot owner's or lessee's guest; or (b) approval of wheelchair ramps or other modifications to lots.

The Procedures for seeking a Reasonable Accommodation are as follows:

- 1.** The lot owner and/or lessee must submit the following completed forms to the Association's Management Company representative, or any other person or entity identified by the Association as the person or entity to submit such forms to, for consideration of the requested Reasonable Accommodation.
 - a.** A "Reasonable Accommodation Application".
 - b.** A "Verification of Medical Necessity" form completed by a health care provider.
 - c.** Letterhead or other documentation showing the credentials of the health care provider.
 - d.** If the Reasonable Accommodation involves an assistive/service animal, written proof that the assistive/service animal is licensed and vaccinated as required by the animal control regulations in the Indian River County Code and Florida Statutes.

- 2.** Within seven (7) days from receipt of a Reasonable Accommodation Application, the Association's Management Company representative will notify the applicant of its receipt of the Application and engage in initial discussions. The initial discussions may include a request to complete the Application and/or provide additional information to assist the Association in its review and consideration of the Application. If the applicant fails to provide the Association the additional requested information within 15 days of notice, the Reasonable Accommodation Application will be denied as incomplete, without prejudice, to the lot owner, lessee, and/or guest to complete and submit a new Application.

3. Once the Association has received a completed Reasonable Accommodation Application and all requested documentation, the Association shall have 30 days to review and either approve or deny the Reasonable Accommodation Application and notify the applicant of its decision at the address provided for in the Application.

4. If the Reasonable Accommodation Application is denied for any reason other than due to an incomplete Application, the applicant shall have 10 days from receipt of the notice of the denial of the Application to appeal the Association's decision and request that the Board of Directors reconsider its decision. Upon receipt of the appeal/request for reconsideration, the Board of Directors shall schedule a hearing to take place within 45 days from receipt of the appeal/request for reconsideration with at least a majority of the Board of Directors present in person, by telephone, or video conferencing with notice sent to the address in the applicant's Application. At the hearing, the applicant shall be given a minimum of 20 minutes to provide argument for the Board of Directors' reconsideration. The decision of a majority of the Board of Directors present at the hearing shall be final. If the applicant fails to attend the hearing, the Board of Directors shall proceed with the appeal without the applicant and its decision shall be final.

5. The Reasonable Accommodation Application will be stored in the applicant's file at the offices of the Association's Management Company representative. Any medical documentation provided with the Application will be kept in a sealed envelope marked confidential available only to members of the Board of Directors and/or its legal counsel unless the Association is otherwise required to provide such access to a third party by law or Order of a Court of competent jurisdiction. Copies of the Reasonable Accommodation Application and other Forms are attached to this Policy. The Application and other Forms may also be obtained from the Caliber portal under Documents/Forms.

6. The lot owner, lessee, and/or guest that has been granted a Reasonable Accommodation must update his/her Application annually (January 1st).

7. As to an approved Reasonable Accommodation involving an assistive/service animal the following procedures/requirements shall also apply:

- a.** When the animal is outside the lot on Association or common property, the animal must be held by a collar and leash, not to exceed 10' in length.
- b.** Animal waste must be immediately cleaned up.
- c.** The animal must not cause a nuisance whereby other owners, lessees, and/or their guests are unable to enjoy their properties in Trillium. A nuisance is defined as unreasonable annoyance that interferes with the peaceful possession and proper use of the property.
- d.** The lot owner and/or lessee are financially responsible to the Association for any property damage caused by the animal.
- e.** There is no exercise area on Association and/or common property for the animals.

8. The lot owner and lessee are ultimately responsible for compliance with these procedures, including by their guests.

9. There is a fining procedure for violation of these procedures for the well-being and safety of all residents.

TRILLIUM HOMEOWNERS' ASSOCIATION, INC.

REASONABLE ACCOMMODATION APPLICATION

Owner/Lessee Name: _____

Guest Name: _____

Address: _____

Lot #: _____ Telephone: _____

Describe the needed accommodation:

What covenant, restriction, rule, and/or regulation are you seeking an exception from:

If your request involves an assistive and/or service animal, please respond to the following:

- a. Circle type of animal: Assistive Service
- b. Description of Animal:
- c. Name: _____ Weight: _____
- d. Breed: _____ Sex: _____

Attachments:

- Medical Necessity Verification Form
- Credentials of applicant's health care provider
- Documents of licensing and vaccinations, if your request involves an assistive/service animal

I/We have read and understand the Reasonable Accommodation Policy and Procedures, the Rules and Regulations, the Declaration of Restrictions on Real Estates and the Bylaws of Trillium Homeowners' Association, Inc. and agree to abide by the covenants, restrictions, rules and regulations therein.

Please note that a person who falsifies information or written documentation, or knowingly provides fraudulent information or written documentation, for an emotional support animal, or otherwise knowingly and willfully misrepresents himself or herself, through his or her conduct or through a verbal or written notice, as having a disability or disability related need for an emotional support animal or being otherwise qualified to use an emotional support animal, commits a misdemeanor of the second degree, punishable under Florida law.

Unit Owner/Lessee Signature

Date

Guest Signature

Date

Association Use Only – Below

Date received: _____

Date Approved/Not Approved: _____

By: _____

Title: _____

By: _____

Title: _____

TRILLIUM HOMEOWNERS' ASSOCIATION, INC.

MEDICAL NECESSITY VERIFICATION FORM

NOTICE: Federal laws (under the Americans with Disabilities Act “ADA” and Fair Housing Act “FHA”) have specific requirements for an accommodation to be made as an exception to a covenant, restriction, rule and regulation. The individual must have a physical or mental impairment that substantially limits one or more major life activities. This means that they are unable to perform or are significantly restricted in their ability to perform major life activities such as walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. There must also be a relationship between the disability and the requested accommodation and a relationship between the individual and the ability of the accommodation to alleviate the individual’s disability. If the individual requires an animal to accompany them in public areas, they require a service animal. According to the ADA (which governs public area accommodations), a service animal is not a pet, must be a dog and must be trained to perform the necessary task(s) needed for the disability. There are no such restrictions for an assistive animal in non-public areas. By completing this form, you are verifying that the individual fulfills all the necessary requirements.

The following is a list of questions that must be answered completely. Your answers will provide Trillium Homeowners’ Association, Inc. the information necessary to fully analyze the individual’s claimed disability and the necessity for an accommodation. In lieu of answering each question below, you are permitted to attach the individual’s medical records from which the answers can be derived.

1. What is the nature of the individual’s impairment(s) that necessitates the request for an accommodation?

2. How long have you been treating the individual for the impairment(s) described above in Question No. 1?

3. When was the individual initially diagnosed with the impairment(s) described above in Question No. 1, and by whom?

4. What major life activities are substantially limited by the impairment(s) described above in Question No. 1, and how are the major life activities so limited?

5. What is the relationship between the impairment(s) described above in Question No. 1 and the accommodation requested for the individual?

6. Please describe your education, experience, and training in assessing the need for and prescribing the requested accommodation as a treatment option for the impairment(s) described in Question No. 1.

7. Have you rendered any opinions to the individual that their impairment is permanent or temporary? If so, when were those opinions rendered and what was the prognosis reached by you?

Please attach a prescription sheet or letterhead to verify your credentials as the diagnosing health care provider.

Please note that pursuant to Florida Statute §456.072(1)(pp), providing information, including written documentation, indicating that a person has a disability or supporting a person’s need for an emotional support animal without personal knowledge of the person’s disability or disability-related need for the specific emotional support animal are grounds for which disciplinary actions may be taken.

Signature of Health Care Provider