



August 24, 2018

## **Seapath Tower Accommodation/ Modification Policy/Rule for Assistance Animals.**

The Board of Directors of Seapath Tower Home Owners Association has established this clearly defined policy to deal with requests for accommodation and or modifications for assistance animals under the Fair Housing Act ("Act").

Seapath will comply with this Act and not discriminate against individuals in the sale, rental, and financing of dwellings based on race, color, religion, sex or national origin, or individuals with disabilities.

The Board will not refuse to make reasonable accommodations in rules, policies, practices, or services when such accommodations may be necessary to afford a person with a disability the ability to use and enjoy the dwelling.

The following definitions will apply in making a determination for a request:

The Act defines a person with a disability to include:

- (1) Individuals with a physical or mental impairment that substantially limits one or more major life activities;
- (2) Individuals who are regarded as having such an impairment; and
- (3) Individuals with a record of such an impairment.

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.

The term "substantially limits" suggests that the limitation is "significant" or "to a large degree."

The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

Unless the person's disability is obvious or otherwise known, and the need for the requested accommodation is readily apparent or clear, The Board will require written documentation from the medical provider indicating the need for an accommodation to assist with the disability. The Board retains the right to:

- 1) Verify that the person is disabled.
- 2) Verify with the medical provider the service they have provided to the requestor has been certified and authenticated.
- 3) Verify that the requested accommodation would aid the disabled person's health and enjoyment of the property.
- 4) Confirm the provider's willingness to testify under oath.

Any reasonable accommodation request will be reviewed by the Seapath Inc. attorney before given to the Board of Directors. The attorney will provide an opinion to the Board and give a recommendation if a reasonable accommodation should be allowed based on the application provided.

The Board, in executive session, will evaluate a request for a reasonable accommodation to possess an assistance animal in a dwelling using the general principles applicable to all reasonable accommodation requests.

The Board will consider the following:

(1) Does the person seeking to use and live with the animal have a disability — *i.e.*, a physical or mental impairment that substantially limits one or more major life activities?

(2) Does the person making the request have a disability-related need for an assistance animal? In other words, does the animal work, provide assistance, perform tasks or services for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability?

If the answer to question (1) or (2) is "No," then the Act does not require a modification to a provider's "no pets" policy, and the reasonable accommodation request may be denied.

An assistance animal is not a pet. It is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals perform many disability-related functions, including but not limited to, guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support. For purposes of reasonable accommodation requests, neither the Act nor Section 504 requires an assistance animal to be individually trained or certified. While dogs are the most common type of assistance animal, other animals can also be assistance animals.

The Board reserves the right to make changes to this policy at the time it may become necessary.

Requests will be handled in a timely manner.

This policy may apply to all requests, prior to and after the approval of this policy.

[DATE]

Board of Directors  
Seapath, Inc.  
322 Causeway Drive  
Wrightsville Beach, NC 28480

Re: Request for an assistance animal

My name is \_\_\_\_\_ and I live at \_\_\_\_\_.  
I believe that I am a qualified individual with a disability, as defined by the Fair Housing Amendments Act of 1988.

Our HOA rules prohibit pets. Because of my disability, I need the following reasonable accommodation: An assistance animal. The species of the animal is \_\_\_\_\_. The breed of the animal is \_\_\_\_\_. The name of the animal is \_\_\_\_\_. A recent photograph of the animal is attached. I certify I am the owner of the animal, and that the animal is properly registered and vaccinated under all state and local laws. I further certify that if the accommodation is allowed:

1. That the animal will not be kept or bred for any commercial purpose and shall have such care and restraint as is necessary to prevent it from being or becoming obnoxious or offensive on account of noise, odor, unsanitary conditions, fleas, ticks or other nuisance.
2. That an animal allowed upon the Common Areas must wear a collar with a tag identifying the owner and proof of registration and vaccination.
3. No animal may be permitted to run loose upon the Common Areas, and any Owner who causes or permits any animal to be brought or kept upon the property shall indemnify and hold the Association harmless for and from any loss, damage, or liability which it sustains as a result of the presence of such animal.
4. Whenever an animal is allowed outside the Unit, then the animal must be on a leash. The Association may designate an area upon which the animal must urinate and/or defecate. That area designated is the grass medium along Seapath Drive just outside the main gate. No other common area is designated for the animal. Any animal droppings which occur must be immediately collected by the Owner and disposed of as required by law.

5. The Board may adopt further Rules and Regulations regarding animals, including, but not limited, behavior standards.

A health care professional or other qualified person has prescribed this accommodation for my disability. A verification from the medical or social service provider of my disability and the relationship between the need for the assistance animal and the disability is enclosed. I understand that the law allows Seapath, Inc. to verify the authenticity of all information that is used in determining my eligibility for the assistance animal.

Please let me know what, if any, additional information you need from my medical or social service provider in order to better understand my disability and the limitations it imposes.

Under the Fair Housing Act Amendments, it is unlawful discrimination to deny a person with a disability a reasonable accommodation of an existing building rule or policy if such accommodation may be necessary to afford such person full enjoyment of the premises.

Please keep this request for accommodation confidential, as required by federal law. I look forward to your response and appreciate your attention to this matter.

Sincerely,

*Signature*

Resident Name



**VERIFICATION OF INFORMATION SUPPLIED BY APPLICANT FOR REASONABLE  
ACCOMMODATION/MODIFICATION**

To: Board of Directors  
Seapath, Inc.  
322 Causeway Drive  
Wrightsville Beach, N.C. 28489

From: (Health Care Provider or Other Qualified Person)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your patient, named below, is requesting an assistance animal as a reasonable accommodation in accordance with the enclosed request.

The U.S. Department of Housing and Urban Development ("HUD") allows Seapath to verify all information that is used in determining this person's eligibility for the reasonable accommodation or modification.

Your patient has requested the reasonable accommodation or modification as described above. A reasonable accommodation or modification is a change to a policy, practice, procedure, or a physical alteration to a property that would allow the person to live in Seapath, use its facilities, or take part in programs on site. To show a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

We ask your cooperation in providing the following information and returning it to your patient to be submitted along with his/her request for an assistance animal. Your prompt return of this information will help to assure timely processing of the application.

Your patient has consented to the release of this information, as shown below:

RELEASE – I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. This release DOES NOT include the release of medical records.

\_\_\_\_\_  
SEAPATH APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Under federal law, an individual is disabled if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. 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, and alcoholism.

This definition does not include any individual who is an alcohol or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the housing program or activities, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or safety of others (See 24 CFR 8.3, and HUD Handbook 4350.3REV-1).

After reviewing the above definition and describing the request your patient has made (above), please make a determination as to the necessity of this accommodation to afford him or her opportunity to use and enjoy our community, using the questionnaire below.

1. Are you familiar with the individual's disability and with-it functional limitations? \_\_\_\_\_

2. In your professional opinion, does the individual's condition meet the definition of "disability" described above? \_\_\_\_\_

3. Please explain the identifiable relationship between the requested accommodation (assistance animal) and the individual's disability. (A separate letter may be attached)

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

4. In your professional opinion, will the animal provide the individual with disability related assistance? (i.e., will the animal alleviate one or more symptoms, effects or limitations of the individual's disability) \_\_\_\_\_

By signing below, you certify that the statements you have made are complete and accurate, and that you would be willing to testify under oath as to their truth.

Name of Health Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Care Provider License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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