

**TRAILER ESTATES PARK AND RECREATION DISTRICT
ANNUAL APPLICATION FOR KEEPING OF EMOTIONAL SUPPORT/SERVICE
ANIMAL AS AN ACCOMMODATION FOR RESIDENT'S DISABILITY**

PP40

TAG# _____

PROPERTY ADDRESS: _____

DATE: _____

NAME: _____

NAME OF APPLICANT/RESIDENT WITH DISABILITY - NOTE: Applicant must be a registered, approved and bona fide resident of Trailer Estates Park and Recreation District.

Emotional Support Animal (only one) is identified/described as follows:

Species: (Check one) Dog or Cat or Other: _____ (if Other, please identify)
Breed: _____
Color(s) _____
Size: _____ / _____ (height/length)
Weight: _____
Fully grown?: Yes No (Check one)
If not presently fully grown, state anticipated size and weight when fully grown:
_____ / _____ (height/length), Weight: _____

Pursuant to the Fair Housing Amendments Act of 1988, Applicant agrees to reside in mobile home with said Emotional Support Animal, as an accommodation for a disability, until residency on the property ceases for any reason, under the following conditions:

1. Said Emotional Support Animal shall be kept by Resident for companionship, and not for any commercial use or purpose.
2. Resident shall be required to present to the Board of Trustees competent written evidence of medical necessity for said Emotional Support Animal as an accommodation of Resident's disability. Upon termination of Resident's residency, the Emotional Support Animal shall be removed from Trailer Estates within fifteen (15) days.
3. In conjunction with each annual review, Resident shall be required to present to the Board of Trustees written evidence of continuing compliance with Manatee County's license/registration requirements for the animal.
4. Concerning the conduct/behavior of said Emotional Support Animal, Resident acknowledges and agrees that Resident's right to keep said Emotional Support Animal on the property if further conditioned upon the following matters:
 - a. Said Emotional Support Animal shall not become a nuisance or health hazard.
 - b. Said Emotional Support Animal shall not be permitted to bark, whine or cry for excessive periods.
 - c. Said Emotional Support Animal shall not bite any person or other pet animal in the District.
 - d. Said Emotional Support Animal shall wear a collar at all times, with appropriate current Manatee County license tag, Trailer Estates tag, and be kept on a leash at all times when outside Resident's home but inside Trailer Estates.
 - e. Said Emotional Support Animal's feces shall always be promptly picked up by Resident or by such other person in control of Resident's Emotional Support Animal at the time, and placed in a sealed bag and disposed of in an appropriate garbage receptacle.

Said Emotional Support Animal shall not be walked on the private property of any other owner in Trailer Estates. Said Emotional Support Animal shall not be walked, for the purpose of relieving itself, in the common areas of Trailer Estates. Said Emotional Support Animal shall not be allowed in the District's recreational or other common area facilities except those areas, if any, which may be specifically designated by the Board of Trustees for such purpose.

- f. Said Emotional Support Animal shall not be abandoned by the Resident.
- g. Resident shall observe all applicable laws and ordinances concerning the care and control of said animal.

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- h. Resident shall be required to maintain adequate homeowner's insurance coverages to protect against personal injury and property damages resulting due to actions of Resident's Emotional Support Animal.
- 5. No replacement Emotional Support Animal shall be brought onto or kept on the property by Resident without first reapplying to the Board of Trustees for permission to keep an Emotional Support Animal on the property.

The Board of Trustees of Trailer Estates Park and Recreation District requires that the Resident prove there is a genuine need for the keeping of an Emotional Support Animal in a no-pet section of the District. Such proof must be offered in writing by the Resident's attending physician or other qualified medical professional. Upon the demise or relocation of the occupant/resident, the Emotional Support Animal must be removed from the premises within fifteen (15) days.

ATTENTION: Initial application for a new support/service animal must include a written opinion on Physician/Qualified Medical Professional's or Mental Health Care Professional's letterhead or prescription pad. It must include:

- 1) Verification that letter/pad is from a Physician/Qualified Medical Professional or Mental Health Care Professional, including license information;
- 2) Confirmation that the resident is under the care of the Professional;
- 3) Confirmation that the resident has been diagnosed with a recognized disability;
- 4) the Professional's opinion that the support/service animal improves the effects of the disability.

In the case of a second or subsequent animal request, all of the above qualifications must be met plus the Professional must acknowledge in the letter/pad that the resident already has one (or more) support/service animal(s) and the second (or more) animal(s) improves a different effect related to the original disability or improves the effect of a newly diagnosed disability.

Signature of Resident

Date: _____

Along with the above-mentioned letterhead/prescription pad, the following must also be completed:

To be signed by attending physician: I affirm that I have evaluated the individual listed above and it is my professional opinion (initial either YES or NO beside the following questions)

YES ____ or NO ____ 1) The person to use and live with the animal has a physical or mental impairment that substantially limits one or more major life activity and

YES ____ or NO ____ 2) the person making the request has a disability-related need for the above animal for assistance, it performs tasks or services for the benefit of the person above or it provides emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability.

Signature of Physician

Date: _____

Physician's License # and State of Issuance

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RULING ON APPLICATION FOR EMOTIONAL SUPPORT ANIMAL

X _____ APPROVED OR DISAPPROVED Date: _____
For Board of Trustees (Circle One Choice Above)

Conditions or stipulations of Approval/
Explanation if Disapproved:

Schedule of Periodic Review: *Animal vaccination records must be submitted annually.*