

**RULES AND REGULATIONS  
FOR  
SERVICE AND EMOTIONAL SUPPORT ANIMALS  
FOR  
EAST VIEW PARK CONDOMINIUM ASSOCIATION**

1. Residents requesting a reasonable accommodation for a Service animal or Emotional Support animal, and their designated medical and/or mental health provider, must provide supporting documentation of their request, including a *Reasonable Accommodation Request Verification* from the resident's medical provider and a *Reasonable Accommodation Request* from the resident. Documentation should (1) show that the resident has a condition that meets the federal definition of disability, (2) describe the needed accommodation, and (3) show the relationship between the resident's disability and the need for the requested accommodation.

Once a reasonable accommodation application is properly and fully completed, and submitted to the Board, the Board will use its best efforts review the submission with supporting documentation in a confidential manner within 30 days. All documentation provided to the Board will be maintained in a confidential file. If the Board approves the reasonable accommodation application subject to reasonable rules, the Unit Owner/ resident must agree in writing to comply with such reasonable rules.

If the Board denies the reasonable accommodation application, the Unit Owner/ resident shall comply with the 'no dog' restriction contained in the governing documents (and/or shall remove any such pet in the unit within three (3) days from such denial) or shall be subject to the remedies provided in the Declaration and Sections 9.2 and 18.4 of the Illinois Condominium Property Act for violations of the governing documents, which includes, but is not limited to:

- A. After notice and an opportunity for hearing, assess fines against the Unit Owner for violations of the Association's Declaration, By-Laws and Rules and Regulations;
- B. Compel the immediate and permanent removal of the unauthorized pet from the Unit and property;
- C. File suit for mandatory injunctive relief to prohibit the Unit Owner/ resident from continuing to occupy and control subject the Unit,
- D. Exercise any and all remedies or rights provided by the Declaration under Illinois law, and
- E. Assess legal fees and costs incurred by the Association to enforce the provisions of the Declaration, By-Laws and Rules and Regulations against the Unit Owner."

2. In order to be entitled to a *Service animal*, a resident needs to submit:

- A. A statement from a licensed medical provider that:
  - i. the resident has a disability
  - ii. the work the designated animal will do, or the tasks the designated animal will perform, are directly related to the disability to ameliorate its effects

- B. The breed of the dog, if applicable.
3. In order to be entitled to an *Emotional Support animal*, a resident needs to submit:
- A. A statement from a licensed medical provider or mental health professional that:
    - i. the resident has a mental or emotional disability
    - ii. the designated animal will ameliorate the effects of the disability
  - B. The breed of the dog, if applicable.
4. The Board reserves the right to limit approvals for Service animals to those performing tasks established by legal basis or other reliable evidence. The Board shall notify the residents sharing a common entrance with the Service/Emotional Support animal to determine if there are additional considerations so that the Board may suggest appropriate modifications to reasonably accommodate multiple residents' needs. The Board or management may inform residents that a request for a Service or Emotional Support animal has been made in their building, but the nature of the medical, mental or emotional disability will not be disclosed unless required by law or a court. Records of applications will be held by the property manager and treated as confidential.
5. The resident granted a reasonable accommodation shall submit written periodic reports, as may be requested from the Association, but no more than annually, by a licensed mental health professional in the case of an Emotional Support animal – or medical professional in the case of a Service animal - confirming that the resident continues to possess the applicable disability and that the animal ameliorates the effects of his or her disability.

The reasonable accommodation shall terminate without further notice if upon verified proof that either applicant/resident no longer has a disability or the Service or Emotional Support animal no longer ameliorates the effects of applicant/resident's disability.

6. If the application for a Service or Emotional Support animal is approved by the Board, the following additional rules and regulations shall apply to the applicant/resident/Unit Owner granted a reasonable accommodation:
- A. The dog shall be kept clean, healthy, and under the control of the resident.
  - B. The dog is required to be housebroken, that is, in control of its elimination of waste. In the event of illness or an accident, the resident shall clean up after the animal both in his/her unit and in the Common Elements of the Association. Porches/patios/common grounds including backyards may not be used for animal urination or defecation.
  - C. The dog shall not constitute a threat to the safety of other residents. The Board reserves the right to evict an animal that poses a direct threat to the health and safety of others that cannot be eliminated or reduced to an acceptable level by a reasonable modification to other policies, practices and procedures.
  - D. The dog shall not make excessive noise, which is defined as any continued, repeated or habitual barking, whining, crying, howling, or whimpering that exceeds ten consecutive minutes in duration or occurs intermittently for a significant portion of the day or night. Barking is subject to enforcement as stipulated in General Rules (Section II, #16) regarding Noise.

- E. Except where required to perform its duties, a service animal shall enter and exit the resident's unit through the back door. Emotional Support animals are required to enter and exit the resident's unit through the back door at all times.
- F. Except where required to perform its duties, a Service animal shall be kept in a carrier, cage, or on a leash no longer than 4 feet at all times while in the Common Elements. An Emotional Support animal shall be kept in a cage, carrier, or on a leash no longer than 4 feet at all times while in the Common Elements.
- G. The resident is responsible to keep the animal under control and for any damages to the Common Elements or other units caused by his or her Service or Emotional Support animal.
- H. If a Service or Emotional Support animal owner and neighboring resident with allergies to the animal both use laundry facilities within a Common Element area, a set of laundry facilities will be designated as 'No Animals' and shall not be used by Service or Emotional Support animal owners in order to protect residents with allergies from cross-contamination of laundry with animal dander.
- I. Dogs shall be included in the Unit Owner's required Homeowner's Insurance Coverage, as described in Section VIII of the Declaration.
- J. Within 90 days of acquiring a dog, the resident must submit proof that the animal has undergone obedience training to the management office.
- K. If the animal ceases to be used for the purpose for which the reasonable accommodation was made, the reasonable accommodation shall be terminated without further notice.
- L. In the case of Service animals, the applicant shall submit to the Board proper and sufficient evidence the animal has been trained to perform the work or task in question.
- M. If the resident is a minor, the responsibilities discussed in these rules and regulations are those of his/her parents or guardians.
- N. Failure to comply with the any rules herein may result, in the Board's discretion, in the Unit Owner being fined for the violation and the Board shall have the remedies against the resident/Unit Owner in accordance with the procedures set in the Association's Declaration, By-Laws and Rules and Regulations and Illinois Condominium Property Act. Unit Owners are responsible for the violations of their tenants and their tenant's animals.
- O. The applicant/resident granted a reasonable accommodation acknowledges that nothing stated herein shall be deemed a waiver of the Association's right to enforce the Association's governing documents, including rules described herein, or the right of the Association to adopt or revise reasonable rules in accordance with the Association's rights under the Illinois Condominium Property Act.

I, \_\_\_\_\_, have read all of the **RULES AND REGULATIONS FOR SERVICE AND EMOTIONAL SUPPORT ANIMALS** and agree to comply with such rules as outlined in the East View Park Condominium Association's Rules and Regulations.

Signature of resident: \_\_\_\_\_

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

Signature of Board President: \_\_\_\_\_

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

**REASONABLE ACCOMMODATION REQUEST VERIFICATION**

DATE \_\_\_\_\_

TO \_\_\_\_\_  
HEALTH CARE PROVIDER'S NAME

FROM EAST VIEW PARK CONDOMINIUM ASSOCIATION  
5427 EAST VIEW PARK, CHICAGO ILLINOIS 60615

RE: **REQUEST FOR REASONABLE ACCOMMODATION**

UNIT OWNER/ RESIDENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

The Unit Owner/ Resident named above has requested that our condominium association accommodate his/her disability with a:  
 Service animal  Emotional Support animal

Under normal circumstances, association policies prohibit dogs in the units of the Association. However, under federal law, if an individual with disabilities requests a reasonable accommodation to that disability, we must accommodate the request. To do this, we must verify that the individual qualifies as disabled under federal law and requires the accommodation in order to have an equal opportunity to use and enjoy his/her home.

We would appreciate your cooperation in answering the questions on this form and returning it to the address listed above. The Unit Owner/ Resident has consented to this release of information, as shown below.

**INFORMATION REQUESTED**

I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge:

1. \_\_\_\_\_ ("Patient") is my patient.
2. My name, address, and business telephone number are as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I am a duly licensed physician in the State of \_\_\_\_\_ and my medical license number is: \_\_\_\_\_.
4. I am also certified in the following medical specialty(ies), if any: \_\_\_\_\_.
5. The Federal Fair Housing Act defines a handicapped person as one who has (1) a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) a record of having such an impairment, or (3) being regarded as having such impairment. The term "physical or mental impairment" includes, but is not limited to, such disease 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 doesn't include any individual who is a drug addict and is currently using illegal drugs, or an alcoholic who poses a direct threat to property or safety because of alcohol use.

I hereby certify that Patient is a handicapped person pursuant to the above definition from the Federal Fair Housing Act due to the following condition or for the following reasons:

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

**REASONABLE ACCOMMODATION REQUEST VERIFICATION**

6. I hereby certify that a Service/Emotional Support animal will alleviate or mitigate the Patient's handicap described above or otherwise assist the Patient in using and enjoying Patient's Unit for the following reason(s):

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

7. **IF THE REQUEST IS BEING MADE PURSUANT TO AN EMOTIONAL OR MENTAL DISABILITY**, please advise if any particular type of animal, or breed of animal, is necessary and explain your reasons:

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

8. In your professional opinion, does the Patient named above need the accommodation requested in order to have the same opportunity that a nondisabled individual has to use and enjoy the living quarters?  Yes  No

9. I understand that this information is solely for the use of the above-named condominium association in evaluating a request for accommodation made by the Patient, that it will be kept confidential and will be provided only to authorize representatives of the above-named condominium association who periodically may need to verify and re-validate that this information is still correct and/or a tribunal of competent jurisdiction should a dispute arise in regards to this request and a complaint is filed by the Patient against the condominium association in regard hereto.

10. I understand that, if a dispute arises concerning these issues, I may be called upon to testify concerning my professional opinions set forth in this certification.

NAME & TITLE OF PERSON SUPPLYING INFORMATION \_\_\_\_\_

FIRM/ORGANIZATION \_\_\_\_\_

HEALTH CARE PROVIDER'S SIGNATURE \_\_\_\_\_

**RELEASE**

TO THE PATIENT:

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**REASONABLE ACCOMMODATION REQUEST**

DATE \_\_\_\_\_

**APPLICANT INFORMATION**

Name of applicant: \_\_\_\_\_

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

Home phone number: \_\_\_\_\_

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

Application is for:  Service animal  Emotional Support animal

In support of a request for a reasonable accommodation, the applicant must also provide a complete and executed *Reasonable Accommodation Request Verification* (attached to the Association's rules and regulations for Service and Emotional Support Animals) along with this *Reasonable Accommodation Request*.

In order to be entitled to a Service animal, the applicant must submit evidence of, or a statement from a medical provider, stating (1) that the applicant has a disability, (2) that the designated animal is trained to do work or perform tasks for the benefit of an individual with a disability, and (3) that the animal would ameliorate the effects of the disability.

In order to be entitled to an Emotional Support animal, the applicant must obtain a statement from a licensed medical professional or licensed mental health professional stating (1) that the applicant has a mental or emotional disability, and (2) that the designated animal would ameliorate the effects of the disability.

Description of dog (breed, size, color, distinctive markings): \_\_\_\_\_

\_\_\_\_\_

Date of rabies vaccination(s): \_\_\_\_\_

DHLPP date: \_\_\_\_\_

Animal Hospital/Clinic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_