

FALCON TRACE PROPERTY OWNERS ASSOCIATION, INC.

ACC Rule & Regulation for applying for reasonable accommodation/modification to homeowner's property in compliance with American's with Disability Act (ADA)

The purpose of this procedure is to comply with the American's with Disability Act (ADA) whereby a homeowner who wants to modify the exterior of their property to accommodate a homeowner or resident individual with a disability, and the modification/accommodation is not allowed by the Association's Covenants, Conditions & Restrictions (CC&Rs) documents.

1. The homeowner must complete an Architectural Control Committee (ACC) application and provide the following documents for review:
 - The signed and notarized affidavit from the treating physician (see attached Affidavit Form) confirming a disability and explaining how the modification/ accommodation can help
 - Request for reasonable accommodation form (see attached Request Form)
 - Details of the modification/accommodation to the exterior of the property, where necessary
2. The ACC will review the submitted reasonable accommodation plans and if they are found to be structurally acceptable, they will be forwarded to the Association's attorney for his legal review and opinion.
3. If the ACC finds the submitted plans have a technical deficiency, they will be returned to the homeowner for update/correction and resubmittal to the ACC for approval.
4. If the reasonable accommodation plans are found to be acceptable by the Association's attorney, they will be returned to the ACC with a recommendation that the modification/accommodation be approved by the ACC together with an agreement for the Association and the homeowner to execute requiring the removal of the modification/accommodation when the person with the disability vacates the property.
5. If the reasonable accommodation plans are not found to be unreasonable or unacceptable by the Association's attorney, the attorney will inform the ACC that the modification/accommodation should be modified or denied. Only reasonable modification requests will be approved when considering potential alternative solutions.
6. After the modification/accommodation is approved by the ACC, the documents submitted by the homeowner together with the attorney's recommendation and signed agreement, will be presented to the Board of Directors for final approval.
7. All costs and any necessary permits required for the installation and removal of the modification/accommodation are the sole responsibility of the homeowner.

This procedure ensures that the Association has not waived its right to enforce any CC&R restrictions against non-disabled individuals.

This Rule and Regulation has been approved by a majority vote of the Association's Board of Directors at a duly noticed meeting of the Board on MARCH 28, 2018. Said vote being 5 Directors in favor and 0 Directors against said action.

FALCON TRACE PROPERTY OWNERS' ASSOCIATION, INC.

BY: Nigel E. Gough

Print Name: NIGEL E. GOUGH

President

Dated: MARCH 28, 2018

ATTEST: SUE M. BARON

Print Name: SUE M. BARON

Vice President

Dated: MARCH 28, 2018

REQUEST FOR REASONABLE ACCOMMODATION

Name of Person Requesting a Reasonable Accommodation:

Address: _____

Daytime Phone#: _____ Evening Phone# _____

1. I am a person with a disability/handicap as defined by one or more of the following: A physical or mental impairment that substantially limits one or more major life activities; or a record of having such an impairment; or is regarded as having such an impairment. **If I am not the person with a disability/handicap, the following member of my household has a disability as defined above:

Name: _____

Relationship to you (e.g. child, parent): _____

2. As a result of this disability/handicap, I am requesting the following reasonable accommodation for my household as an exception to the Association's express, written and strictly enforced policy:

3. This request for a reasonable accommodation is necessary so that I (or the requesting party) have an equal opportunity to use and enjoy the home which I (or the requesting party) currently lack because:

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

Please return this form, along with the Affidavit of Treating Physician, to management.

Signed: _____

Requesting party _____

**If on behalf of a minor child, please indicate whether you are the parent or guardian.

AFFIDAVIT OF TREATING PHYSICIAN

BEFORE ME, the undersigned authority, personally appeared _____ who,

being duly sworn, deposes and says:

1. My name is _____, and I'm over the age of eighteen (18).
2. I am licensed by the State of _____ with full privileges to practice medicine within the State of _____.
3. I am _____ (hereinafter "Patient") treating physician.
4. On or about I diagnosed Patient within a reasonable degree of medical certainty as suffering from a physical and/or mental disability/handicap.
5. I have concluded that Patient's medical/mental condition substantially limits Patient's major life activities as follows: (list the major life activities affected by the disability):

6. I have concluded that the following accommodation would ameliorate the effects of the disability:

7. The accommodation is medically necessary and will assist Patient in performing the following life activities that Patient would not be otherwise able to perform:

8. It is my medical opinion that Patient is handicapped as that term is defined under the Fair Housing Act and Florida Fair Housing Act**, and the accommodation is medically necessary to afford Patient an equal opportunity to use and enjoy the home.

9. This affidavit is made to induce Falcon's Trace Property Owner's Association, Inc. to make substantial and material alterations to the Associations' use restrictions based upon a medical, mental and/or physiological disability/handicap substantially limiting one or more of Patient's major life activities which does not include current, illegal use or addiction to a controlled substance.

FURTHER AFFIANT SAYETH NAUGHT. _____ MD. STATE OF FLORIDA,
COUNTY OF _____.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____ who is personally known to me, or who is not personally known to me, but to whom an oath was administered, and who produced _____ No. _____ as identification, and executed the foregoing instrument

WITNESS my hand and official seal in the County and State last aforesaid this ___ day of 201__.

Notary Signature: _____

My commission expires: _____

Notary Public, State of _____

Commission No.: _____

Printed Name of Notary _____

***** The Federal Fair Housing Act (42 U.S.C. §3602) defines the term handicap as follows:** "Handicap" means, with respect to a person - (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 an impairment, but such term does not include current illegal use of or addiction to a controlled substance. ... The Florida Fair Housing Act (FJa. Stat. § 760.22) defines the term handicap as follows: (7) "Handicap" means: (a) A person has a physical or mental impairment which substantially limits one or more major life activities, or he or she has a record of having, or is regarded as having, such physical or mental impairment; or (b) A person has a developmental disability as defined in s. 393.063.
