

**TRAILER ESTATES PARK & RECREATION DISTRICT
APPLICATION FOR KEEPING OF EMOTIONAL SUPPORT ANIMAL
AS AN ACCOMMODATION FOR RESIDENT'S DISABILITY PP 50**

PROPERTY ADDRESS: _____

DATE: _____

APPLICANT/RESIDENT WITH DISABILITY:

NAME	DOB	AGE
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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: (Circle one) Dog or Cat or Other: _____ (if Other, please identify)
 Breed: _____
 Color(s) _____
 Size: _____ / _____ (height/length)
 Weight: _____
 Fully grown?: Yes _____ No _____ (Circle 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 annually present Board of Trustees competent written evidence of continuing medical necessity for said Emotional Support Animal as an accommodation of Resident's disability. Upon failure of Resident to furnish said written evidence of continuing medical necessity or 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 of Resident's continuing need for the accommodation, 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, 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

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- sealed bag and disposed of in an appropriate garbage receptacle.
 - f. 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.
 - g. Said Emotional Support Animal shall not be abandoned by the Resident.
 - h. Resident shall observe all applicable laws and ordinances concerning the care and control of said animal.
 - i. 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 re-applying 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. The continuing need for the Emotional Support Animal must be proven by periodic written updates of the Resident's physician's/qualified medical professional's statement. Upon the demise or relocation of the occupant, the Emotional Support Animal must be removed from the premises within fifteen (15) days.

ATTENTION: Attach written opinion of Physician/Qualified Medical Professional with **length of physician/patient relationship in years**, and with **diagnosis** of resident's disability and **determination of genuine benefit** to be derived from keeping of Emotional Support Animal due to functional limitations imposed by resident's disability. This must be submitted on Physician/Qualified Medical Professional's letterhead, a prescription pad is unacceptable.

_____ Date: _____
 Signature of Resident

 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: **ONCE EACH YEAR FROM DATE OF APPROVAL.**