

**BAYWAY ISLES HOMEOWNERS CLUB, INC.**

**RESOLUTION FOR ADOPTION  
OF  
POLICY: REQUESTS FOR REASONABLE ACCOMMODATION**

WHEREAS, every lot in Bayway Isles (each a “Lot”) and every single-family home and related structures located upon each Lot (each a Home”) is subject to the covenants, conditions and limitations stated in the Bylaws, Restrictions, and Protective Covenants (the “Deed Restrictions”) and Policies;

Whereas, Bayway Isles Homeowners Club, Inc. (the “Association”) is responsible for the reasonable, uniform, and consistent enforcement of the Deed Restrictions and Policies;

Whereas, the Association has a need from time to time to adopt and implement certain policies and procedures to provide for consistent, proper, and timely application of the Association’s Deed Restrictions and existing Policies;

Whereas, the Association recognizes the need to consistently and equitably comply with the requirements of the Fair Housing Act;

Therefore, it is hereby resolved that at a meeting of the Board of Directors of the Association, duly noticed and conducted on the 17th day of September, 2020 in accordance with the Articles of Incorporation and Bylaws of the Association, the attached **REQUESTS FOR REASONABLE ACCOMMODATION POLICY** attached as Exhibit 1 was adopted.

The Association reserves the right to modify or amend the **REQUESTS FOR REASONABLE ACCOMMODATION POLICY** at any time.

The above resolution was offered by (director name), seconded and adopted by majority vote of the Board of Directors of the Association.

Signed and dated in the State of Florida on the 17<sup>th</sup> day of September, 2020.

Kathy Whittemore  
Meeting Secretary

Micheal Galinski  
Meeting Chairperson

## **POLICY: REQUESTS FOR REASONABLE ACCOMMODATION**

Bayway Isles Homeowners Club, Inc. is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations or modifications in our rules, bylaws, or deed restrictions, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to the use and enjoyment of their dwelling and if they exist, any common areas of the community.

The Association will grant all requests for reasonable accommodations that are required as a result of a disability, as long as the request is not unduly burdensome or a fundamental alteration of the Association's rules, bylaws, or deed restrictions. The Association is not required to approve a specific solution requested for an accommodation, but may offer an alternative accommodation that accomplishes the same end.

The Association must review and approve all accommodations and/or modifications before they are made. The Association will review all properly completed and submitted reasonable accommodation requests within 30 days of receipt. If the submittal is incomplete or the Association needs additional information from the applicant, the review period may be extended. The Association will provide a written notice of approval, an alternative accommodation, or rejection of the request to the resident within 10 days of their decision. By granting the accommodation the Association obtains the right to enter upon the applicant's property for inspection of the accommodation, and such entry shall not be deemed a trespass.

### **Requesting a Reasonable Accommodation:**

If the resident or a member of their household needs a reasonable accommodation, they must submit a request to the Secretary, Bayway Isles Homeowners Club, Inc. Board of Directors, using the Resident's Reasonable Accommodation Request Form. *See, Exhibit A*, along with a completed Verification of Need Form *See, Exhibit B*.

It is the responsibility of the resident to make any requests for an accommodation; it is not the Association's responsibility to assume what is needed. The request shall be in writing and the requester should keep a copy for their records. However, if a disability limits the ability to submit a request in writing, the requester may make a verbal request to the Secretary of the Association. The verbal request must provide the information requested on the Resident's Reasonable Accommodation Request Form.

When making a reasonable accommodation request to the Association, the requester shall fully describe the required accommodation. If there are resources that will make it easier or quicker for the Association to grant the request, this information should be included with the request.

If a resident is requesting permission to make a reasonable modification to their dwelling, adjacent property, and/or any common areas of the community at their expense, the following must accompany the request:

- Agreement to remove the accommodation or modification(s) and return the premises to their original state upon cessation of the disability or when the requester no longer occupies or uses the property.

**RESIDENT’S REASONABLE ACCOMMODATION REQUEST FORM**

Bayway Isles Homeowners Club, Inc. is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations or modifications in our rules, bylaws, or deed restrictions, when such accommodations may be **necessary** to afford persons with disabilities an equal opportunity to the use and enjoyment of their dwelling and if they exist, any common areas of the community.

If you are requesting such accommodation, please fill out this form, obtain a medical verification from your practitioner, and return both forms to: Secretary, Bayway Isles Homeowner’s Club, Inc. at the address above.

\_\_\_\_\_  
Last Name    First Name    Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State    Zip Code    Telephone Number    Email Address

The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities\*. The impairment must be permanent (continued for longer than 6-9 months) to be covered by the Fair Housing Act. *\*Major life activities include, but are not limited to performing tasks, caring for oneself, walking, talking, seeing, hearing, breathing, learning, or working.*

Do you consider yourself to be disabled? Yes \_\_\_\_ No \_\_\_\_

I am requesting the following accommodation be made and/or allowed so that I may be afforded an equal opportunity to use and enjoyment of the dwelling and common areas, as available to all residents and as afforded by the Federal Fair Housing Act, Title 42 §3604, Subsections 3a and/or 3b.

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

Exhibit A

Please describe how the accommodation requested is connected to your disability:

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I understand that an accommodation does not otherwise exempt me from the rules, bylaws, or deed restrictions of Bayway Isles Homeowners Club, Inc., and the accommodation may only remain as long as my impairment exists and the dwelling is occupied by me. A completed medical verification of the need for this request is attached.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return completed, signed and dated request and medical verification forms to:

Bayway Isles Homeowners Club, Inc.  
Attn: Secretary  
5650 Leeland Street South  
St. Petersburg, Florida 3

**VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION**

Dear Medical Professional:

The individual listed below considers him or herself to be disabled and has asked for an accommodation from this Homeowners Association in order to meet certain needs he or she believes are dictated by the disability. Bayway Isles Homeowners Club, Inc. grants reasonable accommodation requests based in part of verification of need from a medical professional who has direct experience with the individual’s disability. You have been authorized to release information to us regarding the need for an accommodation.

Please be aware of the following while completing this request:

- Do not send us the medical records of the individual requesting your verification.
- Do not include any details which disclose the nature of severity of the individual’s disability. This information is not necessary to verify the requested accommodation.

**PART I. MEMBER’S INFORMATION – TO BE COMPLETED BY INDIVIDUAL SEEKING VERIFICATION**

Last Name	First Name	Middle Initial

Address

City	State	Zip Code	Telephone Number	Email Address

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Applicant’s Name) (Medical Professional)  
to disclose relevant information to Bayway Isles Homeowners Club, Inc. regarding the need for a reasonable accommodation for:

\_\_\_\_\_

I understand the information that Bayway Isles Homeowners Club, Inc. obtains will be kept confidential and used solely to determine if an accommodation should be provided. I declare under penalty of perjury under the laws of the State of Florida that the foregoing information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return completed, signed and dated forms to:  
Bayway Isles Homeowners Club, Inc.  
Attn: Secretary  
5650 Leeland Street South  
St. Petersburg, Florida 33715

**PARTS II, III, AND IV TO BE COMPLETED BY MEDICAL PROFESSIONAL**

**PART II. DISABILITY VERIFICATION**

Name of individual seeking verification: \_\_\_\_\_

A “disability” is defined as a physical or mental impairment, which limits one or more of a person’s major life activities\*, a record of having such impairment, or being regarded as having such impairment.

*\*Major life activities include, but are not limited to performing tasks, caring for oneself, walking, talking, seeing, hearing, breathing, learning, or working.*

1. Does this individual have a disability as defined above? Yes \_\_\_\_ No \_\_\_\_
2. If yes, does this individual, because of this disability, need a reasonable accommodation made to their dwelling to have an equal opportunity to use and enjoy his or her dwelling?  
Yes \_\_\_\_ No \_\_\_\_
3. If yes, please describe the accommodation needed (which must directly relate to the accommodation request and disability. Accommodation must be necessary, NOT only desirable):

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Use a separate sheet to provide additional information if needed (please print clearly).

**PART III. ACCOMMODATION VERIFICATION**

Patient’s disability requires a reasonable accommodation for the following reasons:

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Exhibit B

**PART IV. VERIFICATION STATEMENT**

I declare under penalty of perjury under the laws of the State of Florida that the foregoing information is true and correct.

**FRAUD AND FALSE STATEMENTS**

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, the Department of Housing and Urban Development (HUD), a public housing authority (PHA), or any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

**I understand that I may be contacted by Bayway Isles Homeowners Club, Inc. to verify the information I have provided or to provide further information/clarification regarding this request. Furthermore, I understand that I may be contacted or otherwise subpoenaed to provide testimony in a court of law, administrative hearing, and/or other legal action with respect to the information I have provided within or related to this document. By signing this document, I certify under penalty of perjury that the information and statements I have provided as part of and/or in support of this request for a reasonable accommodation are to the best of my knowledge true and accurate. I also certify that I have reviewed all attached documents pertaining to this request.**

Verifying Person's Signature			
Verifying Person's Name (Print)		License or Certificate Number/Issuing State	
Title:			
Address:			
City	State	Zip Code	Telephone Number