ESA Reasonable Accommodation Request

FOR A FLORIDA HOA OR OTHER HOUSING PROVIDER

Purpose. Use this optional form to request a reasonable accommodation for an emotional support animal (ESA). A housing provider may offer a routine method for receiving requests, but Florida law does not allow it to require a specific form or notarized statement.

1. Requester and Housing Information

Full name _____ **Date** _____

Property address / unit _____

Email _____ **Phone** _____

HOA / housing provider _____

Recipient name or department (if known) _____

2. Accommodation Requested

☐ Waive a no-pet rule ☐ Waive a breed, size, or weight restriction ☐ Waive pet fees or deposits

☐ Other accommodation (describe below)

3. Emotional Support Animal

Animal's name _____ **Type / species** _____ **Breed (if known)** _____

Color / identifying description _____ **Age (optional)** _____ **Weight (optional)** _____

☐ Required local license is current ☐ Required vaccinations are current

4. Request Statement

I request a reasonable accommodation to keep the emotional support animal identified above in my dwelling. The animal is necessary because of a disability-related need and assists me in using and enjoying my home.

☐ Supporting information is attached ☐ Supporting information will follow

Privacy reminder: Do not include a diagnosis, the severity of a disability, or medical records unless you voluntarily choose to do so. Reliable supporting information may be requested when the disability or disability-related need is not readily apparent.

5. Request Letter

Dear HOA Board / Housing Provider:

I am requesting a reasonable accommodation under the federal Fair Housing Act and section 760.27, Florida Statutes, to keep the emotional support animal identified on page 1. Please waive or modify the applicable animal restriction and any pet fee, pet rent, or pet deposit that would otherwise apply.

I understand that I remain responsible for damage caused by my emotional support animal to the premises or to another person on the premises. I will comply with applicable state and local licensing and vaccination requirements and with reasonable rules governing conduct, sanitation, and safety that do not defeat the accommodation.

Additional information for the housing provider (optional)

6. Signature

I certify that the information I provided in this request is true and complete to the best of my knowledge. I authorize the housing provider to contact me about this request.

Typed or written signature _____ **Date** _____

Submission Checklist

- ☐ Keep a copy of the request and attachments
- ☐ Attach reliable supporting information, if needed
- ☐ Request a written response
- ☐ Keep proof of delivery
- ☐ Keep licensing and vaccination records
- ☐ Answer lawful follow-up questions promptly

Important Legal Notes

This form is optional. A housing provider may not require a specific form or notarized statement or deny a request solely because its routine method was not used. Internet registrations, identification cards, patches, or certificates do not by themselves establish a disability or disability-related need. A provider may request reliable information only within the limits of federal law and section 760.27, Florida Statutes. A request may be denied when the particular animal creates a direct threat to health or safety, or a direct threat of physical damage to another person's property, that cannot be reduced or eliminated by another reasonable accommodation.