

# LAGO MAR NORTH LODGE ASSOCIATION, INC.

## APPLICATION FOR SALE/LEASE APPROVAL

This application must be completed in detail by the proposed buyer or lessee and returned to:

**Lago Mar North Lodge Association**  
c/o Allied Property Management Group, Inc.  
1711 Worthington Road, Ste 103  
West Palm Beach, FL 33409

1. \_\_\_\_\_ A non-refundable application fee in the form of money order or cashier's check the amount of \$150.00(per applicant, 18 years of age or older) made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC.** (a copy of marriage certificate may be requested).
  - a. An additional two hundred fifty(\$250.00 - made payable to: ALLIED PROPERTYMANAGEMENT GROUP, INC) is required per applicant if of foreign nationality and holds no U.S. Social Security Number.

**Please note:** All checks must be in the form of money order or cashier's check ONLY.

2. \_\_\_\_\_ Legible copy of each applicant's valid driver's license or government issued picture ID.
3. \_\_\_\_\_ Legible copy of all vehicle registration that will be parked in the community.
4. \_\_\_\_\_ Signed Authorization and Consent for Release of Information Form.
5. \_\_\_\_\_ An executed copy of the sales Contract or Lease Agreement.
6. \_\_\_\_\_ Pet information: photograph and vaccination records.

**\*Please do not schedule a closing or occupy unit until you have been approved by the board and issued a certificate.**

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\*Applicant(s) will be contacted once the board has made a decision. **Note: the board has up to thirty (30) days to make the final decision.** You may follow up via email to: **applications@alliedpmg.com**. Please include the following subject line (LMN/ Applicants Last Name – Property address) in your email(s).

**LAGO MAR NORTH LODGE CONDOMINIUM  
1710 S. OCEAN LANE, FORT LAUDERDALE, FL 33316**

DATE \_\_\_\_\_

**APPLICATION FOR UNIT PURCHASE**

UNIT # \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_

NAME OF CURRENT OWNER(S): \_\_\_\_\_  
\_\_\_\_\_

NAME OF PROSPECTIVE OWNER(S): \_\_\_\_\_ S.S.# \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ S.S.# \_\_\_\_\_  
OTHER: \_\_\_\_\_ S.S.# \_\_\_\_\_

NUMBER OF OCCUPANTS: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

**RESIDENCE HISTORY**

PRESENT ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL# \_\_\_\_\_

WORK# \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF RESIDENCY: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MORTGAGE COMPANY/LANDLORD: \_\_\_\_\_ PHONE# \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ LOAN# \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF RESIDENCY: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MORTGAGE COMPANY/LANDLORD: \_\_\_\_\_ PHONE# \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ LOAN# \_\_\_\_\_

EMERGENCY CONTACT: HOME PHONE#: \_\_\_\_\_ CELL# \_\_\_\_\_

EMERGENCY CONTACT: HOME PHONE#: \_\_\_\_\_ CELL# \_\_\_\_\_

CAR BRAND: \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_ STATE: \_\_\_\_\_

COLOR OF CAR: \_\_\_\_\_ TYPE: \_\_\_\_\_ LICENSE PLATE# \_\_\_\_\_

**LAGO MAR NORTH LODGE CONDOMINIUM  
1710 S. OCEAN LANE, FORT LAUDERDALE, FL 33316**

DATE \_\_\_\_\_

**EMPLOYMENT**

CURRENTLY EMPLOYED BY: \_\_\_\_\_ PHONE# \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PREVIOUSLY EMPLOYED BY: \_\_\_\_\_ PHONE# \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SPOUSE EMPLOYED BY: \_\_\_\_\_ PHONE# \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**BANK REFERENCES**

NAME OF BANK: \_\_\_\_\_ PHONE# \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOW LONG: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**THREE CHARACTER REFERENCES**

1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL# \_\_\_\_\_

2) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL# \_\_\_\_\_

3) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL# \_\_\_\_\_

**LAGO MAR NORTH LODGE CONDOMINIUM  
1710 S. OCEAN LANE, FORT LAUDERDALE, FL 33316**

DATE \_\_\_\_\_

1) Have you ever been guilty or convicted of a crime? \_\_\_\_\_ If yes, please state the date(s), charge(s) and disposition(s):

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

If space provided is insufficient, please attach and additional page or pages.

2) In making the forgoing application, I represent to the Board of Directors that the purpose of making this application is for the purchase of a condominium at the Lago Mar North Lodge.

3) I hereby agree that on behalf on myself and all other persons who will occupy the property I intend to purchase, that I will abide by all the covenants and restriction contained within the HOMEOWNERS" ASSOCIATION DOCUMENTS and the rules and regulations now in effect and any amendments which may be promulgated by the Board of Directors from time to time.

a) I have received a copy of Association Documents.  Initial  
b) I have received a copy of the rules and regulations.  Initial

4) I acknowledge and agree abide the following:

a) No pets allowed (Copy of assistance animal policy available upon request)  Initial

b) According to the amendment dated April 21, 2004 no unit owner shall rent or lease their unit.  Initial

c) At the 2018 Board Meeting the owners voted designated smoking areas outside to be anywhere past the palm trees on the beach or outside the gates of the parking lot.  Initial

If smoking inside unit, the doors and windows must be closed as not be a nuisance to others.

**Absolutely no smoking on the units decks or swimming pool deck.**

d) Apartment shall be used as a residence only for the personal use of the owner thereof and his immediate family (defined as unit owners mother, father, children, and grand children) with exception of immediate family members, guests shall not be permitted to occupy a unit without the unit owner being present in the unit.  Initial

**5) I understand that I will be notified by the Board of Directors of either acceptance or denial of this application. Occupancy prior to the Board of Directors approval is prohibited.**

6) In the event this application in approved, I agree to provide the Board with a copy of the closing statement and Warranty Deed within five (5) days after closing.

7) I understand that the acceptance of this application in conditioned upon the truth and accuracy contained within this application as well as approval by the Board of Directors. Any misrepresentation or falsification of the information required by these forms will result in the automated disqualification of you application.

8) I understand that the Board of Directors may institute an investigation into my background. Accordingly, I specifically authorize the Board of Directors, Management and any firm which the Board desires to contract with to make such investigation and agree that the information contained therein as well as the information contained within this application may be used in said investigation, and that the Board of Directors, its management, legal counsel and/or other company employed to conduct said investigation shall be held harmless from any claims, actions or otherwise in connection with the use of the information contained herein or as to any investigation conducted by the Board of Directors.

**AGREED AND ACKNOWLEDGE**

**AGREED AND ACKNOWLEDGE**

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

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

## **REASONABLE ACCOMMODATION - ASSISTANCE ANIMAL POLICY**

### **LAGO MAR NORTH LODGE CONDOMINIUM ASSOCIATION, INC. (THE “ASSOCIATION”)**

#### **OVERVIEW**

The Federal Fair Housing Act and other state and local fair housing laws require that housing owners and managers provide reasonable accommodations for applicants and residents who have disabilities.<sup>1</sup> The Association is committed to granting reasonable accommodations when necessary to afford persons with disabilities the equal opportunity to use and enjoy a dwelling at LAGO MAR NORTH LODGE CONDOMINIUM. The Association recognizes the importance of Assistance Animals and is dedicated to ensuring that LAGO MAR NORTH LODGE CONDOMINIUM residents with Assistance Animals – whether owners or renters – may keep them in their units.

Reasonable accommodations may include waiving or varying Association rules or policies to allow a disabled resident to keep a service, assistance, support or therapy animal (an “Assistance Animal”). An Assistance Animal is an animal that works, provides assistance, performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person’s disability. The most common Assistance Animals are dogs, although other animals may qualify as Assistance Animals. Assistance Animals are not pets under the Association’s policies, and Assistance Animals will be governed by this policy and not by the Association’s pet policies.

The Association will not deny a request to keep an Assistance Animal solely because the animal has not received formal training. Some Assistance Animals, known as “service animals”, are trained by professionals, their owners, or someone else to work or perform tasks for individuals with disabilities. Other Assistance Animals, however, do not require any special training. The relevant question is whether the animal performs the assistance or provides the benefit needed by the person with a disability to afford that person an equal opportunity to enjoy living at LAGO MAR NORTH LODGE CONDOMINIUM.

If an individual requests that the Association accommodate an Assistance Animal, the Association will not ask about the nature or extent of the person’s disability. Many times, both the disability and the assistance provided by the Assistance Animal is obvious – for

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<sup>1</sup> Under fair housing laws, a person with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Physical or mental impairments include, but are not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, intellectual disabilities, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term “substantially limits” suggests that the limitation is significant to a large degree. The term “major life activity” means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning, and speaking.

example, a dog guiding an individual who is blind or has low vision, pulling a person's wheelchair, or providing assistance with stability to a person with a mobility disability. If this is the case, no further inquiry will be made and the Association will grant the reasonable accommodation.

If it is not readily apparent that an animal is trained to aid an individual with a disability, then before granting a request for an accommodation, the Association will need to make further inquiries and obtain further documentation before granting the request. The Association will ask if the animal is required because of a disability, and may ask what work or tasks the animal has been trained to perform. We will not, however, require documentation that an animal is trained or certified or licensed as a service animal.

If the disability and the need for an Assistance Animal are not readily apparent, the Association will require a statement from a health or social service professional, such as a doctor, physician's assistant, psychologist, or clinical social worker containing the information detailed on **Exhibit A**. We will not ask for information about the disability or the symptoms or effects of the disability that will be alleviated by the Assistance Animal.

In no case will a person requesting an accommodation for an Assistance Animal be charged any fee, deposit, or other charge for making the request or for keeping the Assistance Animal, nor will the person be required to obtain an insurance policy for keeping the Assistance Animal. Since individuals with disabilities are entitled to keep and use Assistance Animals, it is the Association's policy to make the process of obtaining approval to keep an Assistance Animal as minimally burdensome as possible.

In processing requests for Assistance Animals, the Association shall take reasonable measures to protect the confidentiality of any information or documentation disclosed in connection with the requests. Such measures may include limiting access to such information to persons specifically designated to deal with requests for reasonable accommodations, who will disclose information only to the extent necessary to determine whether to grant the request, and keeping all written requests and accompanying documentation in a secure area to which only those designated persons have access, except as otherwise required by law.

It is the responsibility of a Unit Owner or a disabled person who is a resident, tenant, or guest of the Unit Owner to inform the Association as to the need for an Assistance Animal for the Unit Owner or a resident, tenant, or guest of the Unit Owner's Unit, following the procedures set forth in **Exhibit A** attached hereto.

To request accommodation of an Assistance Animal, the person making the request should use the form attached to this policy as **Exhibit B**, or obtain a request form from the Association's management company ("Property Management") by email or postal mail at the following addresses:

Lago Mar North Lodge Condominium Association, Inc.  
c/o Property Management

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

If you require assistance in completing the form, Property Management will assist you or will fill out a form based on an oral request. The Association is using the form to record

reasonable accommodation requests so that we obtain only the information necessary to make a reasonable accommodation decision and do not obtain confidential information that we do not need to make a reasonable accommodation decision.

If the disability and the need for an Assistance Animal are not readily apparent, the request form will need to be accompanied by the statement described in Section 2 of **Exhibit A** attached to this policy. To ensure the safety of all LAGO MAR NORTH LODGE CONDOMINIUM residents and compliance with local laws, all requests will need to be accompanied by the documentation described in Section 3 of **Exhibit A**.

Once a completed request is received, Property Management will provide a response within ten days. The person making the request should allow adequate time for obtaining additional information that may be requested to complete the review process. Prior to denying a request, the Association will attempt to engage in an interactive process with the person making the request in which the parties discuss possible alternative accommodations that might effectively meet the person's disability-related needs. The Association recognizes that a person with a disability is generally in the best position to know whether or not a particular accommodation will be effective in meeting his or her needs. If a request is denied, an explanation for the denial will be included in the written notification of denial. If a person with a disability believes that a request has been denied unlawfully or that the response is delayed unreasonably, he or she may file a complaint with:

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
451 Seventh Street SW  
Washington, DC 20410  
(800) 669-9777

<https://www5.hud.gov/Hud903/main/pagHUD903Form.jsp>

Assistance Animals will be required to comply with the same reasonable behavior rules as are required for pets. The Association also can require Assistance Animals to be licensed, if required by the applicable governmental authority and if the Association requires licensing of animals kept as pets. A Unit Owner and the Unit Owner's tenant can be held liable for any damage actually caused by an Assistance Animal registered for such Unit Owner's Unit. Additionally, a Unit Owner and the Unit Owner's tenant can be fined by the Association for nuisances caused by an Assistance Animal as outlined in the Association's governing documents, rules and regulations.

If an Assistance Animal is unruly or disruptive (aggressively jumping, nipping, biting, excessive barking, etc.), fair housing laws allow the Association to require the owner of the Assistance Animal to remove the animal from a Common Area or Limited Common Area. If the animal's inappropriate behavior continues, the Association may require that the resident not bring the animal into a Common Area or Limited Common Area until steps have been taken to mitigate the objectionable behavior (such as refresher training). If mitigation is not undertaken or is not effective to stop the objectionable behavior, or if the Association reasonably believes the Assistance Animal to pose a threat of physical harm to any other resident or visitor to LAGO MAR NORTH LODGE CONDOMINIUM, the Association may require that the animal be removed from LAGO MAR NORTH LODGE CONDOMINIUM.

**EXHIBIT A**  
**Procedure for Requesting Accommodation of an Assistance Animal**  
**At LAGO MAR NORTH LODGE CONDOMINIUM**

**1. Formal Request** - The Unit Owner must provide a letter requesting the accommodation of an Assistance Animal and describing the type of animal being requested. If the Unit Owner is the disabled person to be assisted by the Assistance Animal and he or she does not want to put this request in writing, then he or she can call Property Management to make the request by phone and describe the Assistance Animal. However, the written documentation required below will still be required.

**2. Documentation Establishing Need for Assistance Animal** - If the disability or the need for an Assistance Animal is not obvious, readily apparent or known, the request to the Association must include reliable information to verify the disability or disability related that is not obvious, readily apparent, or known. The Association requests a letter from a health care or mental care professional (a medical doctor, psychologist, licensed therapist, etc.) who has diagnosed the disability and prescribed the Assistance Animal in order to ameliorate the effects of the disability. This letter does not need to disclose any of the patient's medical history or any details regarding the disability. However, it does need to state substantially as follows:

- that the patient is a patient of the health care or mental care professional providing the letter;
- that the patient's condition meets the definition of "disability" in the Fair Housing Act, the Americans with Disability Act, or the Rehabilitation Act of 1973 and that indicates how the mental or physical impairment substantially interferes with the major life activity(s) such that the Association can understand how the patient meets the definition of disability under the Fair Housing Act. Detailed information regarding the nature or severity of the disability is not needed;
- that the health care or mental care professional understands the patient's history and the functional limitations imposed by his or her disability;
- that there is a relationship between the disability and the service, support, or assistance the Assistance Animal provides; and
- that the health care or mental care professional has prescribed the Assistance Animal in order to ameliorate the effects of the disability and that the Assistance Animal is necessary to allow the patient an equal opportunity to use and enjoy housing in LAGO MAR NORTH LODGE CONDOMINIUM.
- a description by the health care or mental care professional of how the animal has been trained to do work or perform tasks related to your disability or, if untrained, how the animal is able to do work or perform tasks that are related to your disability OR if for emotional support or other assistance, a description by the health care or mental care professional of how the animal has ameliorated one or more symptoms or effects of your disability.



**3. County Registration and Vaccinations/Inoculations** – The Unit Owner making the request must send Property Management a current copy of the Assistance Animal's County registration or license and a veterinary record showing that the Assistance Animal's vaccinations and inoculations are current. Required vaccinations for dogs shall include a vaccination for rabies and any other vaccinations required by the County. The Unit Owner will be responsible to ensure that Property Management receives updated County registration or license and vaccination/inoculation records throughout the duration of the Assistance Animal's stay.

**4. Animal Supervision** – The Unit Owner and the owner of the Assistance Animal, if different from the Unit Owner, are responsible for ensuring that the Assistance Animal is cared for and supervised. The owner of the Assistance Animal shall retain full control of the Assistance Animal at all times and ensure that the Assistance Animal is well behaved, is not disruptive to other people, and does not cause damage to a Common Area or Limited Common Area in the Condominium Project. If the owner of the Assistance Animal does not comply with these requirements, then the Unit Owner will be responsible for fines assessed by the Association and other consequences, including the potential removal of the Assistance Animal as detailed in item 7 below. Any fines or assessments for actual damages will constitute a lien against the Unit Owner's Unit to the extent provided in the governing documents of the Association. The responsibility of the Unit Owner and the owner of the Assistance Animal includes ensuring that:

- when the Assistance Animal is in a Common Area or Limited Common Area, the Assistance Animal will not be left unattended, and will be on a leash or in a carrier, and under the direct control of its owner;
- the Assistance Animal will not be allowed to jump, snarl, or nip another person or animal;
- the Assistance Animal will not be allowed to bark continuously or incessantly for a period of 10 minutes or intermittently for ½ hour or more to the disturbance of another person at any time of day or night;
- feces from the Assistance Animal will be promptly picked up and taken back to the Owner's Unit or properly disposed of in a garbage receptacle, and not disposed of under bushes, in other types of vegetation, or under snow, and failure to properly dispose of animal feces may result in a fine pursuant to the Association's governing documents, rules and regulations;
- liquid waste should not cause damage to grass or be placed on the side of a building;
- if assistance is needed with cleanup of the Assistance Animal's waste, this will be arranged for by the owner of the Assistance Animal at such owners' expense and will not be a responsibility of the Association or Property Management.

**Insurance** – The Association does not require any specific insurance as a condition to allowing an Assistance Animal at LAGO MAR NORTH LODGE CONDOMINIUM. To the extent allowed under the Florida Condominium Act, each Unit Owner is responsible for covering the Association's deductible for any casualty loss occurring within their Unit or that otherwise damages their Unit, regardless of fault. Additionally, each Unit Owner is

instructed to obtain adequate homeowner's insurance for their personal property and liability exposure. Unit Owners are advised to review options for ensuring adequate coverage to protect against the actions of any tenant or guest, including any damage done by an Assistance Animal owned by such tenant or guest. Although a Unit Owner can require all tenants to have a renter's insurance policy, a Unit Owner cannot require that a tenant carry a specific policy as a condition to having an Assistance Animal in a Unit. A Unit Owner also can decide to add as tenant as a co-insured under the Unit Owner's homeowner's policy. The Association encourages all Unit Owners to contact a competent insurance agent who is familiar with condominium insurance (including recent changes to the insurance provisions of the Florida Condominium Act) and make sure that their homeowner's policies cover the Association's deductible amount and adequately address their liability risks and other exposures.

**Rental Agreements** - Unit Owners will be held accountable for all violations by their tenants and guests of the provisions of the Association's governing documents, including the Association's rules and regulations (collectively, "Rules") and are required to address any such violation. All lease and rental agreements affecting any Unit in LAGO MAR NORTH LODGE CONDOMINIUM must be in writing and must require compliance with all Rules, including, if applicable, all rules pertaining to Assistance Animals.

**Removal of an Assistance Animal** - If an Assistance Animal is unruly or disruptive (aggressively jumping, nipping, barking, etc.), the Association may require that the owner of the Assistance Animal remove the animal from a Common Area or Limited Common Area. If the animal's inappropriate behavior continues after notice from the Association to the owner, the Association may require that the owner not bring the animal into a Common Area or Limited Common Area until steps have been taken to mitigate the behavior (such as refresher training). If mitigation is not undertaken or if it is not effective to stop the objectionable behavior, or if the Association reasonably believes the Assistance Animal to pose a threat of physical harm to any other resident of or visitor to LAGO MAR NORTH LODGE CONDOMINIUM, the Association may require that the animal be removed from LAGO MAR NORTH LODGE CONDOMINIUM.

## **Summary**

In summary, the Association wants all Unit Owners to know that the Association embraces the Federal Fair Housing Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and other state and local fair housing laws require that housing owners and managers provide reasonable accommodations for persons who have disabilities, including providing reasonable accommodation for an Assistance Animal. The Association and its Property Management understand that there are individuals with disabilities who may benefit from having an Assistance Animal in LAGO MAR NORTH LODGE CONDOMINIUM. We welcome qualified Assistance Animals to our community and hope that these animals will enhance the quality of life for people with disabilities who live in LAGO MAR NORTH LODGE CONDOMINIUM. The Association understands that Assistance Animals are not pets and, therefore, will not enforce a pet fee or require the same insurance requirements that are applicable to Unit Owners who have pets in LAGO MAR NORTH LODGE CONDOMINIUM.

The Association and its Property Management will require that a person with an Assistance Animal follow the rules noted above and will enforce those rules to the extent allowed under applicable laws. If a Unit Owner or a guest or tenant of a Unit Owner has questions or concerns about the Association reasonably accommodating a request for an

Assistance Animal, please email these questions and concerns to Property Management at \_\_\_\_\_ and Property Management will review the questions with the Association's Board of Directors to determine if there is an additional measure that should be taken to ensure reasonable accommodation of a particular person with an Assistance Animal. The Association cannot grant requests from people without disabilities, who are not Unit Owners, to have animals in LAGO MAR NORTH LODGE CONDOMINIUM that are not Assistance Animals.

**EXHIBIT B**

**FORM TO REQUEST AN ASSISTANCE ANIMAL**

If you or a member of your household or someone associated with you has a disability and you feel that there is a need for an Assistance Animal as a reasonable accommodation for the person with a disability to use and enjoy a dwelling unit or a common area at LAGO MAR NORTH LODGE CONDOMINIUM, please complete this form and return it to Property Management. If you wish to make the request orally, please contact Property Management. Please check all items that apply and answer all questions. We will review and promptly respond to reasonable accommodation requests. If you require assistance in completing this form, please call Property Management for assistance in completing this form or to make an oral request for a reasonable accommodation.

Name:

\_\_\_\_\_

Today's date: \_\_\_\_\_

The person who has a disability requiring a reasonable accommodation is (please check one):

Me  A person associated or living with me

Name of person with disability:

\_\_\_\_\_

Phone#: \_\_\_\_\_

Address:

\_\_\_\_\_

I am requesting accommodation of an assistance animal so that a person with a disability can have an equal opportunity to use and enjoy the premises.

Designate the species, e.g., "dog," "cat," "bird":

\_\_\_\_\_

If the request is to keep an animal that is trained to perform work or do tasks for an individual with a disability:

Is the animal required because of a disability?  Yes  No

If the disability and disability related need are obvious, readily apparent or known to the Association, then no further information is requested.





**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

This release and authorization acknowledges that **Allied Property Management Group, Inc.**, may now, or any time while I am renting, conduct a verification of my current and previous tenant history, current and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Tenant requirements. The results of this verification process will be used to determine tenant eligibility under **Allied Property Management Group, Inc.**, tenant policies.

I authorize **Background Info USA** and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Allied Property Management Group, Inc.**

**I have read and understand this release and consent, and I authorize the background verification.** I authorize persons, schools, current and former employers, current and former landlords and other organizations and Agencies to provide **Background Info USA** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

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

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Name Clearly

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