

PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.

PROCEDURES FOR DESIGNATED HANDICAPPED PARKING SPACES

BUILDINGS 2 AND 3

The Policy of the Board of Directors of Punta Rassa Condominium Association, Inc. (the "Association") is to make reasonable accommodations for disabled/handicapped owners, tenants and guests, in accordance with applicable state and federal fair housing laws. Regarding designated disabled/handicapped parking, Buildings 1 and 4 in Punta Rassa have designated parking spaces assigned to each unit, which are limited common elements that run with the unit and cannot be changed or reassigned. Buildings 2 and 3 have unassigned parking spaces. Parking spaces for Buildings 2 and 3 may be reserved and assigned by the Association to accommodate a person with a disability/handicap upon request and completion and receipt of all information and documentation as may be required by the Association, and approval of the accommodation by the Association.

Procedure for Approval

1. If a disabled/handicapped owner, tenant or guest (the "Applicant") wishes to apply for an assigned, handicapped parking space for Buildings 2 or 3 of Punta Rassa, the Applicant must make a request for a disability accommodation verbally or in writing to the Association Manager.
2. If the disability/handicap of the Applicant, and the related need for a designated parking space, is not readily apparent, the Applicant must complete the Punta Rassa Medical Release and Request for Information Related to Patient's Request for Reasonable Accommodation Form (hereinafter the "Health Care Provider Form" or the "Form"), and have the Form fully completed by the Applicant's health care provider.
3. The Applicant must then submit the completed Health Care Provider Form, or supply all information requested on the Form, to the Association Manager.
4. The completed Health Care Provider Form will be reviewed by the Association's Manager and, if necessary, the Association's legal counsel. The completed Health Care Provider Form will otherwise be kept secure, confidential and not disseminated to others. The completed Health Care Provider Form will not be available as an official record of the Association.
5. It shall be presumed in all requests for disability accommodation for a handicapped parking space that the Applicant is requesting a designated parking space close to the elevators of the building, for reasons of accommodating his or her handicap.

6. The Health Care Provider Form must, to the satisfaction of the Association Manager, Board (or Committee so designated), and legal counsel if necessary, show that the Applicant has a disability under the federal and state fair housing laws, and that said disability is directly related to (*i.e.* has a nexus to) the need for a parking space as close to the elevators to the building as possible.
7. Disability accommodation requests for a handicapped parking space will be reviewed in the order that the Completed Health Care Provider Forms are received.

Procedure After Approval

8. If approved, the Association will assign the Applicant a parking space as close to the elevators as possible in the discretion of the Board. The Applicant may not request a specific parking space unless good cause is shown for the need for a specific space, and that the need is directly related to the Applicant's disability/handicap.
9. Once the parking space is designated to the approved Applicant, the parking space will be marked with the Applicant's unit number and a dedicated parking sign.
10. If the approved Applicant permanently vacates Punta Rassa, the accommodation will lapse, and the parking space will revert back to general parking use. Likewise, if at any time the Applicant is no longer disabled or handicapped, the Applicant must notify the Association Manager, and the designated parking space will revert back to general parking use. It is fraudulent to utilize a designated handicapped parking space pursuant to a disability accommodation request if no bona fide disability or handicap exists.
11. The assigned spot is for use by the **approved APPLICANT ONLY**. The approved Applicant may not lend or sub-assign his/her space to anyone else at any time. The space is anticipated to be used by the Applicant for coming and going from the building, and not for "storage" of a vehicle.
12. If the disability is not readily apparent, the Applicant must re-apply for a dedicated handicapped parking space each year on or before the anniversary of the date of first assignment. The Board will attempt to re-assign Applicant the same parking space, but Applicant cannot be guaranteed the same spot each year. Re-applications will not be accepted or deemed accepted more than 60 days prior to the anniversary date.
13. As a courtesy, the Board of Directors requests that if the approved Applicant will be absent from the premises for a prolonged period of time (for example, extended vacations or snow birds), that the Applicant notify Association Management so that the parking space can be utilized by others in the Applicant's absence. The Board

asks that the Applicant make the Association Manager aware of the Applicant's anticipated return date so that the parking space will be vacant and awaiting the Applicant upon his or her return.

14. Any approved Applicant violating the Association's Disabled/Handicapped Parking Space Policy or these Procedures, will be subject to sanctions including but not limited to possible loss of the designated parking space.
15. There are a limited number of total parking spaces for Buildings 2 and 3, so the availability of an assigned, reserved handicapped parking space is not guaranteed. The Association is not required by law to endure an undue hardship in order to accommodate disabled parking.

I HEREBY CERTIFY AND ACKNOWLEDGE that I have received the foregoing Procedures, and will comply with the Procedures in applying for and, if approved, utilizing a designated handicapped parking space at Punta Rassa.

Signed: _____

Print Name: _____

Unit Number: _____

Date: _____

PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.

**MEDICAL RELEASE and REQUEST FOR INFORMATION RELATED TO
PATIENT’S REQUEST FOR REASONABLE ACCOMMODATION**

TO: (name of health care provider): _____

I, (name of patient/applicant) _____,
intend to request that my condominium Board of Directors provide the following
accommodation to ameliorate the effects of my disability: [outline requested
accommodation here]:

This authorizes you to release the information requested below. Information obtained
under this release is limited to information that is no older than 12 months.

Dated: _____
_____ Applicant Signature

DEFINITION OF DISABLED

Under federal and state law, an individual is disabled if he/she has a physical or mental
impairment that substantially limits one or more major life activities.

The term “physical or mental impairment” includes (1) any physiological disorder or
condition, cosmetic disfigurement, or anatomical loss affecting one or more of the
following body systems: neurological; musculoskeletal; special sense organs;
respiratory, including speech organs; cardiovascular; reproductive; digestive;
genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or
psychological disorder, such as mental retardation, organic brain syndrome, emotional
or mental illness, and specific learning disabilities. The term “physical or mental
impairment” includes, but is not limited to, such diseases and conditions as orthopedic,
visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular
dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human
Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction
(other than addiction caused by current, illegal use of a controlled substance) and
alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. 24 CFR §100.201.

NAME AND TITLE OF HEALTH CARE PROVIDER SUPPLYING THE INFORMATION:

FIRM/ORGANIZATION (if applicable) _____

1. How long have you treated the above-named person (Applicant)? _____

2. Is the Applicant disabled as defined above? ___ Yes ___ No

3. What major life activities does the physical/mental impairment substantially limit the Applicant from participating in?

4. If the Applicant is an individual with a disability, in your professional opinion, will the requested accommodation ameliorate the effects of the disability?

___ Yes ___ No

5. Is the disability and need for the accommodation temporary? ___ Yes ___ No
If yes, what is the estimated length of need for the accommodation?

6. Are you willing to testify in court as to your opinions stated herein?

___ Yes ___ No

Signature: _____ Dated: _____

Print Name: _____

License Number and State of Issue: _____