

**Fincastle Heights Mutual Ownership Corporation  
3512 Fincastle Road  
Louisville, Kentucky 40213**

Application for Accommodation of No-Pets Policy Due to Desire to Possess a Service Animal/Emotional Support Animal/Assistance Animal as Defined by KRS 383.085(1)(a).

Name: \_\_\_\_\_ (Please print)

Address: \_\_\_\_\_

Louisville, KY 40213

Date of residency at FHMOC: \_\_\_\_\_.

Type of Accommodation Requested: Service Animal \_\_\_\_\_ Emotional Support Animal \_\_\_\_\_.  
(Check ONE designation ONLY)

Species of animal desired (e.g., dog, cat) \_\_\_\_\_.

Reasons for Application:

---

---

---

**Rules/Conditions**

1. Applicant must submit proof **WITH THIS APPLICATION** from a medical provider or other health care professional that attests to the current medical/psychological/therapeutic need of the Applicant for the Service/Emotional Support Animal as defined in KRS 383.085(1)(b). (See **medical form attached hereto.**)
2. Applicant is entitled to seek an accommodation for ONE animal per unit.
3. Any and all animals approved for an accommodation must have current, valid documentation for all annual immunizations and Applicant/Resident Member shall provide copies of same to the FHMOC office on an annual basis.
4. All animals must be leashed, carried, or wheeled in a stroller at all times when outside the Applicant's residence.
5. The care and supervision of the animal is the sole responsibility of the Applicant/Resident Member.

6. Any and all property damage/injury to person(s) resulting from the animal shall be the sole responsibility of the Applicant and said Applicant agrees to hold harmless FHMOC and its successors and assigns for any and all injuries to other persons on the corporation's premises/grounds caused by the Applicant's animal.
7. The Applicant *must* "pick up" after the animal defecates anywhere on FHMOC grounds/premises.
8. The FHMOC Board of Directors reserves the right to have an animal removed, or otherwise to revoke/set aside any accommodation if the animal, in the Board's sole determination, finds that the animal poses a direct threat to others, constitutes a nuisance, and/or disrupts the ability of other resident-members to enjoy their FHMOC residence. The animal may not display any aggressive behavior outside the residence or make disruptive noises, such as excessive barking, whining, or growling either inside or outside the Applicant's residence.
9. Repeated non-compliance with these rules and regulations by the Applicant may be grounds, not just for the revocation of the accommodation, but also the termination of the Applicant's membership in the FHMOC pursuant to said Corporation's Code of Regulations and/or its Corporate By-Laws.
10. Accommodations granted herein by the Board of Directors are **not** transferrable.
11. The Applicant herein acknowledges that, pursuant to Kentucky law, KRS 383.085(7), "misrepresentation of an assistance animal is a violation with a fine up to \$1,000.00."
12. Only current Resident-Members in good standing of the FHMOC may submit an application herein.

#### NOTICE

**All applications will be submitted to and reviewed by the Board of Directors and its legal counsel. Applicants will be notified, in writing, of a final decision by the Board within ten (10) days of Board review. All applications will be reviewed by the Board of Directors at said Board's next regular monthly Board meeting following the date of the submission of the COMPLETED application.**

**I, a resident of Fincastle Heights Mutual Ownership Corporation, do hereby acknowledge that I have read and completely understand the terms and conditions contained in this application, that I have received a copy of this completed, dated, and signed document/application, and that I agree to comply with all rules described therein.**

\_\_\_\_\_ Signature of Applicant  
Applicant (Print name)

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

**OFFICE USE ONLY**

Date form/application received by FHMOC office: \_\_\_\_\_.

Date reviewed by FHMOC Board of Directors/legal counsel: \_\_\_\_\_.

Date of Approval/Denial by FHMOC Board of Directors: \_\_\_\_\_.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_.

If denied, reasons for denial: \_\_\_\_\_

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

Date Applicant/Resident Member informed of Board decision: \_\_\_\_\_

By (name of FHMOC representative): \_\_\_\_\_