



**ASSISTANCE ANIMAL ACCOMMODATION REQUEST POLICY**

**Sienna Residential Association  
Sienna Community Association**

STATE OF TEXAS           §  
  §  
COUNTY OF FORT BEND   §

**I. PURPOSE**

1.1 Generally, under the Fair Housing Act, 42 U.S.C. §§ 3601 et seq., as amended from time to time (the "*FHA*"), property owners associations must grant disabled residents' requests for reasonable accommodations in rules, policies, practices, or services, when necessary to afford them equal opportunity to use and enjoy a dwelling. This may include requests related to an Assistance Animal, as defined herein. This Assistance Animal Accommodation Request Policy (this "*Policy*") comprises the formal process and procedures for processing disability-related accommodation requests regarding Assistance Animals, made by or on behalf of residents within the property subject to the jurisdiction of Sienna Plantation Residential Association, Inc., sometimes doing business as Sienna Residential Association (the "*SRA*"), and within the property subject to the jurisdiction of Sienna Plantation Community Association, Inc., sometimes doing business as Sienna Community Association (the "*SCA*").

1.2 In addition to this Policy, parties seeking to request a Reasonable Accommodation are encouraged to refer to the "Guidance on Documenting an Individual's Need for Assistance Animals in Housing" portion of FHEO-2020-01, issued by the U.S. Department of Housing and Urban Development and available at HUD.gov.

**II. APPLICABILITY**

2.1 This Policy pertains to the following entities restricted by the Declaration and the Covenant (defined below):

a. Sienna Residential Association, as referenced in the Second Amended and Restated Declaration of Covenants, Conditions and Restrictions for Sienna Plantation (Sienna Plantation Residential Association, Inc.), recorded under Clerk's File Number 2012014699 in the Official Public Records of Fort Bend County, Texas, as same has been or may be amended from time to time (the "*Declaration*"), which Declaration encumbers the Sienna Plantation subdivision and any other property which has been or may be subsequently annexed thereto and made subject to the authority of the SRA; and

b. Sienna Community Association, as referenced in the Sienna Plantation Amended and Restated Master Covenant (Sienna Plantation Community Association, Inc.), recorded under Clerk's File Number 2019035843 in the Official Public Records of Fort Bend County, Texas, as same has been or may be amended from time to time (the "*Covenant*"), which Covenant encumbers the property described on Exhibit "A" to the Covenant and any other property which has been or may subsequently be annexed thereto and made subject to the authority of the SCA.

2.2 Any reference in this Policy to “Board”, “Boards”, “Association”, “Associations”, or “Developers” applies to each of these entities as the context may require. Any reference in this Policy to “Sienna” means that property encumbered by the Declaration and the Covenant, as the context may require.

2.3 Each Board is authorized by its respective Dedicatory Instruments (as that term is defined in the Texas Property Code) to adopt policies and rules pertaining to the governance of the Association that it serves. The Boards adopt this Assistance Animal Accommodation Request Policy, which runs with the land and is binding on all Owners and lots within Sienna. This Policy is effective upon the recording of same. After the effective date, this Policy replaces any previously recorded or implemented charter or policy that addresses the subjects contained in this Policy.

2.4 Invalidation of any one or more of the covenants, restrictions, or provisions contained in this Policy will in no way affect the other covenants, restrictions, conditions, or provisions, which will remain in full force and effect.

### III. DEFINITIONS

The following definitions have been taken directly from guidance issued by the U.S. Department of Housing and Urban Development

3.1 **“Assistance Animal”** means a Service Animal or a Support Animal.

3.2 **“Common Household Animal”** means a dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small, domesticated animal that is traditionally kept in the home for pleasure rather than for commercial purposes.

3.3 **“Disability”** means, with respect to a person, (1) a physical or mental impairment that substantially limits one or more major life activities, (2) a record of having such an impairment, or (3) being regarded as having such an impairment.

3.4 **“Reasonable Accommodation”** means a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a Disability to have equal opportunity to use and enjoy a dwelling, including public and common use spaces.

3.5 **“Service Animal”** means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a Disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a Service Animal must be directly related to the individual’s Disability. Performing work or tasks means the dog is trained to take a specific action when needed to assist the person with a Disability. The provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purpose of this definition.

3.6 **“Support Animal”** means any other trained or untrained animal that does work, performs tasks, provides assistance, and/or provides therapeutic emotional support for an individual with a Disability.

3.7 **“Unique Animal”** means a type of animal that is not commonly kept in households, including but not limited to reptiles (other than turtles), barnyard animals, monkeys, kangaroos, and other non-domesticated animals.

#### IV. ASSISTANCE ANIMAL ACCOMMODATION REQUEST PROCEDURE

##### 4.1 Request Procedure

a. **Necessity of the Request.** The Association is not required to provide a disabled resident an accommodation under the FHA if the disabled resident (or someone acting on his or her behalf) does not request the accommodation from the Association.

b. **Accommodation Request.** To request an accommodation relating to an assistance animal, the disabled resident (or someone acting on his or her behalf) is encouraged to complete the form attached as Exhibit I (the "Request Form") and submit it to the Association.

##### 4.2 Association's Evaluation

a. **Evaluation.** On receipt of the Request Form, the Association will evaluate the requested accommodation. If the Association believes that, while the accommodation requested by an individual is reasonable, there is an alternative accommodation that would be equally effective in meeting the individual's Disability-related needs, the Association may discuss with the individual if he or she is willing to accept the alternative accommodation.

b. **Association's Request for Additional Information.** Upon receipt of the Request Form, the Association may request additional information to evaluate the accommodation request, as follows:

###### (i) Service Animals

(1) **Information Regarding Services Provided by the Dog.** If it is not readily apparent that the dog is trained to do work or perform tasks for the benefit of an individual with a Disability, the Association may ask if the dog is required because of a Disability, and what work the dog has been trained to perform.

###### (ii) Support Animals

(1) **Information Regarding the Disability.** If the individual's Disability is not known or readily apparent, the Association may ask that the requesting party provide reliable documentation that establishes that individual qualifies as having a Disability.

(2) **Information Regarding the Accommodation Requested.** If the Request Form submitted to the Association is unclear regarding the accommodation requested, the Association may ask that the requesting party provide additional documentation that describes or explains the needed accommodation.

(3) **Information Regarding the Relationship Between the Disability and Requested Accommodation.** If the individual's Disability-related need for the requested accommodation is not readily apparent, the Association may request that the individual provide reliable documentation that establishes that the requested accommodation is needed because of the individual's Disability.

(4) **Information Regarding Unique Animals.** If the request involves a Unique Animal, the requesting party has the substantial burden of demonstrating a Disability-related therapeutic need for the specific animal or specific type of animal. Per the U.S. Department of Housing and Urban Development's "Guidance on Documenting an Individual's Need for Assistance Animals in Housing", it may be helpful for individuals to ask a health care professional to provide the following information:

(A) The date of the last consultation with the individual;

(B) Any unique circumstances justifying the individual's need for the particular animal (if already owned or identified by the individual) or particular type of animal; and

(C) Whether the health care professional has reliable information about the specific animal or whether they specifically recommended this type of animal.

(5) **Documentation from the Internet.** Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Such documentation is not, by itself, sufficient to reliably establish that an individual has a non-observable Disability or Disability-related need for an Assistance Animal. By contrast, many legitimate, licensed healthcare professionals deliver services remotely, including over the internet. One reliable form of documentation is a note from a person's health care professional that confirms a person's Disability and/or need for an animal when the provider has personal knowledge of the individual.

c. **Temporary Contingent Exception.** Upon receipt of a request from a requesting party, the Association will grant the person on whose behalf the accommodation has been requested a temporary exception pending the outcome of the requesting party's accommodation request. If the Association requests the additional information described above and the requesting party does not provide such information, the Association may deny the accommodation request.

#### 4.3 Association Decision

a. **Decision.** After considering the request and any additional information received by the Association, and any other matters permitted by law, the Association will inform the requesting party whether the requested accommodation is granted or denied. The Association may deny an accommodation request under this Policy for any reason permitted by law. If the Association grants the requested accommodation, the Association will notate in its records that the Assistance Animal is permitted as a reasonable accommodation, and is permitted to access "no pet" areas.

b. **Interactive Process.** The Association may deny a requested accommodation if providing the accommodation would impose an undue financial or administrative burden on the Association or it would fundamentally alter the nature of the Association's operations. In evaluating an accommodation request under this Policy, the Association may discuss with the requester whether there is an alternative accommodation that would effectively address the requester's

disability-related needs without a fundamental alteration to the Association’s operations and without imposing an undue financial and administrative burden.

c. **Direct Threat.** The Association may deny an accommodation request under this Policy if the Association determines that (i) the specific Assistance Animal in question poses a direct threat to the health or safety of others that cannot be reduced or eliminated by another reasonable accommodation, or (ii) the specific Assistance Animal in question would cause substantial physical damage to the property of others that cannot be reduced or eliminated by another reasonable accommodation.

d. **Reconsidering the Decision.** After the Association has decided whether to grant or deny an accommodation request under this Policy, the Association may change its decision on the receipt of additional information pertaining to the reasonableness of the accommodation requested.

4.4 **Confidentiality of Disability-Related Information.** Any disability-related information received by the Association in response to the Association’s request(s) for additional information will not be shared with other persons unless they need the information to make or assess a decision to grant or deny a reasonable accommodation request or unless disclosure is required by law (e.g., a court-issued subpoena requiring disclosure).

**V. MISCELLANEOUS**

5.1 **Scope of the Policy.** This Policy is intended to establish formal procedures and forms for processing Assistance Animal-related requests for reasonable accommodation under the FHA. Nothing in this Policy is to be interpreted as requiring the Association to grant or deny any particular accommodation request. Nothing in this Policy is intended to create any presumptions of reasonableness or unreasonableness regarding any specific accommodation requests. To the extent this Policy conflicts or is inconsistent with the FHA, the FHA controls.

5.2 **Severability.** If any governmental agency or court of competent jurisdiction determines that any provision of this Policy is invalid, illegal, or unenforceable: (a) the invalid, illegal, or unenforceable provision will be severed from this Policy, and (b) the validity, legality, and enforceability of the remaining provisions of this Policy will not be affected.

5.3 **Waiver.** If the Association fails to enforce any term or provision of this Policy, the failure (a) will not be deemed to be a waiver of the term or provision, and (b) will not preclude the Association from later enforcing the term or provision.

Policy Name	Approved/Finalized	Revised
Assistance Animal Accommodation Request Policy	October 23 and 24, 2023	

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[SIGNATURE PAGES FOLLOW]

**CERTIFICATION**

I certify that, as Secretary of the Sienna Plantation Residential Association Inc., the foregoing Assistance Animal Accommodation Request Policy was approved on the 24<sup>th</sup> day of October, 2023, at a meeting of the Board of Directors at which a quorum was present.

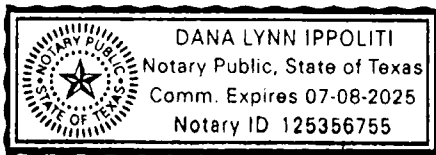
DATED, this the 24<sup>th</sup> day of October, 2023.

By: [Signature]  
Print Name: Derek Goff  
Title: Secretary

STATE OF TEXAS           §  
  §  
COUNTY OF Fort Bend §

BEFORE ME, on this day personally appeared Derek Goff the secretary of the Sienna Plantation Residential Association, Inc., known by me to be the person whose name is subscribed to this instrument, and acknowledged to me that s/he executed the same for the purposes and in the capacity expressed in this Policy, and as the act and deed of said corporation.

Given under my hand and seal of office, this 24<sup>th</sup> day of October, 2023.



[Signature]  
Notary Public – State of Texas

**CERTIFICATION**

I certify that, as President of the Sienna Plantation Community Association Inc., the foregoing Assistance Animal Accommodation Request Policy was approved on the 23<sup>rd</sup> day of October, 2023, at a meeting of the Board of Directors at which a quorum was present.

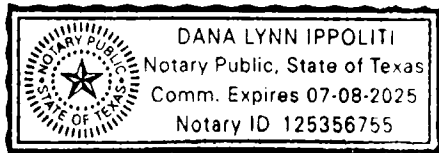
DATED, this the 23<sup>rd</sup> day of October, 2023.

By: J.F. Jenkins  
Print Name: Jimmie F. Jenkins  
Title: President

STATE OF TEXAS §  
  §  
COUNTY OF Fort Bend §

BEFORE ME, on this day personally appeared Jimmie F. Jenkins the President of the Sienna Plantation Community Association, Inc., known by me to be the person whose name is subscribed to this instrument, and acknowledged to me that s/he executed the same for the purposes and in the capacity expressed in this Policy, and as the act and deed of said corporation.

Given under my hand and seal of office, this 23<sup>rd</sup> day of October, 2023.



Dana L. Ippoliti  
Notary Public – State of Texas

APPROVAL BY TOLL-GTIS PROPERTY OWNER, LLC

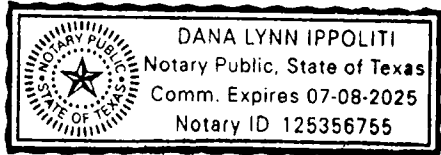
APPROVED, this the 23<sup>rd</sup> day of October, 2023.

TOLL-GTIS PROPERTY OWNER, LLC, a Texas limited liability company

By: Jimmie F. Jenkins  
Printed Name: Jimmie F. Jenkins  
Title: Authorized Representative

THE STATE OF TEXAS §  
COUNTY OF Fort Bend §

This instrument was acknowledged before me this 23<sup>rd</sup> day of October, 2023, by Jimmie F. Jenkins Authorized Rep. of Toll-GTIS Property Owner, LLC, a Texas limited liability company, on behalf of said company.



Dana Ippoliti  
Notary Public – State of Texas

After Recording Return To:  
Dana Ippoliti  
Sienna Associations  
9600 Scanlan Trace  
Missouri City, TX 77459



**Exhibit 1**

**Request Form**

*[see attached.]*

**ASSISTANCE ANIMAL ACCOMMODATION REQUEST FORM**

Pursuant to the Assistance Animal Accommodation Request Policy, I hereby submit this Assistance Animal Accommodation Request Form (the "Request Form").

**Resident's Information**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**Applicant's Information\***

*\*Complete this section if the Applicant is submitting this Request Form on behalf of a resident.*

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**Assistance Animal Information**

Type of Assistance Animal: \_\_\_\_\_

Assistance Animal Name: \_\_\_\_\_

**Disabled Status**

Under the Fair Housing Act, "Disability" means, with respect to a person, (1) a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) a record of having such an impairment, or (3) being regarded as having such an impairment. By submitting this Request Form, I certify that the above-named resident qualifies as having a disability under the Fair Housing Act ("FHA").

**Accommodation Requested**

As a reasonable accommodation under the FHA, I request that the above-named resident be allowed to have and keep the assistance animal described above be allowed to accompany the above-named resident to any and all "no pet" common areas. I am also requesting the following additional reasonable accommodations (if any) relating to the assistance animal described above: \_\_\_\_\_

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

**Nexus Between Disability and Requested Accommodation\***

*\*Complete this section only if the need for the assistance animal is not readily apparent or known by the Association.*

The above-named resident needs to be able to have and keep the assistance animal described above because of a disability. Specifically, this is how the assistance animal works, provides assistance, performs tasks or services for the above-named resident, or provides emotional support that alleviates one or more of the identified symptoms or effects of the above-named resident's existing disability: \_\_\_\_\_

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

I hereby submit this Assistance Animal Accommodation Request Form pursuant to the Assistance Animal Accommodation Request Policy.

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

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

**How to Submit**

- Via email to [modifications@clubsienna.com](mailto:modifications@clubsienna.com) with the subject line "Request for Reasonable Accommodation"
- In person at or via mail to:

Sienna Associations  
Attn: Modifications  
9600 Scanlan Trace  
Missouri City, Texas 77459

Email or in-person submission is preferred to ensure receipt of your request. If submitting via mail, please consider sending the request via certified mail or another method that provides a tracking number that can be used to confirm delivery.