${LETTER\_HEAD\_IMAGE}

${DATE1}

To Whom It May Concern:

${TITLE} ${FIRST\_NAME} ${LAST\_NAME} is currently engaged in mental health services through my private practice and has completed a thorough psychosocial assessment to determine ${HIS\_OR\_HER} need for an Emotional Support Animal as part of ${HIS\_OR\_HER} overall treatment plan. I am familiar with ${HIS\_OR\_HER} history and with the functional limitations imposed by ${HIS\_OR\_HER} psychological impairment, as defined by the Diagnostic and Statistical Manual – Edition 5.

${DISABILITY\_BLOCK}

${TITLE} ${LAST\_NAME}’s ${PET\_TYPE}, ${PET\_NAME}, a ${PET\_WEIGHT} lb ${PET\_BREED}, currently provides emotional support by ${DISABILITY\_NEED} which successfully ameliorates the effects of ${HIS\_OR\_HER} disability, so that ${TITLE} ${LAST\_NAME} can ${DISABILITY}, a major life activity, without substantial limitation, and is therefore considered an Emotional Support Animal under the Fair Housing Act. If ${TITLE} ${LAST\_NAME} could not live with, nor be accompanied by ${HIS\_OR\_HER} ${PET\_TYPE}, ${HIS\_OR\_HER} ability to ${DISABILITY} would be substantially limited.

${/DISABILITY\_BLOCK}

${NO\_DISABILITY\_BLOCK}

${TITLE} ${LAST\_NAME} has certain limitations regarding coping with symptoms that stem from ${HIS\_OR\_HER} disability. I am prescribing an emotional support animal to assist ${TITLE} ${LAST\_NAME} in coping with these symptoms. An emotional support animal will significantly help in alleviating ${TITLE} ${LAST\_NAME} symptoms and will enhance ${HIS\_OR\_HER} ability to live independently and to fully use and enjoy the dwelling unit you own and/or administer.

${/NO\_DISABILITY\_BLOCK}

Please make a reasonable accommodation so that ${FIRST\_NAME} ${LAST\_NAME} is permitted to live with an Emotional Support Animal in ${HIS\_OR\_HER} dwelling, despite any rules, policies, procedures or regulations restricting or limiting animals so that ${TITLE} ${LAST\_NAME} can enjoy the benefits of fair housing, per the Fair Housing Act as amended in 1988 and the FHEO Notice-2020-01. This letter expires on ${ONE\_YEAR}, at which time ${FIRST\_NAME} ${LAST\_NAME} will be assessed for continued need of an emotional support animal.

${CUSTOM\_DATA}

Sincerely,

[sig|req|signer1]

${SIGNATURE}

Licensed Mental Health Professional

${STATE} License # ${LICENSE\_NUMBER}

CC: Client’s Clinical Chart