

[Licensed Mental Health Professional Letterhead]

Date: [MM/DD/YYYY]

[Property Management Company/Landlord]

[Property Address]

[City, State ZIP]

RE: Emotional Support Animal Accommodation Request for [Patient Name]

To Whom It May Concern,

I am writing this letter as a licensed mental health professional [License Type and Number] treating [Patient's Full Name], who is currently seeking to rent an apartment at [Property Address].

I hereby confirm that:

1. Patient Information:

- Name: [Patient's Full Name]
- Current Patient Status: Active
- Diagnosis: [Patient] has been diagnosed with a condition listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The specific diagnosis is [ICD-10 Code: FXX.X - Brief Description]

2. Treatment Relationship:

- [Patient] has been under my professional care since [MM/YYYY]
- Our most recent consultation occurred on [MM/DD/YYYY]
- Our treatment plan is ongoing and includes regular sessions

3. Necessity of Emotional Support Animal:

- I have determined that an emotional support animal is necessary for [Patient]'s mental health
- The presence of the emotional support animal alleviates significant symptoms related to [Patient]'s condition
- Without accommodation for this emotional support animal, [Patient]'s condition is likely to be exacerbated
- The emotional support animal provides therapeutic benefits that cannot be achieved through other treatment methods alone

4. Animal Information:

- Type/Breed: [Animal Type/Breed]
- Name: [Animal Name]
- Age: [Animal Age]
- Weight: [Animal Weight]

This letter is written in accordance with the Fair Housing Act (42 U.S.C. § 3601 et seq.), which requires housing providers to make reasonable accommodations for persons with disabilities, including those requiring emotional support animals.

Please note that emotional support animals are not required to have specialized training (unlike service animals) as their therapeutic benefit is derived from their presence and companionship.

If you require verification of my credentials or additional information regarding this accommodation request, please contact me directly at the information provided below. I would be happy to answer any questions regarding this recommendation within the bounds of patient confidentiality.

Sincerely,

[Signature]

[Full Name of Licensed Professional], [Credentials]

[License Type and Number]

[Practice Name]

[Practice Address]

[Phone Number]

[Email Address]