

**[Licensed Professional's Letterhead]**

[Name of Professional]

[License Type and Number]

[Address]

[Phone Number]

[Email Address]

**Date:** [Current Date]

**To:** [Landlord or Property Manager Name]

**Re:** Housing Accommodation for [Patient's Full Name]

Dear [Landlord or Property Manager Name],

I am a licensed [Mental Health Professional/Doctor] in the state of [State], and I am currently providing professional care for [Patient's Name]. I am intimately familiar with [Patient's Name]'s medical history and the functional limitations associated with their disability.

The patient has a mental or emotional disability that substantially limits one or more major life activities. To help alleviate the symptoms of this disability and to enhance the patient's ability to live independently and use the dwelling, I have prescribed an Emotional Support Animal (ESA).

Under the Fair Housing Act, [Patient's Name] is entitled to a reasonable accommodation for their emotional support animal. Specifically, [Patient's Name] requires a [Species of Animal, e.g., Dog/Cat] to provide necessary support.

This animal is not a pet, but rather an integral part of the treatment plan for [Patient's Name]'s disability. Please grant the necessary accommodation to allow [Patient's Name] to keep this emotional support animal in their residence.

If you have any further questions regarding this request, please feel free to contact my office.

Sincerely,

[Signature of Professional]

[Printed Name of Professional]

[Title and Credentials]

[License Number and State of Issuance]