

Date: [Date]

To: [Property Manager/Landlord Name]

[Housing Provider Name]

[Address]

Re: Verification of Service Animal for [Tenant Name]

To whom it may concern,

I am a [Healthcare Professional Title, e.g., Physician, Psychiatrist, Social Worker] for [Tenant Name]. I have a professional relationship with the individual and am familiar with their functional limitations.

This letter is to verify that [Tenant Name] has a disability as defined by the Americans with Disabilities Act (ADA) and the Fair Housing Act. Due to this disability, [Tenant Name] utilizes a service animal that has been individually trained to do work or perform tasks for their benefit.

Specifically, the animal performs the following task(s) or work to mitigate the tenant's disability: [Describe task, e.g., alerting to seizures, guiding, providing stability, etc.].

Under the Fair Housing Act, housing providers are required to provide reasonable accommodations for individuals with disabilities who utilize service animals. This includes waiving "no pet" policies and exempting the tenant from pet fees or deposits associated with the animal.

Thank you for your cooperation in providing this necessary accommodation.

Sincerely,

[Signature]

[Printed Name of Professional]

[Professional License Number]

[Organization/Clinic Name]

[Phone Number]

[Email Address]