

# Optional Certification Letter re: Request for Accommodation of Assistance Animal\*

## Association of Apartment Owners of The Villages at Waipio

1. My patient ("Patient") is \_\_\_\_\_ whose address is:

\_\_\_\_\_

2. My name, business address, and business telephone number are as follows:

(Name): \_\_\_\_\_

(Address): \_\_\_\_\_

(Business Telephone Number): \_\_\_\_\_

3. I am a health professional in the State of \_\_\_\_\_.

4. I am certified in the following health specialty(ies), if any:

\_\_\_\_\_

5. The Federal Fair Housing Act defines a handicap with respect to a person as "(1) 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 impairment, but such term does not include current, illegal use of or addiction to a controlled substance (as defined in section 802 of Title 21)".

Section 515-2 of the Hawaii Revised Statutes defines "disability" as "having a physical or mental impairment which substantially limits one or more major life activities, having a record of such impairment, or being regarded as having such impairment. The term does not include current illegal use of or addiction to a controlled substance or alcohol or drug abuse that threatens the property or safety of others."

\_\_\_\_\_ Patient IS handicapped under the Fair Housing Act of 1988 and/or is disabled under Chapter 515, Hawaii Revised Statutes

\_\_\_\_\_ Patient IS NOT handicapped under the Fair Housing Act of 1988 and/or disabled under Chapter 515, Hawaii Revised Statutes.

\* **Use of this form is not mandatory.** It is to facilitate the Association and resident in an interactive process to review the request for an assistance animal. **Submission of this Certification Letter is optional.** Depending on the nature of the request for accommodation of an assistance animal, the Association may or may not request information similar to those sought herein, to verify the request.

\_\_\_\_\_ I DON'T KNOW whether Patient is handicapped under the Fair Housing Act of 1988 and/or disabled under Chapter 515, Hawaii Revised Statutes.

6. Patient has asked that he/she be permitted to keep an Assistance Animal at The Villages of Waipio under the Fair Housing Act of 1988 and/or Chapter 515, Hawaii Revised Statutes.
7. With regard to the issue of whether the Assistance Animal is or is not necessary to enable Patient to have an equal opportunity to use and enjoy The Villages of Waipio, my opinion is as follows:

\_\_\_\_\_ YES. There is a relationship between the Patient's handicap or disability and the need for the Assistance Animal. If this line is checked, please choose one of the following:

\_\_\_\_\_ NO. There is no identifiable relationship between the Patient's handicap or disability and the need for the Assistance Animal.

\_\_\_\_\_ I DON'T KNOW whether there is an identifiable relationship between the Patient's handicap or disability and the need for the Assistance Animal.

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

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