

**HEALTH PROVIDER'S ASSISTANCE ANIMAL
VERIFICATION LETTER**

To: Board of Directors
AO Kalele Kai

1. My patient ("Patient") is _____, whose current residence address is:

2. My name, business address, and business telephone number are as follows:
(Name): _____
(Address): _____
(Business Telephone No.): _____

3. I am a duly licensed (circle one) physician/nurse/other (please state below if other) in the State of Hawaii or _____, and also certified in the following medical specialty(ies), if any:

4. The Fair Housing Amendments Act of 1988 defines "handicap", with respect to a person as "(1) a 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 an impairment, but such term does not include current, illegal use of or addiction to a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802))." In order to constitute a physical or mental impairment within the meaning of the Act, a condition must be permanent or long-term rather than temporary.

Furthermore, Section 515-2 of the Hawai'i 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 an impairment, or being regarded as having such an 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."

In determining whether the Patient is handicapped/disabled, I have considered whether the limitations the Patient *actually* faces are in fact substantially limiting.

The Patient is handicapped under the Fair Housing Amendments Act of 1988 or disabled under Chapter 515, Hawai'i Revised Statutes, due to the following condition(s) or for the

following reasons:

5. I am aware of the following facts: Patient is an [proposed] occupant of Apartment No. _____ ("Apartment") of the Kalele Kai condominium project ("Project"). The Association's governing documents preclude occupants from having cats and/or dogs on certain portions of the common elements and/or recreational areas of the Project.

6. As a result of the Patient's physical and/or mental conditions described above, Patient does not have an equal opportunity to use and enjoy the Apartment and/or Project for the following reasons:

7. Patient has requested permission from the Association's Board of Directors to keep a assistance animal in the Apartment, notwithstanding the herein described pet restrictions.

The Board of Directors requires completion of this form to consider Patient's request based upon the rules, regulations or policies of the Association.

8. Based upon a reasonable medical probability that the keeping of a assistance animal in the Apartment will alleviate or mitigate Patient's handicap/disability described in Paragraph 5 above or otherwise assist Patient in having full enjoyment and use of Patient's Apartment in the Project or the common facilities to the extent that Patient is unable to have such use as a result of Patient's handicap/disability, for the following reasons:

Signature: _____ Date: _____

[Please feel free to attach another page to supplement any responses above]