REQUESTING A REASONABLE ACCOMMODATION

Dear Landlord:

As a person with a disability, I, {{ full\_name }}, am requesting a reasonable accommodation at the following location, where I currently reside as a tenant:

* {{ full\_address }}

My request is based on the Fair Housing Act, 42 U.S.C. § 3604, which requires housing providers to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford a person equal opportunity to use and enjoy a dwelling.

The accommodation I am requesting is:

{{ accommodation\_description }}

I need this accommodation because

{{ why\_needed }}

I am requesting this accommodation because of my disability. Please see the attached proof of need letter. You may ask my qualified health professional to verify my disability, but you may not inquire as to the nature or severity of my disability. Please respond to this reasonable accommodation request in writing within seven (7) days. Thank you for your consideration of my request.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

PROOF OF NEED FOR A REASONABLE ACCOMMODATION

Dear Landlord:

I am currently providing health services to {{ full\_name }} in my capacity as a health professional. My client/patient has contacted me regarding their need for a reasonable accommodation. My client/patient makes this request pursuant to the Fair Housing Act, 42 U.S.C. § 3604, which requires housing providers to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling.

I have been informed that the accommodations my client/patient requests are:

{{ pon\_accommodation\_description }} {{ pon\_why\_needed }}

I am aware of the nature and extent of my client/patient’s disability, and I understand the reasons for their request for a reasonable accommodation. I verify that, in my professional judgment, my client/patient meets the definition of handicapped under the Fair Housing Act. This reasonable accommodation request is necessary to afford my client/patient the equal opportunity to use and enjoy the dwelling unit in which they reside, as provided by the Fair Housing Act.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Professional Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Business address]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Business phone #]