REQUEST FOR AN ACCOMMODATION OF A HOUSING POLICY

_____
_____
_____
Name and Address of Landlord

_____
Date

Dear _____:
Name of Landlord

I qualify as an individual with a disability as defined by federal and state fair housing laws. I am requesting an accommodation because of my disability for the rental unit located at _____. My accommodation request
Rental Unit Address (street, town, zip code)
concerns the following practice or policy:

_____
_____
_____

Due to my disability, this policy would restrict my ability to use and enjoy an apartment located above. In accordance with my rights under federal and state fair housing laws, I am requesting that you make an accommodation for me regarding the policy referred to above and allow me to

_____
_____
_____
_____
_____
Specific Accommodation Requested

Please respond in writing, within ten working days, to my request for the above accommodation. Thank you in advance for your attention to this important matter.

Sincerely,

_____
Name of Tenant and Contact Information

The accommodation requested above by my client _____ is
Name of Tenant
consistent with needs associated with this individual's disability.

_____ _____

(Signature of Medical Professional, Care Giver, or Person who has Professional Knowledge of the Tenant's Disability) (Date)

_____

(Printed Name and Title)