REQUEST FOR A REASONABLE MODIFICATION

_____
_____
_____
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 a reasonable modification because of my disability for the rental unit located at _____. My modification request
Rental Unit Address (street, town, zip code)
concerns the following physical barrier or impediment to my use and enjoyment of an apartment at this location:

_____
_____
_____

In accordance with my rights under federal and state fair housing laws, I am requesting that you allow a modification for me regarding this barrier as follows:

_____
_____
_____
_____
_____
Specific Modification Requested

Please respond in writing, within ten working days, to my request for the above modification. I appreciate your prompt attention to this request.

Sincerely,

_____
Name of Tenant and Contact Information

The modification 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)