Chapter 4: Sample Letter to Request a Reasonable Accommodation

REQUEST FOR REASONABLE ACCOMMODATION

NAME: ____________________________
ADDRESS: __________________________
PHONE: ____________________________

Examples of information that may need to be included in your letter:
I am a person with a disability as defined by one or more of the following: A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or is regarded as having such an impairment.

**If I am not the person with a disability, the following member of my household has a disability as defined above:
Name: ____________________________
Relationship to you (e.g. child, parent):

As a result of this disability, I am requesting the following reasonable accommodation for my household:

A change in my apartment/unit or other part of the housing development.
Specifically:

A change in the following rule, policy/procedure or voucher policy.
Specifically:

Other:

This request for reasonable accommodation is necessary so that I can:

Keep Your Housing! • Page 11
I will verify that I have or someone in my household has a disability and we have the need for the reasonable accommodation I have requested. In order to verify this information, I will upon request provide documentation from a physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled, or other expert in the field of: ____________________________.

Name: ____________________________
Title of professional or expert: ____________________________
Agency/Clinic/Facility: ____________________________
Address: ____________________________
Telephone: ____________________________
Fax: ____________________________

This information must be kept completely confidential and used solely to make a determination on my reasonable accommodation request. Please reply as promptly as possible regarding a determination of this request. I may be in telephone contact to follow up on this request.

Thank you,
Signed: ____________________________
[**Head of household or authorized representative]
Date: ____________________________
Witness: ____________________________
Date: ____________________________

**If on behalf of a minor child, please indicate whether you are the parent or guardian. Where the individual with the disability is over 18 and is not the head of household, s/he should sign the authorization for verification.