[First and Last Name or Company of Housing Provider]

[Housing Provider or Company Address]

[City] [State], [Zip Code]

[Date the letter is being written]

Re: [Your first and last name] request for a [reasonable accommodation or modification]

Dear [ Housing Provider or Company Name]:

My name is [Your first and last name] and I am a tenant at [Your address or Complex Name]. I am an individual with a disability. My disability limits my [List Limitation here, see below on page 2]. At this time, I am requesting the accommodation described below. This accommodation is necessary to afford me full and equal use and enjoyment of my home.

I request a change, exception or adjustment in the following rules, policies, practices, or services [List the current rule, policy, practice or service here, see examples on page 2]. [List the accommodation request here, see examples on page 2].

Please respond in writing by [7-10 Days after the date of the letter] to inform me whether you will grant my request for a reasonable accommodation. I can be reached by phone at [Your Phone Number] or by email at [ Your Email].

Sincerely,

[Your Name]

**Examples**

**Letter Example:**

*Bobby Smith*

*1234 Smooth Avenue*

*Pentucky, Ohio 54321*

*February 2, 2022*

*Re: Jane Doe`s request for a reasonable accommodation*

*Dear Bobby Smith:*

*My name is Jane Doe. I reside at 4321 Easy St, Pentucky, Ohio 54321. I am an individual with a disability. My disability limits my ability to see. Accordingly, I am requesting the accommodation described below. This accommodation is necessary to afford me full and equal use and enjoyment of my home.*

*I request a change, exception or adjustment in the following rules, policies, practices, or services documentation given regarding my unit. Due to my disability, I am requesting that any time a notice is issued, that I be given a phone call informing me of what is in the notice.*

*Please respond in writing by February 11, 2022, to inform me whether you will grant my request for a reasonable accommodation. I can be reached by phone at 555-555-5555 or by email at janedoe@gmail.com.*

*Sincerely,*

*Jane Doe*

**Examples:**

**Limitation:** Mobility **Current Rule, Policy or Practice:** Current Assigned Parking spots. **Accommodation request:** Due to my mobility limitations, I require a parking spot near the front of my unit.

*“I request a change, exception or adjustment in the following rules, policies, practices, or services to my current assigned parking spot. Due to my mobility limitations, I require a parking spot near the front of my unit.”*

**Limitation:** when my income is received **Current Rule, Policy or Practice:** Rent is due on the 1st of the month. **Accommodation request:** Due to being on Social Security Disability, I do not receive my monthly income until the 10th of the month. I am requesting that my rent due date be changed to the 11th, and I am not charged late fees for payment made on the 11th.

*I request a change, exception or adjustment in the following rules, policies, practices, or services to my rent being due on the 1st of the month. Due to my being on social security disability, I do not receive my monthly income until the 10th of the month. I am requesting that my rent due date be changed to the 11th, and I am not charged late fees for payment made on the 11th.*