

Fair Housing Reasonable Accommodation Request

Date: _____

Housing Provider's Name: _____

Housing Provider's Address: _____

Dear _____,

I, _____ am a resident applicant for housing at _____
_____. I am writing to request a reasonable accommodation which is covered by the Fair Housing Act. I am requesting:

- I have a **(specific disability)** that, when untreated, caused me to have certain behaviors that led to my inability to conform to the requirements of my lease and therefore to receive a poor landlord reference. Since the date of the landlord's reference (or since DATE) I have been receiving treatment for this condition and I no longer have symptoms. I do not pose any threat to the health and safety of others. I have a case manager to help me manage my symptoms, monitor my medication and continue my treatment.

This request is necessary due to my disability. Verification that I have a disability and related need for the accommodation requested in this letter is attached. Please provide a written response to this request within ___7___ business days.

If I do not hear from you I will assume you have denied my request. Thank you.

Sincerely,
