

Sample Reasonable Accommodation Support Letter

- should be on letterhead
- should accomplish the following 3 things:
 1. verify that the person meets the Fair Housing Act's definition of disability (need not mention specific diagnosis, but must be clear that the person's condition rises to the level of a disability)
 2. describe the needed accommodation/modification
 3. show the relationship between the person's disability and the need for the requested accommodation/modification ("need" should be distinguished from "may benefit" or "is recommended")
- may be written by a doctor or other medical professional, peer support group, non-medical service agency, or reliable third party who is in a position to know about the individual's disability

Date

Dear **(Housing Provider)**:

(Name of tenant) is my client/patient, and has been under my care since **(date)**. I am familiar with his/her history and disability-related functional limitations. She/he meets the definition of disability under the fair housing laws.

To enhance his/her ability to live independently and to have full use and enjoyment of his/her dwelling, I am prescribing/recommending **(insert need)**

Example 1: a transfer to a first floor unit

Example 2: an emotional support dog, cat, bird, etc. (be as specific as possible about the kind of animal(s) needed and mention if the patient has the animal(s) already)

that will assist **(name of tenant)** with the functional limitations associated with his/her disability.

Specifically, **(please provide information demonstrating how the accommodation is needed or necessary to alleviate one or more identified symptoms or effects of an existing disability or how the disability will be exacerbated in the absence of the accommodation)**

Example 1: the tenant has increasing difficulty climbing stairs due to a disability and needs a first floor unit to ensure health and safety, reduce stress on mobility limitations, have safer and increased access to laundry facilities, have safe egress options in event of emergency, etc.

Example 2: the emotional support animal (dog, cat, bird, etc.) is necessary to ease disability-related stress and anxiety, decrease heart rate, ameliorate or reduce likelihood of panic episodes, increase capacity for social interaction, allow for continued health and stability, increase focus necessary for positive school or work performance, improve physical, emotional and psychological functioning, etc.

I am available to answer any questions you may have concerning my verification of **(name of tenant)**'s request.

Sincerely,

Signature and Name of Professional

Sample Response to Reasonable Accommodation and/or Reasonable Modification Request

Dear _____ (name), on _____ (date) you requested the following reasonable accommodation and/or modification for yourself or a guest, household member, or person associated with you:

IN RESPONSE, WE HAVE:

Approved your request (check all that apply).

- The accommodation or modification is granted effective immediately.
- We will provide the accommodation/modification by _____ (date).
- Please contact me immediately to discuss and finalize details or paperwork regarding the approval of your request.
- To make the change you requested, we must have bids and then arrange installation or we must order certain equipment. We anticipate that the change will be made by _____ (date), and we will notify you if there will be a delay. If you feel that this will take too long, please contact me immediately.

Not approved your request, because we need more information to properly consider the request (check all that apply):

- Please provide information to verify that you, your guest, household member, or person associated with you has a disability, as defined by federal and/or state law. You do not have to provide specific information about the disability or a diagnosis.
- Please provide more information or documentation (i.e. letter from medical professional, caseworker, service provider, peer support group, etc.) to explain the specific connection between the disability and the need for the requested accommodation or modification.
- Please provide a more detailed description of the proposed modification.
- Please provide assurance that the proposed modification will be done in a professional manner and that required building permits will be obtained.

Not approved your request, but instead offer the following alternative: _____

Because (fill in reason for offering alternative): _____

If you have questions or think that this alternative will not meet your needs, please contact me immediately.

Denied your request, because (check all that apply):

- You were unable to verify that you, or your guest, household member or person associated with you has a disability, as defined by federal and/or state law.
- You were unable to demonstrate that the accommodation or modification is needed because of a disability.
- The accommodation and/or modification you requested is not reasonable because:
 - It will cost (fill in amount) \$_____ and/or _____ hours of staff time to make the change you requested and this is an undue burden on our operations.
 - It will fundamentally change the nature of our operations.

Please contact me immediately so that we can discuss whether there are alternative accommodations that would effectively meet your needs.

To make this decision, we spoke with the following people and/or took the following into consideration:

If you have any questions, have more information to provide or disagree with this decision, please contact me:

Name: _____ Title: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____