

REQUEST FOR A REASONABLE MODIFICATION

DATE: _____

RE: Request for modification at _____(ADDRESS)

Dear _____,
NAME OF PROPERTY OWNER/MANAGER

I qualify as an individual with a disability as defined by federal and state fair housing laws.

You have a building located at (ADDRESS)_____ where I am requesting a modification because of my disability. The particular barrier or impediment that prompts my modification request is _____

_____. Because of my disability, that barrier or impediment would restrict my ability to use and enjoy an apartment in that building.

In accordance with my rights under federal and state fair housing laws, I am requesting that you allow the following modification for me (MODIFICATION REQUESTED)_____

Please respond in writing, within ten working days, to my request for the above modification.
Thank you in advance for your attention to this important matter.

SIGNATURE

PRINTED NAME

The modification requested above by _____ (NAME OF TENANT) is 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)

PRINTED NAME AND TITLE

DATE