

S A M P L E S A M P L E S A M P L E
REASONABLE ACCOMMODATION REQUEST FOR A CURRENT TENANT

DATE: _____

BUILDING MANAGER

LANDLORD

NAME: _____

ADDRESS: _____

DEAR: _____

I live at _____.

I am a person with a disability as that term is defined under the “Americans with Disabilities Act,” the “Fair Housing Act,” and the “North Carolina Fair Housing Act.” This means that I have a physical or mental impairment, which substantially limits one or more of my major life activities. My disability prevents me from _____.

I am requesting the following reasonable accommodation(s): _____
_____.

I have attached verification of my disability from _____ (a
medical professional), which describes the functional limitations I experience and the
accommodation(s) I need in order to compensate for my disability. I need the requested
accommodation so that I can have full use and enjoyment of my home.

If you have any questions about your obligation to provide reasonable accommodations for tenants with disabilities under the ADA, and Federal and State Fair Housing laws, please contact the Atlanta Regional office of Housing and Urban Development (HUD) at (404) 331-514; Toll Free: 1-800-440-8091; and on the web at <http://www.hud.gov/offices/ftheo> OR the North Carolina Human Relations Commission at (919) 789-5930; Toll Free 1-866-324-7474 (1-866-Fair Hsg).

Please reply to my request for a reasonable accommodation in writing within the next ten (10) business days. If you have any questions about my request, please do not hesitate to contact me at () - . I look forward to your response and appreciate your prompt attention to this matter.

Sincerely,

[Signature]