[TO BE PRINTED ON PROFESSIONAL LETTERHEAD]

[DATE]

[NAME OF LANDLORD/ HOMEOWNERS’ ASSOCIATION PRESIDENT]

[ADDRESS OF LANDLORD/HOMEOWNERS ASSOCIATION]

Dear [LANDLORD/HOMEOWNERS’ ASSOCIATION PRESIDENT],

I have been treating [PATIENT’S NAME] since [DATE OF FIRST APPOINTMENT]. I am familiar with [PATIENT’S NAME]’s medical condition and the substantial functional limitations it imposes. These limitations include [LIST OF LIMITATIONS FOR WHICH THE REQUESTED REASONABLE ACCOMMODATION(S) OR MODIFICATION(S) IS/ARE NEEDED].

[PATIENT’S NAME] needs [REQUESTED REASONABLE ACCOMMODATION(S) OR MODIFICATION(S) to continue residing in the community and enjoying their home. [DESCRIBE HOW THE ACCOMMODATION(S) OR MODIFICATION(S) WILL ASSIST THE PATIENT USE AND ENJOY THE PREMISES.]

Thank you for your prompt attention assisting [PATIENT’S NAME] with this matter.

Sincerely,

[HEALTH CARE PROFESSIONAL’S SIGNATURE]

[HEALTH CARE PROFESSIONAL’S NAME AND TITLE]