



REQUEST FOR A REASONABLE MODIFICATION/ACCOMMODATION: SAMPLE LETTERS

The Disability Rights Center of Maine (DRC) created these sample form letters to use when making a request for a reasonable modification/accommodation. These sample letters have been reprinted with permission from the DRC.

If you would like help making this request and you are a Maine resident who is 60 or older, call the Legal Services for the Elderly Helpline at 1-800-750-5353. If you are under 60, call the DRC at 1-800-452-1948.

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SAMPLE REASONABLE MODIFICATION LETTER

(Date)

Mr./Mrs. (Name of Housing Manager)

(Job Title of Housing Manager)

(Address)

Dear :

I am a tenant in apartment number . I am a person with a disability as that term is defined under the “Americans with Disabilities Act,” the “Fair Housing Act,” and the “Maine Human Rights Act.” This means that I have a physical or mental impairment, which substantially limits one or more of my major life activities. My disability leaves me unable to (describe here what it is that you are unable to do).

I am, therefore, requesting the reasonable modification of [describe here what you are asking for].

I need this modification because, without it, I am unable to fully use and enjoy my apartment to the same degree as people without disabilities. I am attaching a certification from my doctor stating that I meet the definition of a person with a disability.

Please respond to me in writing within seven business days.

Sincerely,

Your Name

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SAMPLE LETTER TO DOCTOR BY PATIENT

(Date)

(Doctor's Name)

(Address)

Dear Doctor :

As you know, you have been treating me for my medical conditions, including my (disability here). I am requesting an accommodation/modification from the landlord of my housing complex located at (address here) because I am entitled to such an accommodation pursuant to the Maine Human Rights Act and the Fair Housing Act. The accommodation/modification I am requesting is (accommodation here).

I need you to write a letter on my behalf in which you state the following information:

- How long you have been treating me;
- What the name of my illness is;
- What the symptoms of my illness are; and,
- How the accommodation/modification I am seeking will assist my illness so as to allow me to continue to live at my current housing complex.

Thank you for assisting me with this effort. If you have any questions, please call me at (phone number here).

Sincerely,

(Your name here)

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SAMPLE LETTER BY DOCTOR TO LANDLORD

(Date Here)

Mr./Ms. (Landlord Name Here)
(Address Here)

Re: (Patient Name) / Request For Reasonable Accommodation/Modification

Dear Mr./Ms. (Landlord Last Name Here):

I have been treating (Patient Name) as a patient for (Time Period).

My patient has the following medical conditions: (List Conditions Relevant to Accommodation/Modification Here).

My patient's medical conditions have the following symptoms: (List Symptoms Relevant to Accommodation/Modification Here).

A reasonable accommodation/modification in my patient's housing complex would assist my patient with his/her conditions and symptoms by (Explain How Accommodation/Modification Would Help).

Thus, it is my recommendation, based on my medical judgment, that (Patient Name) be granted the accommodation/modification requested.

Please call me if you have questions related to this medical judgment.

Sincerely,

(Doctor name here), M.D. (or Psychotherapist)