

# Part D: Sample Letter 1

## Request for Doctor's/Medical Provider's Note



[Date]

[Doctor's/Medical Provider's Name]

[Address]

Dear Doctor/Medical Provider:

As you know, you have been treating me for my medical conditions, including my [briefly describe disability]. I am requesting an accommodation from my housing provider at my housing complex located at [address] because I am entitled to such an accommodation pursuant to the federal Fair Housing Act and the California Fair Employment and Housing Act. The accommodation/modification I am requesting is [accommodation].

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

- How long you have been treating me;
- Confirmation of my disability;
- Explaining the connection between the accommodation I am seeking and my disability; and
- How the accommodation will allow me to use and enjoy my dwelling

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

Sincerely,

[Your Signature]

[Your Name]