

Request for a Reasonable Accommodation

To: _____

Address: _____

From: _____

Address: _____

Phone: _____

Property

Address: _____

The following member of my household has a disability:

This household member receives Social Security Disability (SSDI) payments due to their disability.

I am requesting the following change or changes be made and/or allowed so that the aforementioned person may have equal opportunity to use and enjoy this dwelling and common areas available to all tenants, as afforded by the Federal Fair Housing Act, Title 42 §3604, Subsections 3a and/or 3b.

Because the SSDI payments are received on the ____ day of each month, I ask that the rent payment date be moved to that date each month, and that late fees related to failure to pay rent on the 1st day of the month not be charged. I ask that any prior fees related to failure to pay by the 1st day of the month be refunded to my household.

An award document or Social Security statement showing that my household receives SSDI payments is attached to this request. Please respond to my request, in writing, within ten working days.

Signature

Date