

Verification Letter for Reasonable Accommodation

Date: _____

Dear *(housing provider / landlord's name)*: _____.

I, *(your name)* _____, write this verification letter on behalf of *(tenant name)* _____.

I am a:

- Therapist,
- Physician,
- Psychiatrist,
- Rehabilitation counselor, or
- Other professional *(describe your credentials)*: _____.

My relationship with the tenant named above is *(describe relationship with person needing an accommodation)* _____. I consider the tenant named above a person with disabilities, as defined by state and federal law.

As a reasonable accommodation the tenant named above will need *(give detail of requested accommodation—examples: a first-floor apartment without stairs; an emotional support dog; additional time to move)*.

This accommodation is related to the person's disabilities in the following way *(describe how the accommodation connects to the disability symptoms)*:

We are requesting this accommodation to help alleviate the symptoms of the above-named tenant's disabilities and to enable them to have equal access to enjoy their housing.

Sincerely,

Name of professional

Contact phone, email, or address