[Qualified Professional Letterhead]

[Date]

[Address of Housing Provider]

**RE: Certification that [Client Name] has a disability that requires a reasonable accommodation**

To Whom it May Concern,

This client has a disability. The client has:

[Description of disability. It is not necessary to include a specific diagnosis. The definition of disability under federal fair housing law is a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.]

The client’s impairment substantially limits the following life activities:

[Description of activities limited. The law lists these examples, though more are possible: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.]

Because of the client’s disability, the client needs the following accommodation so that [he/she/they] may fully use and enjoy [his/her/their] dwelling:

[Description of recommended accommodation, such as an early lease termination date.]

Please feel free to contact me at the number below if you have any questions about my client’s condition.

 Sincerely,

 [Name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [Credentials – MD, LCSW, NP, etc.]

[Phone]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_