Your Agency Letterhead

SAMPLE VOD LETTER

[Date]

Housing Authority of the County of Santa Cruz

Reasonable Accommodation Department

2160 41st Avenue

Capitola, CA 95010

Re: Reasonable Accommodation/Modification for [Requester’s Name]

To Whom It May Concern:

I am writing as a [medical provider, social worker, or knowledgeable professional] in a position to know about [requestor’s name]’s disability. [Requestor’s name] is an individual with a [permanent or temporary – please select one] disability as defined by the Fair Housing Act.

Due to [his/her/their] disability, [he/she/they] require(s) the following accommodation or modification: [Examples: live in aid, an extension, reinstatement of voucher, extension to submit required documents or comply with program requirements, etc.].

[Requester’s name] disability affects their ability to [identify major life activity, which is affected by the disability - include clear and inclusive description here - this is the NEXUS]

The request presented above is necessary in connection with their disability.

Your prompt review and written approval of this request is appreciated.

Signed, [Name, Title, & Contact Information]