**Sample Letter from a Service Provider**

[Name of Professional

Job Title / Credentials as therapist, physician, psychiatrist, rehabilitation counselor

XXX Road

City, State, Zip]

[Date]

Dear [Housing Authority/Landlord]:

[Full Name of Tenant] is my patient and has been under my care since [date]. I am very familiar with their history and with the functional limitations imposed by their disability. [Name of Tenant’s] condition meets the definition of disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973.

Due to [the specific disabilities], [first name] has certain limitations regarding [his/her ability to cope with stress/physical limitations/self-care, etc.]. These limitations, which have grown worse in recent months, cannot be properly addressed in the current housing because [the housing is too far from regular medical service providers/there is no elevator access to the unit and no other units are currently available/care is required immediately at a specialized facility, etc.]. In order to help alleviate these difficulties, and to enhance his/her ability to live independently, I am recommending that you allow [first name] the ability to move out as soon as possible and waive the early termination penalties that would otherwise apply to a tenant moving out early not for a disability-related reason.

Should you have additional questions, please do not hesitate to contact me.

Sincerely,

[signature]

Name of Professional