

**Request for a modification or accommodation under Section 504**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Street Address

\_\_\_\_\_  
Your City State Zip

\_\_\_\_\_  
Your Phone (optional)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Management Company

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Company City      State      Zip

Dear \_\_\_\_\_

Section 504 of the 1973 Rehabilitation Act requires landlord who receives Federal funds to make reasonable accommodations, including modification of the rental premises, to remove barriers to tenants and homeseekers with disabilities.. Under the provisions of this act, I am requesting the following accommodation to my unit.

Because of my disability (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting the following modification/accommodation: (what change do you need):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use additional space on the back if necessary)

- I am attaching copies of medical information in support of this request      or
- I will obtain medical information in support of my request if necessary.

continued....

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Please respond to this request in writing within 20 days of the date of this request.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINTED NAME

TENANTS: KEEP A COPY OF THIS LETTER FOR YOUR RECORDS  
KEEP ORIGINAL COPIES OF MEDICAL INFORMATION PROVIDED

cc: Spencer Wells, COHHIO

**Additional tenant comments (if necessary)**

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For more information about your rights and duties under the Fair Housing Act, you may visit [www.cohhio.org](http://www.cohhio.org) or email [rentinfo@cohhio.org](mailto:rentinfo@cohhio.org) or leave a message at 888-485-7999.