

Wednesday, May 3, 2016

Name of Recipient
Address of recipient
City, State Zip

Re: 30-day For Cause Termination Notice issued to Patient A, resident of (name of apartment complex) at (address of apartment).

Dear Recipient,

I am writing this letter on behalf of my patient, Patient A, a disabled tenant residing at the XXXX Apartments. I am writing to request a Reasonable Accommodation under the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act.

With Patient A's expressed consent, I am informing Property Management Company X (PMC X) that Patient has a medical necessity for reasonable accommodation due to her aggressive stage three breast cancer diagnosis and/or Hoarding disorder (or do not need to even specify specific disability, but note that there is a disability).

Patient A meets the criteria of a person with disabilities and I am requesting PMC X provide a medically necessary reasonable accommodation to address the concerns identified in the 30-Day Termination Notice dated Tuesday, April 26, 2016. Due to the nature of Patient's mobility disabilities along with the need to aggressively treat her breast cancer, I am requesting PMC X agree to provide Patient A the reasonable accommodation of additional time and extend her a grace period of at least 60 days (until 5pm on July 15, 2016) to address your concerns. This will allow our two oncology social workers to advocate for and assist Patient A in obtaining in-home supportive services, thus providing her with the day-to-day supports she needs to be successful in both managing the side effects of her medical condition and maintaining her home in compliance with the lease and Oregon Residential Landlord-Tenant Law.

I believe that PMC X is vested in creating housing stability for Patient A, especially during this medical crisis, having provided her already with a rent reduction and I hope that an additional 60 days would not cause an undue hardship.

Patient A is in a very stressful life circumstance and needs the support, compassion and kindness of those around her so that she may focus on her healing and recovery. Patient A's health is very fragile and evicting Patient A at this time would have a dramatic and harmful impact on her ability to continue to participate in her cancer medical treatments with potentially life-threatening consequences.

Thank you for your understanding of my patient's need for a reasonable accommodation due to medical necessity. I also thank you for allowing Patient A and our expert team the opportunity to address and remedy the concerns outlined in PMC X's 14-30 day statutory eviction notice.

Sincerely,

Dr. XXXX (or social worker, if prefer)
Medical Oncologist
Name of Institution