

Re: Disability Verification Letter

Date _____

Client/Patient Name _____

Client/Patient Address _____

Philadelphia, PA _____

To whom it may concern:

I am writing on behalf of my client/patient _____. They present with the following condition(s):

(1) _____

(2) _____

(3) _____.

These conditions cause them to experience symptoms that include: _____

_____.

These conditions impact their housing in the following ways: _____

_____.

Therefore, my client/patient requires reasonable accommodation. Please contact me by phone

_____ or email _____ if you

would like to discuss this matter further. Thank you for your time and assistance.

Sincerely,

Signature _____

Print Name _____

Title/Affiliation _____