

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Housing Provider's Name
Housing Provider's Address
City, State, Zip Code

Dear [Housing Provider's Name],

I am writing to formally request reasonable adjustments to my housing situation due to my disability, as recognized under the Equality Act 2010. I am currently residing at [Your Address], and my medical condition necessitates certain changes to ensure my well-being and safety.

Specifically, I am requesting the following adjustments:

- [Specify adjustment 1]
- [Specify adjustment 2]
- [Specify adjustment 3]

I believe these modifications will significantly improve my quality of life and enable me to live more independently. I am happy to provide medical documentation to support my request if necessary.

Thank you for considering my request. I look forward to your prompt response so we can discuss this matter further.

Sincerely,
[Your Name]