

Housing Assistance Request

Date: [Insert Date]

To: [Housing Authority/Agency Name]

Address: [Insert Address]

Dear [Recipient's Name],

I am writing to formally request housing assistance due to my diagnosed gastrointestinal condition, [specific condition name], which significantly impacts my daily life and living situation. Due to my health challenges, I require accommodations that are tailored to meet my medical needs.

The symptoms I experience, including [briefly describe symptoms], often make it difficult for me to maintain a stable living environment. As a result, I am seeking your support in finding suitable housing that can better accommodate my condition.

I have attached documentation from my healthcare provider, [Doctor's Name], outlining my diagnosis and the necessity for specific living arrangements. I kindly ask for your consideration of my situation and any assistance you could provide in this matter.

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]