

Sample Doctor's Note

(should be on doctor's letterhead)

[Date]

[Patient] has been under my care for [describe period of time (for example, months, years)]. [Patient] has [name of condition] that significantly interferes with [her/his] ability to [describe limitations, especially related to respiratory impairment]. As a result, [patient] has a qualifying disability under the federal Fair Housing Act and the California Fair Employment and Housing Act.

[Patient] has reported to me that tobacco smoke is drifting into [her/his] unit from [identify where smoke is coming from (for example, neighboring unit) and how it is entering the unit, if known (for example, through the heater vent)]. [Patient] says that the smoke enters [her/his] apartment [describe the frequency (for example, every day)].

Due to [patient]'s condition, exposure to tobacco smoke is detrimental to [her/his] health and increases the risk of [patient] suffering an adverse event, such as [describe negative health impact].

I urge you to grant [patient]'s accommodation request to [describe the accommodation request (for example, ban smoking in the common areas, allow to move to a vacant unit away from the drifting smoke, make the surrounding units nonsmoking, release from rental agreement so can move, etc.)]. This accommodation is necessary to ameliorate the conditions of [patient]'s disability.

Sincerely,

[Signature]

Dr. [doctor's name]

Sample Demand Letter

[Landlord or Property Manager's Name]
[Address]

[Date]

Dear [Landlord or Property Manager]:

I am writing to request that you make a reasonable accommodation for my disability. Both federal and state fair housing laws require that housing providers grant reasonable accommodation requests for tenants with disabilities.

I have a disability that significantly impairs my ability to breathe, and this condition is made worse by exposure to tobacco smoke. Tobacco smoke has been entering my unit and is coming from [identify where smoke is coming from (for example, neighboring unit) and how it is entering your unit (for example, seems to be coming in through the heater vent)]. The smoke enters my apartment [describe the frequency (for example, every day)]. I have attached a log that lists the dates of my exposure. This continual exposure to secondhand tobacco smoke has aggravated my disability by [describe your symptoms]. A doctor's letter is attached, documenting my condition and symptoms.

The US Surgeon General has concluded that there is no safe level of exposure to secondhand smoke. In addition, the California Air Resources Board has declared secondhand smoke a "toxic air contaminant," which means that it may cause or contribute to death or serious illness.

California courts and the US Department of Housing and Urban Development (HUD) have required that reasonable accommodations be made for persons whose disabilities are aggravated by drifting tobacco smoke.

I am requesting [describe your accommodation request (for example, ban smoking in the common areas, allow to move to a vacant unit away from the drifting smoke, make the surrounding units nonsmoking, release from rental agreement so can move, etc.)]. This change will eliminate my exposure to drifting tobacco smoke and alleviate the symptoms of my disability.

The only reason a housing provider may reject an accommodation request is if granting the accommodation would cause an undue financial or administrative burden. However, a housing provider is required to bear some financial and/or administrative burden.

My request to [describe your accommodation request (for example, move to a vacant unit away from the drifting smoke, make the surrounding units nonsmoking, release from rental agreement so can move, etc.)] is reasonable because there will be little, if any, burden on you if you grant the accommodation.

Please respond in writing to this letter by [date], confirming whether you will grant my accommodation request. I would like to resolve this issue amicably and informally, if possible. If that cannot be done, please be aware that failure to grant a reasonable accommodation can subject a housing provider to a discrimination claim in which compensatory and punitive damages are awarded, along with prevailing party's attorneys' fees.

Thank you for your consideration and prompt attention in this matter.

[Signature]

[Tenant Name]

[Address]

[Phone Number]

cc: [Property Management Firm, Homeowners' Association Board, etc.]

Enclosures:

Letter from Dr. [doctor's name]

Log of exposure to drifting smoke