



# REQUEST TO MOVE TO A MORE ACCESSIBLE UNIT DUE TO DISABILITY RELATED TO MOBILITY

Send this form to your landlord to request relocation to an available, accessible unit due to a permanent physical disability related to mobility.

Tenant name: \_\_\_\_\_

Address: \_\_\_\_\_

Dear: \_\_\_\_\_,

Assembly Bill (AB) 1620 authorizes local jurisdictions to require that tenants in rent-controlled units and who have permanent physical disabilities related to mobility be allowed to relocate to an available, accessible unit at the same rental rates and terms of the existing lease. This law only applies to properties with five or more rental units.

With this letter, I am requesting a reasonable accommodation to move to an accessible unit as the move is necessary to accommodate me due to my permanent physical disability related to mobility. Specifically, I am requesting relocation to Unit \_\_\_\_\_, and pursuant to this reasonable accommodation request, the landlord is required to engage in the interactive process.

Pursuant to the requirements of AB 1620, I declare the following (check all that apply):

- This notice is being given to the landlord or housing provider prior to a more accessible unit becoming available.
- I am not currently subject to an eviction for non-payment of rent.
- I have a permanent physical disability related to mobility and this move is necessary to accommodate my disability.
- The unit I am requesting is of comparable or smaller size, including the same or fewer number of bedrooms, square footage, and parking spaces as my current unit.

In moving to a new unit on the same parcel, my existing lease terms and Maximum Allowable Rent (MAR) are to stay the same, so long as the following requirements are met (check all that apply):

- There is no operational elevator in the building that services the floor of my unit.
- The unit I am requesting to be moved to is located in the same building or is on the same parcel with at least four other units and shares the same owner.
- All tenants currently residing in my unit and/or included on the rental agreement will all move to the available, more accessible unit.
- The new unit does not require renovations to comply with applicable requirements of the Health and Safety Code.

Please let me know promptly when you will be able to fulfill the above request. If you would like to engage in the interactive process to grant or deny this reasonable accommodation request, please contact me utilizing the contact information below.

Should my request be denied, and I believe that you, as my housing provider, is violating a Fair Housing Law by not fulfilling this request, I reserve my right to contact the following agencies (or another non-profit or law firm of my choice) for further counseling or legal advice:

Disability Community Resource Center  
[dcrc@dcrc.co](mailto:dcrc@dcrc.co)  
(310) 390-3611

Housing Rights Center  
[info@housingrightscenter.org](mailto:info@housingrightscenter.org)  
(800) 477-5977

Civil Rights Department  
[accommodations@calcivilrights.ca.gov](mailto:accommodations@calcivilrights.ca.gov)  
(844) 541-2877

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_