

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Organization/Agency Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request assistance through the Persons with Disabilities (PWD) program. My name is [Your Name], and I am a [briefly describe your disability and how it affects your daily life]. Due to my condition, I face challenges such as [list specific challenges you encounter, e.g., mobility issues, accessibility barriers, etc.]. This makes it difficult for me to [explain how these challenges affect your ability to perform daily tasks or activities].

I would greatly appreciate any support or resources that your agency can provide, including [mention specific types of assistance you are seeking, such as financial aid, transportation services, vocational training, etc.].

Enclosed with this letter are relevant documents that further outline my situation, including [list any documents you are including, such as medical records, proof of disability, etc.].

Thank you for considering my application for assistance. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]