



Boston Housing Authority
52 Chauncy Street
Boston, Massachusetts 02111-02375

617-988-4000
TDD 1-800-545-1833 Ext. 420

This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。請將之譯成中文。
នេះគឺជាជំពាក់ដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង

(THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST)

REQUEST FOR REASONABLE ACCOMMODATION

NAME: _____ **SS#** _____
ADDRESS: _____
PHONE: _____

1. I am a person with a disability as defined by one or more of the following: **A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or is regarded as having such an impairment.**

**If I am not the person with a disability, the following member of my household has a disability as defined above:

Name: _____
Relationship to you (e.g. child, parent): _____

2. As a result of this disability, I am requesting the following reasonable accommodation for my household: (Please check one or more boxes below.)

A change in my apartment/unit or other part of the housing development
Please specify: _____

A change in the following rule, policy/procedure or voucher policy. (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.) Please specify: _____

Other (for example, a change in the way the BHA communicates with you). Please specify: _____

Please be sure you have filled out both pages of this form.

