



Boston Housing Authority

Occupancy Department
52 Chauncy Street, 3rd Floor
Boston, Massachusetts 02111-02375

617-988-3400
TDD 1-800-545-1833 Ext. 420
www.bostonhousing.org

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ

សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ

អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomenta muhiim ah. Haddii aad rabto tarjumaad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone No. : 617-988-4315

(THIS FORM IS AVAILABLE IN LARGER FONT OR ALTERNATIVE FORMAT UPON REQUEST)

REQUEST FOR REASONABLE ACCOMMODATION

NOTE: This form is to be completed and signed by the Head of Household on behalf of the Household Member needing the accommodation. Please complete a separate "Request for Reasonable Accommodation" form for each Household Member requiring an accommodation(s).

If the disabled Household Member who needs the accommodation is 18 years of age or older, he or she AND the Head of Household must sign this form.

PLEASE PRINT CLEARLY

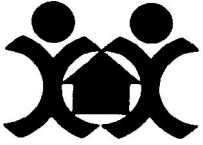
Head of Household: _____ Client #: _____

Household Member Who Needs an Accommodation(s): _____

Address: _____ Unit #: _____

Daytime Phone: (_____) _____ Cellular Phone: (_____) _____

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



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Household Member Who Needs Accommodation(s): _____ **Client #:** _____

Please fill out the information below regarding the individual who needs the accommodation(s). It is important for you to provide as much detail as possible in order for the BHA to best evaluate this request.

The following Household Member has a disability because: ***He or she has a physical or mental impairment that substantially limits one or more life activities or has a record of having such an impairment.***

Name of Household Member: _____

Relationship to Head of Household (e.g. son, daughter, parent): _____

1. As a result of this disability, I am requesting the following reasonable accommodation(s) from the Boston Housing Authority (“BHA”) for the disabled Household Member listed above (Please check one or more boxes below):

a) Special unit features, **b)** physical modifications to common areas, or **c)** if a resident, a transfer to another unit that meets my needs. Please provide details. Attach additional pages if necessary.

A change in the following rule, policy or procedure. (Note that a change in how to meet the requirements of the lease may be requested, however, the lease’s requirements must still be met.) Please specify the necessary change. Attach additional pages if necessary.



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Other (for example, a change in the way the BHA communicates with you). Please specify the necessary change. Attach additional pages if necessary.

2. The disabled Household Member needs this reasonable accommodation(s) because (you may attach additional pages if necessary):

3. To get to my appointments, I **mostly** rely on (please check off one):

My car ***The bus*** ***The "T"*** ***The RIDE*** ***Walking***

A friend or family member drives ***Other (please specify):*** _____

4. If you have any additional information you wish to provide, you may use the space below or attach additional pages if necessary.

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



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Household Member Who Needs Accommodation(s): _____ **Client #:** _____
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AUTHORIZATION

I/We authorize the BHA to verify that the above-referenced Household Member, has a disability and we need the reasonable accommodation(s) requested. To verify this information, the BHA may contact the below-named physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled. (Note: This authorization is requested because third-party verification may be needed. Be advised that you may submit any supporting documentation directly to the BHA rather than having the BHA contact your provider, in order to facilitate the evaluation of your request).

Name of Provider: _____ Field of Practice: _____

Agency/Clinic/Facility: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

I/We understand that the information obtained by the BHA will be kept completely confidential and used solely to make an evaluation and determination on this reasonable accommodation(s) request.

X _____
 Signature of Head of Household or authorized Guardian** _____ Date _____

****If the Household member needing the accommodation(s) is under 18 years of age, are you the parent or guardian of Household Member needing accommodation?: Yes No**

X _____
 Signature of Household Member needing the accommodation(s) (only if 18 years old or older) _____ Date _____

X _____
 Signature of Witness _____ Relationship to Head of Household _____ Date _____

Please return this form as promptly as possible so that the BHA may make a determination on this request.