



Boston Housing Authority

Dpt.  
52 Chauncy Street  
Boston, Massachusetts 02111-02375

617-988-  
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 tarjumad, 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**

## REQUEST FOR REASONABLE ACCOMMODATION (ALTERNATIVE FORMAT)

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



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**PLEASE PRINT CLEARLY**

**Head of Household:**

\_\_\_\_\_

**Client #:** \_\_\_\_\_

**Household Member Who Needs an Accommodation(s):**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Daytime Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Cellular Phone:** (\_\_\_\_\_) \_\_\_\_\_

**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.**

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



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**Household Member Who Needs**

**Accommodation(s):** \_\_\_\_\_ **Client #:** \_\_\_\_\_

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.

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







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**Household Member Who Needs**

**Accommodation(s):** \_\_\_\_\_ **Client #:** \_\_\_\_\_

*(continued from page 5)*

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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.

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





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**Household Member Who Needs**

**Accommodation(s):** \_\_\_\_\_ **Client #:** \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Field of Practice: \_\_\_\_\_

Agency/Clinic/Facility:

\_\_\_\_\_

Address:

\_\_\_\_\_

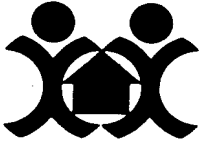
Telephone: (\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_



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**Household Member Who Needs**

**Accommodation(s):** \_\_\_\_\_ **Client #:** \_\_\_\_\_

**\*\*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.***