LEASED HOUSING DIVISION
REQUEST FOR REASONABLE ACCOMMODATION FORM

NAME: ___________________________________ PHONE: ____________________
ADDRESS: ____________________________________________________________

1. The following member of my household has a disability as defined below:
(A physical or mental impairment that substantially limits one or more life activities; or a
record of having such an impairment; or regarded as having such an impairment)
Name:_________________________________________
Relationship with you:_____________________________

2. As a result of this disability, I am requesting the following reasonable accommodation: (Please check one or more boxes below):
   (    ) A change in the following rule, policy or procedure. (Note that a change in
   how to meet the program obligations may be requested, but the program obligations
   must be met.) Please specify:___________________________________________________________________
  ___________________________________________________________________
   (    ) Other (for example, a change in the way the BHA communicates with
   you). Please specify:___________________________________________________________________

3. This request for reasonable accommodation is necessary so that I can: (please
specify) ________________
   ____________________________________________________________________________

4. I authorize the Boston Housing Authority to verify that I have a disability or handicap
and have the need for the reasonable accommodation I have requested. In order to
verify this information the BHA may contact the following physician, psychiatrist,
licensed psychologist, licensed nurse practitioner, rehabilitation professional or
qualified service provider whose function is to provide services to the disabled, or
other expert in the field of _______________________. (Note:  You may present
verification directly to BHA)
Name and Title of professional or expert: _______________________________
Agency, Facility or Institution (if any):___________________________________
Address: ____________________________________________________________
Telephone:_________________________________________________________

I understand that the information obtained by the BHA will be kept completely
confidential and used solely to make a determination on my reasonable accommodation
request. Please return this form as promptly as possible so that the BHA may make a
determination on this request.
Signed: ___________________________ Date: __________________________
[Head of household or authorized representative]

*If on behalf of a minor child, please indicate whether you are the parent or guardian.
Where the individual with the disability or handicap is over 18 and is not the head of
household, he or she should sign the authorization for verification.

RA Form #2