



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

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

**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**

**LEASED HOUSING/SECTION 8**

**REQUEST FOR REASONABLE ACCOMMODATION FORM**  
**(ALTERNATIVE FORMAT)**

**HOH NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

1. The following member of my household has a disability:

**Family Member Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_





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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:

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Other

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3. Why is this request for reasonable accommodation necessary?

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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: \_\_\_\_\_.

**5. Name and Title of professional or expert:**

\_\_\_\_\_

**Agency, Facility or Institution (if any):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_





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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**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Family member 18 years or older**

**RA Form #2**

