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

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

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

EQUAL HOUSING OPPORTUNITY