



**BOSTON HOUSING AUTHORITY**

\_\_\_\_\_  
\_\_\_\_\_  
Boston, MA \_\_\_\_\_

Phone: 617-988-\_\_\_\_\_

TDD: 800-545-1833 x420  
www.BostonHousing.org

*(This information is available in an alternative format upon request.)*

Date \_\_\_\_\_

Dear Dr. or Provider of \_\_\_\_\_:

Enclosed is a **Certification of Need** and a **Request for Reasonable Accommodation** form signed by your patient above asking you to verify her/his disability and need for a reasonable accommodation in housing. If the household member with the disability is over 18 and is not the head of household, s/he has also signed authorizing your verification.

State and Federal laws require housing providers to make reasonable accommodations or changes to either the apartment, other parts of the housing complex, or to house rules, policies and procedures (not essential terms of the lease) if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the apartment and other facilities or programs at the site. Please note that such changes must be **necessary** as a result of the person's disability. Please note the definition of a disability on the request form.

The applicant or resident in question has requested the accommodation described on the enclosed **Request for Reasonable Accommodation**. Please indicate on the **Certification of Need** form whether based on your professional opinion if the individual has a disability within the definition provided at #1 of the request form, and that the accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be relevant and helpful in making the right accommodation for this person. If part of the applicant/resident's reasonable accommodation plan includes services to be provided by your organization, please indicate whether your organization will provide those services, and if so, when those services will begin.

This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

If you have questions, please contact me at: (617) 988-5010

Thank you for returning this form to me before the deadline: **20 days from the above date.**

Sincerely,

\_\_\_\_\_  
Name

