

REQUEST FOR A REASONABLE ACCOMMODATION

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 major life activities; a record of having such an impairment; or being regarded as having such an impairment).*

Name: _____

2. As a result of his/her disability the following change or changes is requested so that (the person listed) can live here as easily or successfully as the other residents. **Check the kind of change(s) you need.**

A change in my apartment or other part of the housing complex

A change in the following rule, policy or procedure. (Note: You may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

3. I need this reasonable accommodation so that I can:

4. You may verify that I have a disability and my need for this request by contacting:

Name: _____

Address: _____

Phone: _____

5. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.)

I give you permission to contact the above individual for purposes of verifying that I or a family member that has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation.

Signed: _____ Date: _____

CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION OR SPECIAL UNIT

Tenant or Applicant Name: _____

Address: _____

Phone: _____

I have applied for housing and request that you fill out the following certification.

Signed: _____ Date: _____

PLEASE RETURN TO:

1. In my opinion, the Applicant or Tenant has a disability as defined below.

YES NO

- A) A physical or mental impairment that substantially limits one or more major life activities.
- B) A record of having such an impairment.
- C) Being regarded as having such an impairment.

2. In my opinion, the Applicant's or Tenant's disability requires that a wheelchair accessible unit be made available to the Applicant or Tenant.

YES NO

3. In my opinion, the Applicant's or Tenants' disability requires that other physical modifications to the unit or common area or reasonable accommodations to the rules and policies of the housing development be made in order for the applicant or Tenant to have equal opportunity to live successfully in this housing.

YES NO

On the next page, please describe the special housing features, types of physical adaptations, or accommodations in rules or policies which are needed, or verify that the enclosed description of need changes: requested by the Applicant or Tenant, are necessary for equal enjoyment of the housing opportunity as a result of his/her disability.

The following change to the apartment or common area or to policies and procedures is necessary as a direct result of the Applicant/Tenant's disability for the Applicant or Tenant to have an equal housing opportunity.

OR

I do not believe the applicant/tenant needs a change to the apartment or common area or to policies and procedures as a result of his/her disability to have equal housing opportunity.

OR

I verify that the enclosed request for changes to the unit or common area or to policies and procedures is necessary for the above named person, as a result of his/her disability to have equal housing opportunity **Please initial request above.**

I cannot verify that the enclosed request is necessary for changes to the unit or common area or to policies and procedures for the above named person, as a result of his/her disability to have equal housing opportunity. **Please initial request above.**

Please indicate, if known, where any specialized equipment may be obtained:

Signature: _____ Date: _____

Print Name: _____

Title of Physician/Professional: _____

Address: _____

Telephone #: _____

Fax #: _____

If you have any questions about filling out this form, please call _____
on 617-325-1913.