Brookline Housing Authority
90 Longwood Avenue, Suite 1
Brookline, Massachusetts 02446-6697
Phone: 1-617-277-2022
FAX: 1-617-277-1462
TDD 1-800-545-1833, Extension 213

This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。请将之译成中文。
នេះគឺជាដំណឹងល សមមេតាបកប្រែជនជាង

REQUEST FOR REASONABLE ACCOMMODATION

Name: _____ **Phone:** _____

Address: _____

_____

1. The following member of my household has a disability as defined below:
Disability: A physical or mental impairment that substantially limits one or more life activities; or a record of having such impairment; or regarded as having such impairment.
Name: _____

Relationship or association 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 my apartment or other part of the housing development. Please specify:
_____
_____

☐ A change in the following rule, policy or procedure. (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease 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 have attached the following documentation to verify the disability and the need for the reasonable accommodation I have requested.
List the items you have attached such as information from professionals and/or service providers (remember the HA requires reliable documentation or verification of the disability but verification does **not** require a description of or indication of the cause of the disability, diagnosis or medical records).

☐ Letter from Physician_____
☐ Letter from other provider_____
☐ Other_____

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.

Sign: _____ Date: _____

EQUAL HOUSING OPPORTUNITY