



REQUEST FOR REASONABLE ACCOMMODATION

A **reasonable accommodation** is a modification or change Metro Housing|Boston can make to its facilities, policies or procedures that will assist an otherwise eligible client with a disability an equal opportunity to participate in Metro Housing|Boston programs, facilities and services.

This form is intended for use by Metro Housing|Boston participants/applicants to request a reasonable adjustment in a rule, policy, or procedure because of their disability or a family member's disability.

This form may be filled out by the participant/applicant with a disability unless the individual is a minor or cannot as a direct result of his/her disability. In this case the participant's/applicant's designee may fill out the form. If you cannot complete this form and do not have a designee, please ask your Program Representative for assistance. This form may also be used by Metro Housing|Boston to document a verbal request for a reasonable accommodation.

Head of Household Information

Date of Request		Phone number of Head of Household
Head of Household Name		Date of birth of Head of Household
Head of Household Address	City, State	Zip Code
Name of Individual for whom Accommodation is being Requested		Relation to Head of Household
Head of Household Status: <input type="checkbox"/> Program Participant <input type="checkbox"/> Program Applicant <input type="checkbox"/> Other		

REQUESTOR'S REPRESENTATIVE OR METRO HOUSING | BOSTON STAFF (If applicable)

If this form has been filled out by a representative of the person for whom the accommodation and/or modification is being requested or by a Metro Housing | Boston staff person, please complete the information below.

Name of Requestor's Representative or <<Insert RAA Name>> Staff		Signature
Address	City, State	Zip Code
Telephone	Relation to the Individual for whom the Accommodation is requested	

REASONABLE ACCOMMODATION REQUEST

1. Enter the type of reasonable accommodation requested: _____

2. The reasonable accommodation is requested for (Name of Household Member):



3. The reasonable adjustment(s) is needed as a result of a disability. **Please note that there must be a reasonable connection between the disability and the reasonable adjustment(s) request.** Check the reasonable adjustment(s) needed:

- Method of communication between Metro Housing|Boston and the individual needing the adjustment (Please list the communication method you need. For example, I am deaf and need a sign interpreter. Please be specific – use the other side of this paper, if necessary.)

- Adjustment to Metro Housing|Boston rules, policies, and/or procedures. (Please be specific—use the other side of this paper, if necessary.)

4. You may verify the disability (**but not the nature or severity**) and that the need for this request is a direct result of the disability. The designated knowledgeable professional may provide the information requested in order to verify the disability and need for this request. The name and address of the knowledgeable professional is provided below.

Name: _____ Title: _____

Address: _____

Street _____ City _____ State _____ Zip Code _____

Telephone Number: _____

Authorization for Release of Information

To the Knowledgeable Professional(s) that I have named above:

I give Metro Housing|Boston permission to contact the above individual(s) for purpose of verifying that I or a family member who is a minor or under my guardianship have/has a disability and needs the reasonable accommodation/structural modification requested above as a direct result of this disability. **Do not provide the nature or severity of the disability.** I understand that the information Metro Housing|Boston obtains will be kept completely confidential and used solely to determine if MetroHousing|Boston will provide me with the requested reasonable accommodation.

Please note that the knowledgeable professional named above will receive a copy of this form. Additionally, Metro Housing|Boston may contact the identified knowledgeable professional for further verification and/or clarification of information provided in either this form or the knowledgeable professional's completed certification.

Signature of Requestor _____

Date _____

The Federal Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.

FRAUD AND FALSE STATEMENTS

WARNING! Title 18, Section 1001 of the United States Code, states that a person which knowingly and willingly makes false and fraudulent statements to any department of the United States Government, HUD a public housing authority (PHA), and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties that include fines or imprisonment.

If you have any questions please contact your Program Representative at: _____