



HOLBROOK HOUSING AUTHORITY

1 HOLBROOK COURT
HOLBROOK, MASSACHUSETTS 02343-1825

James N. Marathas
Executive Director
Telephone: (781) 767-0024
Fax: (781) 767-4081

REASONABLE ACCOMMODATION REQUEST FORM

(For Persons with Disabilities/Certain Religious Beliefs/Practices)

This form is to be used by a person with a disability or certain religious belief/practice who wishes to request a reasonable accommodation. If you do not want to make such request, you do not have to fill out this form.

If you need assistance completing this Form, please notify the Holbrook Housing Authority ("HHA"). An individual representing you can complete this form if you so wish. If you cannot fill out this form, please let us know and we will attempt to process your request in another way. If you need a reasonable accommodation for certain religious beliefs/ practices in order to have an equal opportunity to use and enjoy HHA housing, you may use this form for that request as well.

REQUEST: I request the following reasonable accommodation from the HHA because of the presence of a disability and/or handicap (or alternatively, for a religious belief or practice). An individual with a disability or is a person who has a physical or mental impairment which substantially limits one (or more) major life activity; has a record of such impairment; or is regarded as having such impairment.

A. INFORMATION OF PERSON WITH DISABILITY FOR WHOM THE ACCOMMODATION IS REQUESTED:

NAME: _____

ADDRESS: _____

TEL. NO.: _____

B. ARE YOU A TENANT, EMPLOYEE, APPLICANT FOR TENANCY OR EMPLOYMENT, ETC.:

C. BRIEFLY DESCRIBE THE ACCOMMODATION YOU WANT THE AUTHORITY TO PROVIDE:



EQUAL HOUSING OPPORTUNITY

"Where our tenants come first"



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D. PLEASE STATE WHY YOU NEED THIS ACCOMMODATION AND HOW THE REQUESTED ACCOMMODATION IS RELATED TO YOUR DISABILITY (OR RELIGIOUS BELIEF OR PRACTICE):

E. ARE THERE ANY OTHER ALTERNATIVES WHICH MIGHT SERVE THE SAME PURPOSE AS THE ACCOMMODATION REQUESTED (DESCRIBE BRIEFLY):

F. VERIFICATION OF DISABILITY/HANDICAP: You may verify that I have a disability and my need for this request by contacting my physician, (or other professional qualified to verify my disability). His or her name and address are:

NAME: _____

ADDRESS: _____

TEL. NO.: _____

I give you permission to contact the above individual for the purpose of verifying that I (or the named family member) has a disability (or religious belief or practice, if applicable) and, as a result of the disability, need the requested reasonable accommodation to have an equal opportunity to use the facilities or take part in the programs of the HHA.

Signature

Date

I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE.

Signature

Date

Note: Please submit forms to Holbrook Housing Authority



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NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and as a result of your disability you need:

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change in the way we communicate with you or give you information,

You may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

Once it comes to our attention there may be a need for a reasonable accommodation, we will engage in an interactive dialog with you. This dialog will include a discussion about whether the accommodation is reasonable (*does not pose "an undue financial or administrative burden"), and we will try to make the changes you request. We will give you an answer in thirty (30) days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

Similarly, if you have a sincerely held religious belief and/or desire to perform a particular religious practice and you need a reasonable accommodation from the HHA for said belief or practice in order to have an equal opportunity to use and enjoy HHA programs, you may request a reasonable accommodation on that basis as well. The HHA will follow the same procedure as outlined above regarding a request for reasonable accommodation for a disability in assessing your request for an accommodation for religious belief or practice.

*In simple language, this legal phrase means if it is not too expensive or too difficult to arrange.



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REQUEST FOR ACCOMMODATION

VERIFICATION OF HANDICAP/DISABILITY (PHYSICIAN FORM)

Name of individual requesting accommodation: _____

The above individual has indicated that he or she has a handicap and/or disability. This form must be completed by a physician who is qualified to make the requested certifications. If it cannot be completed by a physician, please contact the Authority to determine if some other person is qualified to complete this form.

1. How long have you treated the above person in your professional capacity?

2. In your professional opinion, does the person have a physical or mental impairment which substantially limits one or more major life activities? (See attached chart for additional information.)

Yes

No

NOTE: IF YOU HAVE ANSWERED "NO" TO QUESTION 2, YOU MAY SKIP THE FOLLOWING QUESTIONS AND COMPLETE THE CERTIFICATION AT THE END. IF YOU ANSWERED "YES" TO QUESTION 2, PLEASE ANSWER THE FOLLOWING QUESTIONS AND COMPLETE THE CERTIFICATION AT THE END. THANK YOU.

3. Please describe the nature of the person's impairment, and the basis of your opinion that the person has such impairment.

4. Please state the major life activity or activities which is/are substantially limited by the above impairment and the basis of your opinion. Include a description of how and to what extent the impairment limits the major life activity.



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5. How long has the person suffered from the impairment you described in question 4?

6. Please state how long the impairment is expected to continue and the basis for your opinion.

7. The person has requested the accommodation of handicap/disability described on the form 1 attached hereto. In your professional opinion, will the requested accommodation improve the person's ability to perform the major life activity which is substantially limited by the impairment?

Yes

No

8. If the answer to question 7 is yes, please state the basis for your opinion.

9. In your professional opinion, if there is a different accommodation which could be made to improve the person's ability to perform such major life activity, please describe such accommodation and the basis of your opinion.



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Name of individual completing this form: _____

Relationship to Applicant: _____

Agency Name: _____

Address: _____

Tel: _____

Statement of Qualifications: _____

Certification Statement:

I certify that the above information represents my best professional judgment and is true and correct to the best of my knowledge.

Signature

Date



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REQUEST FOR ACCOMMODATION

VERIFICATION OF RELIGIOUS BELIEFS/PRACTICE

Name of individual requesting accommodation: _____

The above individual has indicated that he or she has a religious belief or practice that requires a reasonable accommodation from the HHA in order for the individual to have an equal opportunity to use and enjoy HHA programs. If you are aware of this individual's religious belief or practice, please provide any information you can which will aid the individual and the HHA in determining if an accommodation is necessary and reasonable:

Name of individual completing this form: _____

Relationship to Applicant: _____

Agency Name: _____

Address: _____

Tel: _____

Statement of Qualifications: _____

Certification Statement:

I certify that the above information represents my best professional judgment and is true and correct to the best of my knowledge.

Signature

Date