REQUEST FOR REASONABLE ACCOMMODATION

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

This form is intended for use by Framingham Housing Authority 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 Framingham Housing Authority to document a verbal request for a reasonable accommodation.

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**Head of Household Information**

<table>
<thead>
<tr>
<th>Date of Request</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Household Name</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Head of Household Address</td>
<td>City, State</td>
</tr>
<tr>
<td>Name of Individual for whom Accommodation is being Requested</td>
<td>Relation to Head of Household</td>
</tr>
<tr>
<td>Head of Household Status: □ HCV Participant □ HCV Applicant □ Public Housing Resident □ Public Housing Applicant □ Other</td>
<td></td>
</tr>
</tbody>
</table>

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**Requestor’s Representative or Framingham Housing Authority 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 Framingham Housing Authority staff person, please complete the information below.*

<table>
<thead>
<tr>
<th>Name of Requestor’s Representative or Framingham Housing Authority Staff</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City, State</td>
</tr>
<tr>
<td>Telephone</td>
<td>Relation to the Individual for whom the Accommodation is requested</td>
</tr>
</tbody>
</table>

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**REASONABLE ACCOMMODATION REQUEST**

1. Enter the type of reasonable accommodation requested: 

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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

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 Framingham Housing Authority 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 Framingham Housing Authority 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 the Framingham Housing Authority 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 Framingham Housing Authority obtains will be kept completely confidential and used solely to determine if Framingham Housing Authority will provide me with the requested reasonable accommodation.

Please note that the knowledgeable professional named above will receive a copy of this form. Additionally, Framingham Housing Authority 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 Helen Plant at 508-879-7562.