



## 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 for your 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**

If you can show that you have a disability and if your request is reasonable, we will try to make the changes you request.

To request a Reasonable Accommodation, you must complete and return to this office a REASONABLE ACCOMMODATION REQUEST FORM. In addition, to assist in our review of your request, we **strongly recommend** you also complete and return a MEDICAL INFORMATION AUTHORIZATION FORM and a CERTIFICATE OF NEED FOR A REASONABLE ACCOMMODATION OR ACCESSIBLE UNIT from your doctor, social worker, or health care provider.

You can get a REASONABLE ACCOMMODATION REQUEST FORM and other forms at this office.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM, if you want to receive the form in an alternative format such as in large print or in computer file, or if you want to give us your request in some other way, we will help you.

We will give you an answer within 30 days of our receiving all necessary verification 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 your 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.

**NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.**

**All Requests are submitted to:**

REASONABLE ACCOMMODATION COMMITTEE  
THE COMMUNITY BUILDERS, INC.  
33 ARCH STREET 10<sup>TH</sup> FLOOR SUITE 1000  
BOSTON, MA 02110

MANAGING AGENT FOR: \_\_\_\_\_

(Community Name)

**I acknowledge have read and understand the Reasonable Accommodation Policy. Should there be multiple members of the household, notice of this policy to me, the Primary Applicant, is constructive notice to the entire household.**

\_\_\_\_\_  
Primary Applicant's Signature

\_\_\_\_\_  
Date



## REASONABLE ACCOMMODATION REQUEST FORM

### *To be completed by Individual Seeking Accommodation:*

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

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 of Applicant or Resident Seeking Accommodation: \_\_\_\_\_

1. 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.

An additional bedroom for a Live-In Aide to live in my apartment. Name the person or people who are your Live-In Aides: \_\_\_\_\_

A Physical or structural 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.)

2. I need this reasonable accommodation because of my disability so that I can:

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

4. 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.)  
\_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

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

