CHELSEA HOUSING AUTHORITY

54 Locke Street, Chelsea, MA 02150

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

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

- a change in the CHA's rules or policies that would make it easier for you to live here and use the facilities or take part in programs on site,

- a change, modification or repair in your apartment or a special type of apartment that would make it easier for you 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 make it easier for you to live here and use the facilities or take part in programs on site, or

- a change in the way we communicate with you or give you information that would make it easier for you to live here and use the facilities or take part in programs on site,

you can 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, if it is not too expensive, and if it is not too difficult to arrange, you have the right to receive the change you request, and we will make it for you.

You can request a reasonable accommodation by contacting the CHA's Reasonable Accommodation Coordinator at 54 Locke Street, Chelsea, MA 02150 at 617-409-5333. The Reasonable Accommodation Coordinator will ask you to complete the Reasonable Accommodation Request Form, and, if your disability is not obvious, the Consent to Release Information Request. If you need help filling out these forms, we will help you.

We will give you a written response within fourteen (14) days, or sooner if possible, of when we are in receipt of both your completed Reasonable Accommodation Request Form and Verification Statement. 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 notify you of the denial in writing and explain in that notice the reasons for the denial. You can give us more information if you think that will help.

It is against CHA policy and federal and state law for any CHA employee or agent to retaliate in any way against any person who has requested an accommodation or who has complained of or opposed alleged discrimination by the CHA based on disability or any other protected status.

NOTE: All information you provide will be kept confidential and be used only to make it easier for you to live here and use the facilities or take part in programs on site.



The Chelsea Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, veteran status, public assistance, genetic information, gender identity, disability, or any other class protected by state or local law, in the access to its programs for employment, or in its activities, functions or services.

CHELSEA HOUSING AUTHORITY

54 Locke Street, Chelsea, MA 021050

REQUEST FOR A REASONABLE ACCOMMODATION

Name of Applicant/Head of Household: _____

Address: _____ **Phone:** _____

A **disability** is defined as: *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.*

1. The following member of my household has a disability as defined above:

   Name: _____ Relationship to Head: _____

2. As a result of his/her/my disability I request the following change or changes so that the person listed can live here as easily or successfully as the other residents. Check the change(s) you need:

   - ❑ An apartment for people who have difficulty seeing well or who are blind.
   - ❑ An apartment for people who have difficulty hearing well or who are deaf.
   - ❑ An apartment designed to meet the physical needs of people who use wheelchairs or who have mobility impairment and need the features of an accessible apartment.
   - ❑ A regular apartment that has some things changed so I can use it. Please describe what needs to be changed.

     _____

     _____

   - ❑ An assistance animal (an animal that helps me by doing things I cannot do or that are very hard for me to do or an animal that gives me emotional support that makes the symptoms or results of my disability better.)
   - ❑ A change in how we communicate with you or give information to you. Please write the particular request you need to enable us to communicate with you:

     _____

     _____

   - ❑ A change in a rule, services or policy. Write what you need below:

_____

_____

- ❑ Any other housing need you have because of a disability. Please write what you need on the lines below:

_____

_____

Signature: _____ Date: _____

Applicant/Tenant

Signature: _____ Date Received: _____

Reasonable Accommodation Coordinator

The following person is responsible for coordinating compliance with applicable non-discrimination requirements for the Chelsea Housing Authority:

Name: Yolanda Velazquez, Reasonable Accommodation

Coordinator Phone: (617) 409-5315

E-mail: yvelazquez@chelseaha.com

EQUAL HOUSING OPPORTUNITY

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CHELSEA HOUSING AUTHORITY

54 Locke Street, Chelsea, MA 02150

CONSENT TO RELEASE INFORMATION - REASONABLE ACCOMMODATION

To Applicant or Tenant: Please complete and sign this form to allow the Chelsea Housing Authority to verify your disability-related need for the accommodation you requested. Please make sure the information about who is to give and receive the information is clearly filled in before you sign it.

I GIVE PERMISSION TO GIVE INFORMATION TO:

Name: Yolanda Velazquez Title: Reasonable Accommodation Coordinator

Address: Chelsea Housing Authority, 54 Locke Street, Chelsea, MA 02150

Phone: (617) 409-5315 Email: yvelazquez@chelseaha.com

I GIVE PERMISSION TO GIVE INFORMATION FROM:

Name: _____ Job Title: _____

Service or Medical Organization: _____

Address: _____

Phone _____ Email: _____

THE INFORMATION WILL BE REGARDING:

Tenant/Applicant Name: _____

Address: _____

Phone _____

I hereby authorize the service or healthcare provider named above to contact the housing staff listed above or housing provider listed above to contact the service provider listed above to verify disability status, need for the requested accommodation described below and the connection between the two. I understand that this information will be kept confidential and used only to make a decision about my reasonable accommodation request. I understand I may change my mind and notify the housing and service provider that I no longer give permission to discuss my request.

Signed: _____ Date: _____

(Adult resident with disability or Guardian)

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