

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: _____

Applicant/Tenant

Date: _____

Signature: _____

Reasonable Accommodation Coordinator

Date Received: _____

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

Name: Ineudira Barbosa, Reasonable Accommodation

Coordinator Phone: (617) 409-5333

E-mail: ibarbosa@chelseaha.com



EQUAL HOUSING
OPPORTUNITY

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 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: Ineudira Barbosa Title: Reasonable Accommodation Coordinator

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

Phone: (617) 409-5333

Email: ibarbosa@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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