



Pittsfield Housing Authority

65 Columbus Avenue, Ste 1
Pittsfield, Massachusetts 01201-5090

(413) 443-5936
(413) 499-2771
Fax (413) 443-7294
TTY (413) 443-1940
www.pittsfieldhousing.org

REQUEST FOR REASONABLE ACCOMMODATION

A **reasonable accommodation** is a modification or change Pittsfield 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 Pittsfield Housing Authority programs, facilities and services.

This form is intended for use by Pittsfield 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 for assistance.

Head of Household Information

Date of Request

Social Security Number

Head of Household Name

Telephone Number

Head of Household Address

City, State

Zip Code

Name of Individual for whom Accommodation is being Requested

Relation to Head of Household

Head of Household Status: ☐ Participant ☐ Applicant ☐ Other

REQUESTOR'S REPRESENTATIVE OR PHA (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 PHA staff person, please complete the information below.

Name of Requestor's Representative or PHA Staff

Signature

Address

City, State

Zip Code

Telephone

Relation to the Individual for whom the Accommodation is requested

REASONABLE ACCOMMODATION REQUESTED

- | | |
|--|---|
| <input type="checkbox"/> Unit Transfer (accessible unit) | <input type="checkbox"/> Unit Modification |
| <input type="checkbox"/> Assistance Animal | <input type="checkbox"/> Additional Bedroom |
| <input type="checkbox"/> Live in Aid | <input type="checkbox"/> Other _____ |

1. The reasonable accommodation is requested for (Name of Household Member):

2. Please describe the clear and direct connection between the request and the disability:

3. 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 **Physician or Licensed Medical Professional** may provide the information requested in order to verify the disability and need for this request. The name and address of **Physician or Licensed Medical Professional** is provided below.

Name: _____ Title: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ FAX: _____

Authorization for Release of Information

To the Knowledgeable Professional (s) that I have named above:

I give the Pittsfield Housing Authority (PHA) 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 requested above as a direct result of this disability. **Do not provide the nature or severity of the disability.** I understand that the information PHA obtains will be kept completely confidential and used solely to determine if PHA will provide me with the requested reasonable accommodation.

Please note that the Knowledgeable Professional (s) named above will receive a copy of this form. Additionally, Pittsfield Housing Authority may contact the identified Knowledgeable Professional(s) for further verification and/or clarification of information provided in either this form or completed certification.

Signature of Requestor

Date

The 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, or conceals information in any matter within the jurisdiction, to any department of the United States Government or a public housing authority (PHA) may be subject to penalties that include fines or imprisonment.