

Harvard Court
P.O. Box 334
Whitman, MA 02382
(781) 447-6363

Attachment. 2: Request for Reasonable Accommodation/Modification

To: Accommodation Coordinator - Eileen Gibson, Executive Director

From: _____

Applicant or Resident Name (please print) Control Number

Address

Town/City, State, Zip

() _____
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized rep.)

Date



Whitman Housing Authority
Harvard Court
P.O. Box 334
Whitman, MA 02382
(781) 447-6363 Fax (781) 447-4341

Attachment 3 – Request for Information or Verification

Date:

To:

Dear Applicant or Resident:

We have received your request for a reasonable accommodation[modification].

We need to know more about [the disability-related need for your request] [explain issue, simply and clearly stated] before we can decide whether to approve your request.

We need to know more because [provide reason, simple and clearly stated].

You can give us more information by [providing the attached Verification of Disability by Physician or Other Professional for Reasonable Accommodation/Modification Request form or by other information demonstrating the disability-related need for your request].

If this is a problem for you, please reach out to our office and so that alternative methods of providing the information may be made available to you.

We will not make a decision on your request for reasonable accommodation/modification until we have this new information.

If you think that you have given us this information, or if you think that we should not ask for this information, please call us at (781) 447-6363, TTY- (711) (781-447-6363), or email us at egibson@whitmanha.org.

Sincerely

Eileen Gibson
Executive Director



Whitman Housing Authority
Harvard Court
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Attachment 4 – Verification for Reasonable Accommodation/Modification Request Form

Verification of Disability by Physician or Other Professional

Name of Physician or other professional: _____

Profession: _____

Address:

Date _____

Applicant/Resident Name _____

Applicant/Resident Address _____

I hereby authorize release of the following information: _____ (Applicant/Resident Signature)

A local housing authority (LHA) may request verification that an applicant/resident has a disability to determine whether the applicant/resident needs a reasonable accommodation in the LHA's rules, policies, practices or services, or needs a reasonable modification of the leased premises or public or common use areas, in order to have equal opportunity to use and enjoy the leased premises or the public or common use areas, or to participate fully in the LHA's programs, activities, or services. The above-named applicant/resident has authorized your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Executive Director/Reasonable Accommodation Coordinator



The following proposed reasonable accommodation(s)/reasonable modification(s) to provide the applicant/resident equal opportunity to use and enjoy the WHA's housing, programs, etc. is (are) under consideration by the WHA:

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL):

1. Based upon your knowledge, does the above-named applicant/resident have a physical or mental impairment which substantially limits one or more major life activities or, do you have a record(s) of such an impairment for the above-named applicant/resident? Circle the appropriate answer:

Yes / No

*Note: Determination of whether a physical or mental impairment substantially limits a major life activity is to be made without regard to the ameliorative effects of mitigating measures (e.g., assess substantial limitation of a major life activity, including the operation of a major bodily function, without considering the benefit of medication, assistive devices, etc., to the individual). Furthermore, an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

2. Does the applicant/resident have a disability-related need for the abovementioned reasonable accommodation(s)/ reasonable modification(s) based on the physical or mental impairment? Please explain* your response.

*Note: please only provide information that demonstrates there is a relationship between a disability verified by a "yes" response to question 1 above and the need for the proposed reasonable accommodation/modification. Please do not otherwise provide information as to the nature or severity of the disability.

3. Other comments (please do not provide information that is not directly relevant to the reasonable accommodation(s)/reasonable modification(s)):

CERTIFICATION: I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

Signature of Physician or Professional

Date:

Name: _____

Address: _____

Telephone #: _____

