



Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org
Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit intènèt CHA: www.cambridge-housing.org.
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REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

Instructions to CHA Tenants, Participants, and others who use CHA Services and are qualified disabled persons:

- If you would like to ask CHA for an accommodation to a CHA rule or policy, or for modification of a housing unit to help with a disability, please complete all parts of this Request Form. It will help CHA understand your request and respond to it appropriately. Please note that this form is not required to make a request for reasonable accommodation.
- This Request Form has three pages. This is the first page. On the second page, it is important to answer all questions that are asked. Use extra sheets of paper if you need more space. The third page is an Authorization for Release of Information. It also is important that you fill out and sign this page. The Authorization for Release of Information asks you to list a health care provider or other persons who can explain or verify your needs and will allow CHA to discuss your request with those persons, if necessary.
- **WHEN YOU HAVE COMPLETED THIS REQUEST, GIVE IT TO YOUR PROPERTY MANAGER, LEASING OFFICER, OR 504 COORDINATOR.** If you would like help with completing this form or in making your request, please speak with your Housing Manager or Leasing Officer. If (s)he is unable to help you, (s)he will direct you to the right person.
- CHA will try to respond to your request within ten (10) business days from receiving it. In some cases, it may take longer to fully evaluate your request. To help CHA understand your request and respond to it, a CHA staff member may need to meet with you. If you have additional questions or concerns, you may contact the CHA's 504 ADA Coordinator at the Cambridge Housing Authority, 362 Green Street, Cambridge, MA 02139 or by telephone, **617-405-5513**.

WARNING - BE TRUTHFUL ON EVERY PAGE OF THIS FORM! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to purposefully make false statements or misrepresentations to CHA. Knowing false statements and misrepresentations also are grounds for CHA to terminate the Requestor's housing benefits. The Department of Housing and Urban Development (HUD) also prohibits fraud in public housing (24 CFR 966.4 (I)(2)(C) and Section 8 (24 CFR 982.552(c)(4)).

Within the Cambridge metropolitan area there are other agencies that may help you make your request or help you if you are not satisfied with CHA's response. Their names, addresses, and phone numbers are listed below. Their services are free. The Cambridge Housing Authority will gladly work with them or any other representative you may choose:

The Cambridge Human Rights
Commission
51 Inman Street 2nd Floor
Cambridge, MA 02139
(617) 349-4396

Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
10 Causeway Street
Boston, MA 02222
(800) 827-5005

Massachusetts Commission Against
Discrimination
One Ashburton Place, Room 601
Boston, MA 02108
(617) 727-3990

Alliance of Cambridge Tenants (ACT)
P.O. Box 391078
Cambridge, MA 02139
(617) 499-7031
tenants@earthlink.net





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REASONABLE ACCOMMODATION REQUEST AND RELEASE FORM

Today's Date

Name of the person for whom the accommodation is being requested _____
Date of Birth

Head of Household Name (if different from above)

Head of Household Address **City, State** **Zip Code** _____
Telephone Number

Email Address (optional) _____
Property Manager or Leasing Officer's Name

Requestor Status: <input type="checkbox"/> Public Housing Applicant	<input type="checkbox"/> Leased Housing Applicant	<input type="checkbox"/> CHA Resident
<input type="checkbox"/> CHA Leased Housing Program Participant	<input type="checkbox"/> Other _____	
I am asking for: <input type="checkbox"/> Change to CHA Rule or Policy		
<input type="checkbox"/> Physical Change to my Public Housing Unit		
<input type="checkbox"/> Other _____		

1. I am disabled. ***In most cases, CHA does not need to know your specific disability, so please do not specify it.***
2. Please state the specific accommodation or modification that you are requesting (what you want CHA to do).

3. *Without describing the specific type of disability or impairment that you have,* please state how your disability relates to the accommodation or modification that you requested above. _____

4. Please list any alternative accommodations or modifications (if any) that could suit your disability-related needs, if CHA is unable to grant your requested accommodation/modification.

Authorization for Release of Information

To the Persons or Agencies that I have Listed Below:

I have made a REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION to the Cambridge Housing Authority for accommodation of my disability. I give you permission to share any information with the Cambridge Housing Authority that will help verify that I am disabled and explain why I need the accommodation/modification that I am seeking. I may withdraw this permission at any time.

Name: _____

Name: _____

Agency: _____

Agency: _____

Address: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Nature of Relationship to Requestor: _____

Nature of Relationship to Requestor: _____

REQUESTOR'S SIGNATURE FOR RELEASE OF INFORMATION

Name of Requestor

Signature of Requestor

Date

Requestor's Telephone Number

Check here if Adult signed for Minor Child. _____
Child's Name

REQUESTOR'S REPRESENTATIVE

If this form has been filled out by a representative of the person for whom the accommodation and/or modification is being requested, please complete the information below.

Name of Requestor's Representative

Signature

Date

Address

City, State

Zip Code

Telephone

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