362 Green Street
Cambridge, MA 02139
www.cambridge-housing.org
T: 617-864-3020 | TDD 800 545 1833 x112

REQUEST FOR REASONABLE ACCOMMODATION/ MODIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

Instructions to CHA Participants, Applicants, and others who use CHA Services & 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 four 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 they are unable to help you, they 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 by telephone at **617-405-5513**, or at CHA's Central Office, located at 362 Green Street, Cambridge, MA 02139.

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 (l)(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
- Phone: (617) 349-4396

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

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

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

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) Telephone Number

_____
Head of Household Address City State Zip Code

_____ _____
Email Address Property Manager or Leasing Officer's Name

Requestor Status:	☐ CHA Leased Housing Program Participant ☐ CHA Resident ☐ Leased Housing Applicant ☐ Public Housing Applicant ☐ Other: _____
I am asking for:	☐ Physical Change to my Public Housing Unit ☐ Change to CHA Rule or Policy ☐ Other: _____

1. I am disabled. ***Usually, CHA does not need to know your specific disability—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: _____ Telephone Number: _____

Fax Number: _____ Fax Number: _____

Relationship to Requestor: _____ 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

_____ _____

Rep. Address City State Zip Code Rep. Phone

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