

DAVID J. HEDISON
Executive Director

KELLY SANTOS
Leased Housing Manager

Reasonable Accommodation for Applicants or Program Participants with Mental and/or Physical Disabilities

The Chelmsford Housing Authority does not discriminate against applicants or program participants on the basis of mental or physical disabilities. In addition, the Chelmsford Housing Authority has an obligation to provide "reasonable accommodation" on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the Chelmsford Housing Authority can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the Chelmsford Housing Authority's housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to The Chelmsford Housing Authority, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

If you need an accommodation because of a disability, please complete the attached form and return it to the Chelmsford Housing Authority. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the Chelmsford Housing Authority's housing or programs. Within thirty (30) days of receipt of your request and documentation, you will be contacted to discuss what the Chelmsford Housing Authority can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

REQUEST FOR REASONABLE ACCOMMODATION

Head of Household: _____ Phone: _____

Address: _____

Email: _____

Advocate Name: _____ Advocate Phone: _____

1. The following member of my household has a disability:

Family member name: _____

Relationship to you: _____

2. As a result of this disability, I am requesting the following reasonable accommodation:

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached. (Attach appropriate documentation)

4. I attest that the foregoing information is true and correct.

Signature of Applicant

Date

HOUSEHOLD MEMBER RELEASE

NAME: _____ **SS#** _____
(Social Security Number)

ADDRESS: _____

I, the above named individual, have authorized the Chelmsford Housing Authority to verify the accuracy of the information which I have provided to the Chelmsford Housing Authority, from:

Name and title of professional or expert: _____

Agency, facility or institution (if any): _____

Address: _____

Telephone: _____

I hereby give you permission to release this information to the Chelmsford Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Authority within five (5) days following the receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

SIGNED: _____ **DATE:** _____

THIS AUTHORIZATION IS VALID FOR A PERIOD OF 15 MONTHS
FROM THE DATE NOTED ABOVE

Penalties for Misusing this Verification Form

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests or obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than 45,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions is cited as violations of 42 U.S.C. 408 f, g, and h.