



ATHOL HOUSING AUTHORITY



21 Morton Meadows
978-249-4848

Athol, MA 01331-2123
FAX 978-249-9604

NOTICE TO ALL APPLICANTS AND RESIDENTS

Reasonable Accommodations and Modifications are Available for Applicants and Residents with Mental and/or Physical Disabilities

Local Housing Authority (LHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the LHA has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if a applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the LHA can make to its rules, policies, practices, or services, and a reasonable modification is a change an LHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in the LHA's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident 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 LHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

The LHA has an Accommodation Coordinator. If you need an accommodation or modification because of a disability, please complete the attached form and return it to the LHA. Upon reasonable request by the LHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within thirty (30) calendar days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the LHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, 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.

This document is available in alternative formats upon request.



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REQUEST for REASONABLE ACCOMMODATIONS/MODIFICATIONS

To: **Accommodation Coordinator** _____
Athol Housing Authority
21 Morton Meadows
Athol MA 01331

Office Use ONLY	
<input type="checkbox"/> Accommodation	Dt _____ Request for Info
<input type="checkbox"/> Modification	Dt _____ Request Mtg.
<input type="checkbox"/> Verification	Dt _____ Response
<input type="checkbox"/> Approved	Dt _____ Response
WO # _____	

From: _____
Applicant or Resident Name (please print)

Application ID # _____

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)

Have you attached the required appropriate documentation? Yes or No (circle one)

I attest that the foregoing information is true and correct. Furthermore, I authorize the housing authority to discuss alternate resolutions with my medical professional.

Signature of Applicant or Resident (or authorized representative) _____
Date