



ATHOL HOUSING AUTHORITY



21 Morton Meadows
978-249-4848

www.atholorangehousing.com
Housing Choice Voucher (HCV) Program (Section 8)
pcaranfa@atholorangehousing.com

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

EQUAL HOUSING
OPPORTUNITY

RENT INCREASE REQUEST

RE: Rent Increase Request

Dear Owner/Agent,

Thank you for your inquiry to the process of requesting a rent increase. Rent increases are allowed once annually. Preferably, effective on the anniversary of the participant's recertification. Please note that we must receive all required forms 60 days prior to the effective date. You can send your request in advance, to coincide with a new lease.

Return all the following forms either fax, scan and email, USPS first class mail, or drop off (after hours—lobby letter slot in the office door).

1. Landlord Rent Roll
2. Go Section 8 Rent Reasonable Request form
3. Copy of rent increase notice sent to the participant/tenant

If approved, this change will be effective on the first of the month after 60 days of receipt of completed documents. Thank you in advance. Feel free to contact the office with any questions.

Sincerely,

Pamela Caranfa

Pamela Caranfa
Program Administrator

*We thank you for providing safe, sanitary and affordable housing to low-income families,
in partnership with the Housing Choice Voucher Program!*

Enclosures GoSection8 Rent Reasonable form
 Owner Rent Comparable form
 Current Payment Standard & Utility Allowance Schedule—if missing please call the office.

File

You can request an increase every year—preferably to coincide with the annual recertification. You must notify both the tenant and make the request to this office **60+ days in advance**. (We verify Rent Reasonableness with a third-party contractor and that does take a bit of time.) Example: a rent increase for Aug 1st would need to be received by May 31st.

The current payment standard December 2024 for a ONE-BEDROOM—low rise building is \$1,270 to include utilities. When utilities are not included, we use the Utility Allowance Schedule to calculate the additional cost for utilities that the tenants are responsible for, by adding them to the contract rent, which gives the “gross rent” amount. The participant/tenant would pay, the difference between the payment standard amount and the gross rent amount, in addition to their 30%.

Example #1 Contract rent \$1,130 + \$140 Utilities Allowance (electric stove, other electric, & a/c) = \$1,270 termed gross rent = \$1,270 payment standard the **Participants would pay 30% of income; which is what HUD wants to see.**

Example #2 Contract rent \$1,200 + \$140 Utilities Allowance = \$1,340 gross rent. Subtract the \$1,270 payment standard means the Participants would pay 35-40+% of their income (30% of their income, plus the additional cost over the payment standard of \$70.) This may not be affordable to the Participant, and they would have to look elsewhere for a unit to rent. We do not give landlords income information, but rather negotiate with the landlord to **keep participants in the range HUD prefers.**

Please email completed form to RROD@gosection8.com.

For immediate assistance call (561) 362-1099.

Fields with an * are required. **PLEASE PRINT CLEARLY**

TENANT INFORMATION

* First Name: _____ * Last Name: _____
 Voucher # / Reference #: _____ Housing Authority Name: _____

(STEP 1) PROPERTY LOCATION

* Address: _____ Unit Number: _____
 * City: _____ * State: _____ * Zip: _____ * County: _____

(STEP 2) PROPERTY INFORMATION

* ^{NEW} Rent Amount: \$ _____	* Bed(s): _____ * Bath(s): _____	Square Footage: _____ Year Built: _____	Quality and Condition: <input type="radio"/> Unknown <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Average <input type="radio"/> Above Average <input type="radio"/> Excellent
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* Property Type:

- House TH/Villa Apt Condo Mobile Home Row House Duplex Triplex 4plex High-Rise Low-Rise
 Condo (APT) Condo (TH/Villa) **Applicable Utility Schedule:** _____

(STEP 3) AMENITIES AND UTILITIES * Must Complete for Adjustment Accuracy

Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane	Heating Fuel Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooking fuel Type: <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil	Cooking Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Hot Water fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil	Hot Water Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Utilities: Electric paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Water Type: <input type="checkbox"/> Well Water <input type="checkbox"/> City Water	Water Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer	Sewer Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooling Type: <input type="checkbox"/> Window/Wall <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Central <input type="checkbox"/> None		
Heat Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> Radiator <input type="checkbox"/> None <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler		Indoor: <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Cable Included	Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Dryer <input type="checkbox"/> Washer/Dryer		Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal	
Outdoor: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Balcony	Parking: <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 1 Covered Space <input type="checkbox"/> Street <input type="checkbox"/> Open <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> 2 Covered Spaces <input type="checkbox"/> Assigned <input type="checkbox"/> Unknown <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> Unassigned <input type="checkbox"/> Driveway <input type="checkbox"/> None			Maintenance: <input type="checkbox"/> Pest Control Included <input type="checkbox"/> Lawn Included <input type="checkbox"/> Trash Included		

For immediate assistance call (561) 362-1099. Email completed form to RROD@gosection8.com.

By submitting this form I affirm that I am at least 18 years of age and have read and agree to GoSection8.com terms of use and privacy policy located at: gosection8.com/Main/terms_of_use.aspx



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Please complete the **Rent Roll** below for all units in the entire building at the complex / site where the subject unit is located; include both Market and Subsidized units. All rents listed below are subject to additional verification of leases.

If the unit is in abatement (HAP is held) due to failed inspection the request will automatically be denied.

*If approved, the increase will go into effect the **first of the month following 60 days** once all forms have been completed and returned to this office (including the 60-day notice sent to tenant).*

Property Address					
Has there been a change in who pays utility expenses from the initial lease?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain					
CURRENT Contract Rent		NEW Rent		Effective Date:	

RENT ROLL

Number of units in the entire building		Complex Name	
Number of Private Market Units			
Number of Subsidized Units			

Apartment Unit Number	Number of Bedrooms	Current Rent	Lease Date	Private Market or Subsidized	Indicate if there are any of the subsidy types below on the property:
					<input type="checkbox"/> Section 202
					<input type="checkbox"/> Section 221
					<input type="checkbox"/> Tax Credit
					<input type="checkbox"/> Home
					<input type="checkbox"/> Section 236
					Insured or uninsured
					<input type="checkbox"/> Section 515
					Rural Development
					<input type="checkbox"/> Other (Describe to include any state or local subsidy)
If the rent requested for the apartment above is not comparable, please explain:					

I hereby certify that the information provided on this form is complete to the best of my knowledge. I certify that the rent requested does not exceed the rent charged for other comparable unassisted units within the premises.	
Owner / Agent Signature	Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.



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Examples of FRAUD

The Department of Housing and Urban Development (HUD) Office of Inspector General (OIG) investigates cases of fraud by Public Housing Agencies (PHA's), their employees, owners/agents and tenants participating in the Housing Choice Voucher Program.

AHA policy: "the term *error* refers to an unintentional error or omission. *Program abuse or fraud* refers to a single act or pattern of actions that constitute a false statement, omission, or concealment of a substantial fact, made with the intent to deceive or mislead."

In order to provide rental assistance to as many needy families as possible, all participants in HUD sponsored programs must help properly utilize Government funds and follow HUD regulations. Incidents of fraud, willful misrepresentation, or intent to deceive, with regard to participation in HUD sponsored programs, are criminal acts. If you are suspected of committing any fraudulent acts, we are required to refer the matter to the proper authority for investigation and appropriate action. This could lead to an investigation of the allegation and could result in prosecution. As a result, you could also be terminated from the program.

Below are some examples (not all inclusive):

1. Owners/agents collecting extra (side) payments more than the family's share of the rent for unauthorized occupants or requiring the family to perform extra ordinary services in lieu of payments.
Any and all additional or side payments must be approved by the PHA;
2. Owners/agents collecting assistance payments for units not occupied by program participants;
3. Bribing PHA employees to certify substandard units as standard and other violations of Housing Quality Standards (HQS) which involve misrepresentation or deceit.
4. Applicants/Participants (Tenants) failing to report all income received by family members or changes to income (within 10 days of the change). Many people forget: new job, second job, overtime, under the table / cash, part-time work, child support, unemployment, bonuses, minor children working, etc.
5. Applicants/Participants (Tenants) failing to report changes in family composition: marriage, birth, adoption, other legal action; absent family members due to illness or moving out; and unauthorized occupants (family, friends, children, etc.) living in the unit without prior written approval from both Owners/agents and AHA.
6. Owner/agent and/or Applicant/Participant failure to disclose familial relationships (Owner of the unit is the parent, child, grandparent, grandchild, sister or brother of any member of the family.)
7. **When in doubt, call this office.**

We urge everyone to report any violations of the Housing Choice Voucher program regulations immediately to this office. All reports will be treated as confidential.

I have read and understand the statements above:

Signature OWNER/AGENT Date

Signature HEAD OF HOUSEHOLD Date

Signature OTHER ADULT Date

Signature SPOUSE / CO-HEAD / OTHER ADULT Date

Signature OTHER ADULT Date



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



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PAYMENT STANDARDS 2024

EFFECTIVE 12/1/2024

FMR

0 BR	1 BR	2 BR	3 BR	4 BR
\$1,047	\$1,155	\$1,462	\$2,049	\$2,455

SECTION 8 HOUSING CHOICE VOUCHER PAYMENT STANDARDS FOR ATHOL, MA

(Figures subject to HUD's Rent Reasonableness Requirements)

0 BR	\$1,047	110%	\$1,151
1 BR	\$1,155	110%	\$1,270
2 BR	\$1,462	110%	\$1,608
3 BR	\$2,049	110%	\$2,253
4 BR	\$2,455	110%	\$2,700

Fmr_payment_standards

For Board Minutes: fair_mark_pay_stand



**Summary
Allowance for Tenant-Furnished
Utilities and Other Services**

Locality : Athol Housing Authority - X873999		National Grid						Date : 07/01/2024	
6831 AHDD		Monthly Dollar Allowances							
Unit Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	
Mobile Home (Manufactured Home)*									
a. Natural Gas									
b. Electric	104	125	162	208	260				
c. Bottle Gas	114	138	178	229	286				
d. Oil	120	145	187	240	300				
High-Rise with Elevator									
a. Natural Gas									
b. Electric	94	116	141	174	216	252	289	327	
Row House/Garden Apt (Rowhouse/Townhouse)*									
a. Natural Gas									
b. Electric	103	138	187	233	282	328	377	426	
c. Bottle Gas	113	152	205	256	310	360	414	468	
d. Oil	119	159	215	268	325	378	435	491	
Two-Three Family/Duplex (Semi-Detached)*									
a. Natural Gas									
b. Electric	125	161	213	265	310	353	406	459	
c. Bottle Gas	137	177	234	291	341	388	446	505	
d. Oil	144	186	246	305	358	407	468	529	
Older Multi-Family (Low Rise)*									
a. Natural Gas									
b. Electric	112	147	195	242	291	334	384	434	
c. Bottle Gas	123	161	215	266	320	367	422	477	
d. Oil	129	169	225	279	335	385	443	500	
Older Home Converted (Semi Detached)*									
a. Natural Gas									
b. Electric	119	153	205	254	303	339	390	441	
c. Bottle Gas	131	168	225	279	333	373	429	485	
d. Oil	137	176	236	293	349	391	450	509	
Single Family Detached									
a. Natural Gas									
b. Electric	136	185	221	279	315	366	421	476	
c. Bottle Gas	150	203	243	307	347	403	463	524	
d. Oil	157	213	255	321	364	423	486	549	
All Unit Types-Cooking									
a. Natural Gas									
b. Electric	21	27	37	45	56	61	70	79	
c. Bottle Gas	16	20	27	33	41	44	51	58	
All Unit Types-Electricity	73	94	126	156	193	208	240	271	
All Unit Types-Water Heat									
a. Natural Gas									
b. Electric	26	33	44	55	68	73	84	95	
c. Bottle Gas	19	25	33	41	51	55	63	71	
d. Oil	21	26	35	44	54	59	68	76	
Range (Tenant Owned)	6	6	6	6	6	6	6	6	
Refrigerator (Tenant Owned)	4	4	6	6	6	8	8	8	
Water									
Sewer									

**Summary - Air Conditioning
Allowance for Tenant-Furnished
Utilities and Other Services**

Locality : Athol Housing Authority - X873999		National Grid				Effective 07/01/2024 Expires 06/30/2025	
6831 AHDD		Monthly Dollar Allowances					
Unit Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Mobile Home (Manufactured Home)	24	30	41	50	60		
High-Rise with Elevator	15	19	25	32	38	42	
Row/House Garden Apt. (Rowhouse/Townhouse)*	16	21	28	35	41	46	
Two-Three Family Duplex (Semi-Detached)*	16	21	28	35	41	46	
Older Multi-Family (Low Rise)*	15	19	25	32	38	42	
Older Home Converted (Semi-Detached)*	16	21	28	35	41	46	
Single Family Detached	28	36	48	59	71	80	

IMPORTANT DOCUMENT

- English This is an important document, please contact the Athol Housing Authority at 978-249-4848 for language assistance. You have the right to an interpreter free of charge.
- Armenian Սա կարևոր փաստաթուղթ է, լեզվական օգնության համար խնդրում ենք կապվել Athol Housing Authority-ին 978-249-4848 հեռախոսահամարով: Դուք անվճար թարգմանչի իրավունք ունեք:
- Arabic لديك. للغوية للحصول على المساعدة ا 978-249-4848 على Athol هذه وثيقة مهمة ، يرجى الاتصال بهيئة الإسكان الحق في الحصول على مترجم فوري مجاناً.
hadhih wathiqat muhimat , yurjaa aliatisal bihayyat al'iiskan Athol ealaa 978-249-4848 lilhusul ealaa almusaeadat allughawiati. ladayk alhaqu fi alhusul ealaa mutarjim fawriin mjanan.
- Chinese 這是一份重要文件，請致電 978-249-4848 聯繫 Athol 房屋管理局以獲得語言幫助。您有權免費獲得口譯員。Zhè shì yī fēn zhòngyào wénjiàn, qǐng zhìdiàn 978-249-4848 liánxì Athol fángwū guǎnlǐ jú yǐ huòdé yǔyán bāngzhù. Nín yǒu quán miǎnfèi huòdé kǒuyì yuán.
- French Ceci est un document important, veuillez contacter la Athol Housing Authority au 978-249-4848 pour une assistance linguistique. Vous avez droit à un interprète gratuitement.
- Greek Αυτό είναι ένα σημαντικό έγγραφο, επικοινωνήστε με την Athol Housing Authority στο 978-249-4848 για γλωσσική βοήθεια. Έχετε το δικαίωμα σε δωρεάν.
Aftó éinai éna simantikó éngráfo, epikoinoníste me tin Athol Housing Authority sto 978-249-4848 gia glossikí voítheia. Échete to dikaíoma se dierminéa doreán.
- Haitian Sa a se yon dokiman enpòtan, tanpri kontakte Athol Housing Authority nan 978-249-4848 pou asistans nan lang. Ou gen dwa pou jwenn yon entèprèt gratis.
- Hindi यह एक महत्वपूर्ण दस्तावेज है, कृपया भाषा सहायता के लिए एथोल हाउसिंग अथॉरिटी से 978-249-4848 पर संपर्क करें। आपके पास निःशुल्क दुभाषिया प्राप्त करने का अधिकार है।
- Italian Questo è un documento importante, si prega di contattare la Athol Housing Authority al numero 978-249-4848 per assistenza linguistica. Hai diritto a un interprete gratuito.
- Korean 이것은 중요한 문서입니다. 언어 지원을 받으려면 Athol 주택 당국에 978-249-4848로 연락하십시오. 귀하는 무료로 통역사를 이용할 권리가 있습니다.
- Polish Jest to ważny dokument, prosimy o kontakt z Athol Housing Authority pod numerem 978-249-4848 w celu uzyskania pomocy językowej. Masz prawo do bezpłatnego tłumacza.
- Portuguese Este é um documento importante, entre em contato com a Athol Housing Authority pelo telefone 978-249-4848 para obter assistência linguística. Tem direito a um intérprete gratuito.
- Russian Это важный документ. Пожалуйста, свяжитесь с жилищным управлением Athol по телефону 978-249-4848 для получения языковой помощи. Вы имеете право на бесплатного переводчика.
Eto vazhnyy dokument. Pozhaluysta, svyazhites' s zhilishchnym upravleniyem Athol po telefonu 978-249-4848 dlya polucheniya yazykovoy pomoshchi. Vy imeyete pravo na besplatnogo perevodchika.
- Spanish Este es un documento importante, comuníquese con la Autoridad de Vivienda de Athol al 978-249-4848 para obtener asistencia con el idioma. Tiene derecho a un intérprete gratuito.
- Urdu 249-978 سے 978 یہاؤسنگ اتھارٹ تھولی ای برائے مہربان ے مدد کے لیے، زبان کی زیاہم دستاوی کی ہے ای مترجم کا حق حاصل ہے ای آپ کو مفت میں پر رابطہ کر 4848
- Vietnamese Đây là một tài liệu quan trọng, vui lòng liên hệ với Cơ quan Quản lý Nhà ở Athol theo số 978-249-4848 để được hỗ trợ về ngôn ngữ. Bạn có quyền có thông dịch viên miễn phí.



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NOTICE OF RIGHTS TO REASONABLE ACCOMMODATION

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.”

Applicable federal and state law defines the term ‘disability’ means, with respect to an individual as:

- (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (b) a record of such impairment; or
- (c) being regarded as having such an impairment.

but such term does not include current, illegal drug use or addiction to a controlled substance. Major life activities are defined as functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

As an example for the federal **Housing Choice Voucher Program (HCV)** known as Section 8:

- A change in the rules or policies of how we do things that would make this program accessible to and usable by a person with disabilities or due to reasons beyond the family’s control (extenuating circumstances).
- A change in the way we communicate with you or give you information.
- AHA Policy: “A family that requires a reasonable accommodation may request a higher payment standard at the time the Request for Tenancy Approval (RTA) is submitted. The family must document the need for the exception.” Certain conditions apply. (AHA Admin Plan pg. 16-7.) Fair Housing Act (FHA) and Section 504 of the Rehabilitation Act of 1973

As an example for the state programs: **Chapter 667** elderly and disabled or **Chapter 709** family:

- A **reasonable accommodation** is a change, exception, or adjustment to a rule, policy, practice, or service that will allow a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common spaces.
- Massachusetts General Law c. 151B §§4 (6) and (7)

You may ask for this kind of change, which is called a **Reasonable Accommodation**. *We request that it be in writing using our form.* If you need help filling out a Reasonable Accommodation Request Form, or if you want to give us your request in some other way, please contact this office.

You **must** explain what type of accommodation is needed to provide the person with the disability to full access the program(s) we offer. If your request is reasonable (does not pose an “undue financial and administrative burden” or result in a “fundamental alteration” of the program), we will try to make the change you request. *In other words, what this legal phrase means:* if it is not too expensive or too difficult to arrange or change the program per state or federal laws or rules.

We will let you know if we need more information or verification from you or if possible, make suggestions of other ways that we could meet your needs.