

Waltham Housing Authority

110 POND STREET

WALTHAM, MASSACHUSETTS 02451-4505

Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator _____

Housing Authority: _____

Address: _____

From: _____ (Applicant or Resident Name – please print)

Control Number: _____

Address: _____

Town/City, State, Zip: _____

Telephone Number: (____) _____

1. Accommodation/Modification Request

On account of my disability, I request the following to permit me to have equal opportunity to use and enjoy the housing or public/common use areas, or to participate fully in the Housing Authority's programs, activities, or services:

2. Purpose of Request

This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation

Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation.)

I attest that the foregoing information is true and correct.

Signature of Applicant/Resident (or Authorized Representative)

Date