

WATERTOWN HOUSING AUTHORITY

EQUAL HOUSING OPPORTUNITY

55 WAVERLEY AVENUE

WATERTOWN, MASSACHUSETTS 02472-3613

[617] 923-3950 – Office
[617] 923.3961 – Maintenance

[617] 923.3954 – Leased Housing
[617] 923-2466 - FAX

Attachment 2: Request for Reasonable Accommodations/Modifications Form

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

(____) _____

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)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date