



**Brattleboro Housing
PARTNERSHIPS**

REQUEST FOR A REASONABLE ACCOMMODATION (RA)

Resident/Applicant Information

Name, address, phone number of person needing the reasonable accommodation (RA)

Name, address and phone number of person completing this form, if different than person needing the RA. _____

Relationship with the person needing the RA _____

A person must meet the following definition in order to be considered for a reasonable accommodation: *Has a physical or mental impairment that is expected to be of long, continued and indefinite duration; substantially impedes his or her ability to live independently; has a developmental disability as defined in 42 USC 6001; and the disability is of such a nature that the ability to live independently could be improved by more suitable housing conditions or accommodations.*

1. Does the person in need of the RA meet this definition? Yes_____ No_____

2. Change(s) Being Requested

a. What is the specific change to the apartment, development or policy that is being requested?

b. Please explain how the change(s) will enable the person to live as successfully as a non-disabled resident. The requested change must have a clear connection to the effect(s) of the disability.

PO Box 2275, Brattleboro, Vermont 05303
p: 802-254-6071 ■ f: 802-254-5590 ■ brattleborohousing.org



Equal Housing Opportunity A reasonable accommodation procedure is available for people with disabilities who wish to request modification in our programs, policies or procedures. ■ Vermont Relay Service 800-253-0191



3. Verification by Knowledgeable Professional

If needed, BHP will contact the person listed below to verify that the person requesting the accommodation has a disability, that the requested accommodation is necessary, and to discuss possible alternatives.

Please cite below one non-related third party who is a knowledgeable professional with respect to the specific disability(ies). Give complete information that is readable.

Name, Address and phone _____

In order to contact the above individual, BHP needs to have your permission. Please sign below if you agree with the following statement:

I give you my permission to contact the person listed above for the purpose of verifying that I have a disability and must have the reasonable accommodation stated above. I understand the information you obtain will be kept confidential and used solely to determine if you will provide an accommodation.

Signature _____ Date _____

If the above is signed by someone other than the person needing the accommodation, complete the following:

Name and Address _____

Relationship to person needing accommodation and indicate your legal right to sign on their behalf. _____

Please give any addition information which will be helpful in responding to this request: