



**Brattleboro Housing  
PARTNERSHIPS**

**REQUEST FOR A REASONABLE ACCOMMODATION (RA)**

Resident/Applicant Information

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

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

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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?

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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.

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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: