



**Boston Housing Authority**  
52 Chauncy Street  
Boston, Massachusetts 02111-02375

617-988-4000  
TDD 1-800-545-1833 Ext. 420

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\_\_\_\_\_  
\_\_\_\_\_

**LEASED HOUSING/SECTION 8**  
**LETTER TO VERIFICATION SOURCE**  
**FOR A REASONABLE ACCOMMODATION REQUEST**

Date: \_\_\_\_\_  
Dear \_\_\_\_\_,

Enclosed is a Certification of Need form signed by \_\_\_\_\_, asking you to verify his or her disability and need for a reasonable accommodation in his or her housing. If the household member with the disability is over 18 and is not the head of household, he or she has also signed this form authorizing your verification.

State and Federal laws require housing providers to make reasonable accommodations or changes to policies and procedures (not essential terms of the program obligations) if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of Division facilities or programs. Please note that such changes must be **necessary** as a result of the person's disability.

The applicant or participant in question has requested the accommodation described on the enclosed Request for Reasonable Accommodation. Please indicate on the **Certification of Need Form** whether you believe the individual has a disability within the definition provided at section 1, and that the accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the right accommodation for this person. If part of the applicant/resident's reasonable accommodation plan includes services to be provided by your organization, please indicate whether your organization will provide those services, and if so, when those services would begin.

**This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.**

Please provide this information to us within 20 days from the date of this letter, no later than \_\_\_\_\_. You may call me if you have any questions.

**Please return the form to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

Enclosures: RA Form # 6B  
RA Form # 2

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**RA Form # 6A**

