



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

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

**LEASED HOUSING/SECTION 8**  
**CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION**

Dear \_\_\_\_\_:

I have applied for reasonable accommodation from the Boston Housing Authority (BHA) Leased Housing Division programs and request that you fill out the following certification. Enclosed is a copy of my Request for Reasonable Accommodation.

Patient's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. In my opinion, the patient has a disability, which is defined under law as a physical or mental impairment that substantially limits one or more major life activities.

YES     NO

2. In my opinion, the patient's disability requires that the Division make reasonable accommodations in order for him or her to have equal opportunity to successfully use the \_\_\_\_\_ Division's \_\_\_\_\_ rental \_\_\_\_\_ assistance \_\_\_\_\_ programs.

YES     NO

Please describe how the accommodation your patient has requested relates to his or her disability and verify that the enclosed description of needed changes requested by your patient are necessary for equal enjoyment of the programs opportunity as a result of his or her disability. (Please use the space provided below, or attach your response to this form)

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

If you have any questions about filling out this form, please call: \_\_\_\_\_

Please indicate how current your knowledge is regarding this individual:

**Within the last six months**

**Prior to the last six months**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

Agency, Facility or Institution (if any)  
Address  
Telephone

**RA Form #6B**

