

Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator
Mansfield Housing Authority
22 Bicentennial Court
Mansfield, MA 02048

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

