

STOCKBRIDGE HOUSING AUTHORITY

PO BOX 419, 5 PINE STREET
STOCKBRIDGE MA 01262

PH: 413-298-3222 FAX: 413-298-3844
EMAIL: STOCKBRIDGEHA@GMAIL.COM

REQUEST FOR REASONABLE ACCOMMODATION

To: Executive Director
Stockbridge Housing Authority
PO Box 419, 5 Pine Street
Stockbridge MA 01262
Ph. (413) 298-3222 Fax (413) 298-3844

From: _____
Applicant Name (please print)

Address

Town/City, State, Zip

() _____
Area Code/Telephone Number

1. I have a disability which limits me in the following ways (describe): _____

2. Due to these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe): _____

3. Documentation verifying the existence of my disability, my limitations due to it, and my need for accommodation is attached. (Attach appropriate documentation).

4. I attest that the foregoing information is true and correct.

Signature of Applicant

Date

