

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវបានការបកប្រែ

សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ

អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomentu muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone: 781-794-1000

## **REQUEST FOR A REASONABLE ACCOMMODATION**

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

☐ Applicant or ☐ Resident Name

Site Name

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

If due to a disability you need:

- ✱ a change, exception, or adjustment in our rules, policies, procedures, service and activity programs, or contracted services
- ✱ a repair or change in your apartment
- ✱ a repair or change to some other part of the property
- ✱ a consideration of mitigating circumstances for admission to housing or continued tenancy in housing
- ✱ a change in the way we communicate with you



You can ask for this change, which is called a "reasonable accommodation". The accommodation **must be necessary for equal access** to the development, its amenities, services, and programs—**not just desirable**.

If your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you need.

We will make a decision within thirty (30) days, unless we agree that more time is needed to gather the necessary information to make a determination and you are notified accordingly. We will communicate with you throughout this **interactive process** and will let you know if we need more information from you and/or your third-party verifier as applicable, or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision. You may give us additional information and/or discuss whether there may be an alternative accommodation that would effectively address your disability-related needs without a fundamental alteration to our program and without imposing an undue financial and administrative burden.

Our Reasonable Accommodation forms and procedures are designed to assist you with your Request, prevent misunderstanding regarding what is being requested or whether the request was made, and to expedite the process. If you need help in using this form, or if you want to give us your request in another way, please let us know and we will help you.

The following one member of my household has a disability and is requesting a reasonable accommodation: \_\_\_\_\_

Please provide this reasonable accommodation: \_\_\_\_\_

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

I need this reasonable accommodation because: \_\_\_\_\_

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

☐ **APPLICANT/ RESIDENT SIGNATURE:** \_\_\_\_\_

☐ **REPRESENTATIVE ACTING ON BEHALF OF APPLICANT/RESIDENT  
SIGNATURE** \_\_\_\_\_

**OR**



☐ **PROPERTY MANAGER or RESIDENT SERVICE COORDINATOR:** Please check here if Applicant/Resident or their Representative has declined to provide us with their Request by completing and signing this form. Management will deem this Request to be verbal and will complete this form based on what information was expressed by the Applicant/Resident or their Representative. Management will ask the Applicant/Resident or their Representative to initial above and sign this form. If Applicant/Resident or their Representative decline, the Property Manager or Resident Service Coordinator will sign this form. This action will provide us with documentation to consider the Request, to initiate the process and assess the Request consistent with our procedure, and provide a record to show that the Request received proper consideration.

**PROPERTY MANAGER or RESIDENT SERVICE COORDINATOR SIGNATURE**

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### **EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION**

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

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### **RIGHT TO REASONABLE ACCOMMODATION**

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

