

**MALDEN HOUSING AUTHORITY****630 Salem Street****Malden, Massachusetts 02148****Telephone: (781) 322-9460****Fax: (781) 322-4838****TDD: (800) 545-1833 x103 (24 hrs.)****www.maldenhousing.org**

This is an important document. If you require interpretation, please call the telephone number below or come to our offices. Este é um documento importante. Se você precisar de interpretação, por favor, ligue para o número abaixo ou vir para os nossos escritórios. 这是一份重要文件。如果您需要解释, 请拨打下面的电话号码, 或来我们的办事处。

這是一份重要檔。如果您需要解釋, 請撥打下面的電話號碼, 或來我們的辦事處。

Dit is een belangrijk document. Wenst u een interpretatie, bel het volgende telefoonnummer of naar ons kantoor komen.

Il s'agit d'un document important. Si vous avez besoin d'interprétation, veuillez appeler le numéro de téléphone ci-dessous ou venir à nos bureaux.

אנא ידורשמב אובל וא קלהל נופלטה רפסמל רשקתהל אנ, תונשרפ תשרדנ מא. בושח קמסמ והו.

Questo è un documento importante. Se si richiede di interpretazione, si prega di chiamare il numero di telefono qui sotto o venire ai nostri uffici.

これは重要な文書です。通訳が必要な場合は、下記の電話番号に電話か私たちのオフィスに来てください。

이것은 중요한 문서를 .합니다 해석이 필요할 경우 아래 전화 번호로 전화를 또는 우리의 사무실로 와서.

Jest to ważny dokument. Jeśli wymagana jest interpretacja, wywołać numer telefonu poniżej lub wejść do naszego biura.

Это является важным документом. Если вы требуют интерпретации, позвоните ниже номер телефона или прийти к нам в офис.

Se trata de un documento importante. Si usted requiere interpretación, por favor llame al número telefónico que aparece a continuación o venir a nuestras oficinas.

Αυτό είναι ένα σημαντικό έγγραφο. Εάν απαιτείτε την ερμηνεία, παρακαλώ καλέστε τον αριθμό τηλεφώνου κατωτέρω ή ελάτε στα γραφεία μας.

Detta är ett viktigt dokument. Om du kräver tolkning, behåga appellen det nedanför telefonnummer eller kom till våra kontor

هذا وثيقة هامة. إذا كنت تحتاج إلى تفسير، يرجى الاتصال بـ

بـ رقم الهاتف أو آنداء أو لمكات بـنا.

TELEPHONE NUMBER (781) 322-9460**CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION**

THIS FORM MUST BE COMPLETED BY A QUALIFIED MEDICAL, REHABILITATION OR OTHER AGENCY PROFESSIONAL WHOSE FUNCTION IS TO PROVIDE PROFESSIONAL SERVICES TO THE DISABLED AND MAY VERIFY THE NEED.

(Please be sure to answer all applicable questions on this form.)

Head of Household: _____ **Client #:** _____

Household Member Who Needs Accommodation: _____

Address: _____ **Unit#** _____

Daytime Phone (____) _____ **Cellular Phone** (____) _____

The above household member is applying for a reasonable accommodation at the Malden Housing Authority (MHA) and is requesting that you, as his/her provider, fill out the following certification. Enclosed is a copy of the Request for Reasonable Accommodation form with his/her signature for release of information.

1. Please indicate how current your knowledge is regarding this individual:

Within the last six months _____ Over the last six months _____

Other (please explain) _____

Please check only those that apply:

2. In my opinion, the Applicant/Resident has a disability as defined below:

☐ **YES** (please continue)

☐ **NO** (proceed to last page, sign and return to the address listed on that page).

A) _____ A physical or mental impairment that substantially limits one or more major life activities.

B) _____ A record of having such an impairment.

C) _____ Is regarded as having such an impairment.

3. Please state the nature of the applicant/resident's disability _____

4. Please provide information showing that the accommodation is necessary _____

5. Please explain how the accommodation will achieve its stated purpose. That is the nexus or connection between the disability and the request _____

NOTE: The following information is requested solely for the purposes of identifying the apartment of the most appropriate size, type and design for the applicant/resident and will not be used for any other purpose. The MHA will make every effort to make the appropriate modifications or identify an appropriate apartment based on your professional opinion outlined herein.

(Please be sure to answer all applicable questions on this form.)

6. Based on your professional opinion, you: (Please check only one of the following)

- [] **Certify** that the enclosed request for changes to the apartment or common area or to rules, policies and procedures is necessary for the Applicant/Resident, as a result of his/her disability in order to have an equal housing opportunity.

OR

- [] **Can not certify** that the enclosed request is necessary for changes to the apartment or common area or to rules, policies and procedures for Applicant/Resident, as a result of his/her disability in order to have equal housing opportunity.

OR

- [] **Do not believe** the Applicant/Resident needs a change to the apartment or common area or to rules, policies or procedures, as a result of his/her disability in order to have an equal housing opportunity.

Signature

Date:

Name (Please print clearly)

Title of medical or rehabilitation professional or expert

Agency or Clinic, if applicable

Complete Address

()

Telephone

()

Fax

Please return form to:

**Malden Housing Authority
Attn: Jennifer Carlson
630 Salem Street
Malden, MA 02148
Telephone: (781) 322-5495
Fax: (781) 322-4838 (ORIGINAL MUST BE MAILED)**

Date: _____

Dear Dr. or Provider of _____:

Enclosed is a **Certification of Need** and a **Request for Reasonable Accommodation** form signed by your patient above asking you to verify her/his disability and need for a reasonable accommodation in housing. If the household member with the disability is over 18 and is not the head of household, s/he has also signed authorizing your verification.

State and Federal laws require housing providers to make reasonable accommodations or changes to either the apartment, other parts of the housing complex, or to house rules, policies and procedures (not essential terms of the lease) if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the apartment and other facilities or programs at the site. Please note that such changes must be **necessary** as a result of the person's disability. Please note the definition of a disability on the request form.

The applicant or resident in question has requested the accommodation described on the enclosed **Request for Reasonable Accommodation**. Please indicate on the **Certification of Need** form whether based on your professional opinion if the individual has a disability within the definition provided at #1 of the request form, and that the accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be relevant and 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 will 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.

If you have questions, please contact me at: (781) 322-5495.

Thank you for returning this form to me before the deadline: **20 days from the above date**.

Sincerely,

Jennifer Carlson

	<p>This is an important notice. Please have it translated. هذا المهم إشعار. الرجاء قد ت رجعت. 这是一个重要的通知。已请翻译。Dit is een belangrijke mededeling. U hebt het vertaald. Il s'agit d'un avis important. Veuillez avoir il traduit. 這是一個重要的通知。已請翻譯。Dies ist ein wichtiger Hinweis. Bitte haben Sie übersetzt. הבושה העדוה יהוז. erovaf reP .etnatropmí osívva nu è otseuQ. אנ אותו יש לתרגם. sono tradotti. [身近なもの・人をさして] この이것은 중요한 통보. 제발 번역된 있습니다. Jest to ważne ogłoszenie. Proszę mieć tłumaczone. Este é um aviso importante. Por favor, já traduzidos. Это важная информация. Пожалуйста перевод. Se trata de un aviso importante. Por favor, se han traducido. Αυτό είναι μια σημαντική ειδοποίηση. Παρακαλώ το μεταφράζει. Detta är ett viktigt märker. Behaga har det att översättas.</p>	 EQUAL HOUSING OPPORTUNITY
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