



**Biddeford Housing**  
22 South Street | P.O. Box 2287  
Biddeford, ME 04005  
207-282-6537 | www.bhousing.org

## Reasonable Accommodation Request and Verification

### Section 1: To be completed by the Household

Head of Household Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The following member listed below is a member of my household and has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities or a record of having or being regarded as having such an impairment), or the Maine Human Rights Act definition. Link: <https://legislature.maine.gov/statutes/5/title5sec4553-A.html>

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As a result of a disability, the following reasonable accommodation is necessary to have the opportunity to equally participate in the housing program.

**Accommodation Request:** \_\_\_\_\_  
\_\_\_\_\_

Biddeford Housing (BH) may verify the disability and the need for this request by contacting the following reliable third party. This verification may be obtained from any of the following: a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability:

Name: \_\_\_\_\_ Title or Role: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

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

I, Head of Household/guardian/or individual requesting the accommodation give BH permission to contact the above individual for the purposes of verifying that I (or a family member) have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether you will provide an accommodation.

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

Biddeford Housing Authority (BHA) will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations are necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. Please complete the following so that we may fully assess your request.

