



David P. Connor
Executive Director

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Name _____
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The following member of my household has a disability:

Name _____

You may verify the need for this request by contacting my physician.

Name _____
Address _____
Telephone Number _____

I have applied or live in housing with the Winchendon Housing Authority (WHA) and request that you complete the following certification for purposes of verifying that I or a member of my family needs a reasonable accommodation as requested below.

Signed _____ Date _____

DO NOT WRITE BELOW THIS LINE. PHYSICIAN PLEASE COMPLETE BELOW.

In my opinion, Tenant has a disability as defined below () Yes () No

- A) A physical or mental impairment that substantially limits one or major life activities.
- B) A record of having such impairment
- C) Being regarded as having such impairment

Please complete the rest of the form only if the adaptation to the housing unit or common area is needed, or certain accommodations in the development's housing policies are needed.

In my opinion, the Applicant or Tenant's disability requires that a wheelchair-accessible unit be made available to the Applicant or Tenant. () Yes () No

In my opinion, the Applicant's or Tenant's disability requires that other physical modifications to the unit or common area or reasonable accommodations to the rules and policies of the housing development (please describe below) be made in order for the Applicant or Tenant to have equal opportunity to live successfully in the housing.
() Yes () No

Please specifically describe the special housing features, types of physical adaptations, or accommodations in rules or policies which are needed. If necessary, please verify that the enclosed description of needed changes, requested by the Applicant or Tenant, are necessary for equal enjoyment of the housing opportunity.

Physician's Signature _____ Date _____

Please return this completed form to the Winchendon Housing Authority, 108 Ipswich Drive, Winchendon, MA 01475-1217. Thank You.