



## Office of Housing and Residential Life Housing Accommodation Request Form



## EQUAL HOUSING OPPORTUNITY

To request a housing accommodation based on a documented medical need, please complete the included form below, and provide all supporting documentation required. Only students who are **confirmed** for housing will be considered for a housing accommodation.

Review of accommodation requests will take place from the beginning of March – the end of June for the upcoming academic year. Your request will be reviewed by a committee including members from Housing and Residential Life, Ross Center for Disability Services, and University Health Services. An email will be sent to you when a decision has been made regarding your request.

The Office of Housing and Residential Life attempts to meet the requests of all students with disability requests. All requests will be reviewed, but not all may be granted. Submission of this form does not guarantee approval for accommodation.

Single occupancy spaces are extremely limited on-campus. If possible, please consider alternative options which may meet your needs. Additionally, the residence halls are a community environment and are not a distraction free, and it cannot be guaranteed that any space will be distraction free or consistently quiet.

Students requesting housing accommodations based on a documented medical need are required to provide supporting documentation from their licensed medical provider. Please read and review the documentation guidelines prior to submitting this form.

The Fair Housing Act defines a *disability* as a physical or mental impairment that substantially limits one or more major life activities, such as walking, seeing, hearing, speaking, learning, working, caring for oneself. People who are regarded as disabled or have a record of a disability are also protected.

*\*Please note that this process is separate from the Ross Center accommodation request process. Please reach out to the Ross Center for Disability Services if you need non-housing related accommodations. They can be contacted at [ross.center@umb.edu](mailto:ross.center@umb.edu). If you have questions regarding meal plan accommodations, please reach out to [mealplan@umb.edu](mailto:mealplan@umb.edu).\**

### **Supporting Documentation Guidelines:**

- **Clearly state the disability diagnosis and its functional limitations.**
- **State how these limitations impact one's college housing experience.**
- **Clearly state recommendations for college-appropriate accommodations. Recommendations should make evident how the disability impacts the student and what accommodations are being requested.**
- **Must be from a licensed medical or mental health professional.**
- **Be no older than 3-5 years and must include a recent evaluation by a licensed medical professional who is not a family member. If this timeline is a concern, please email [housing@umb.edu](mailto:housing@umb.edu).**
- **Must include the provider's official letterhead, dated, and signed – include state license #**

### **To be completed by the student:**

Students First & Last Name: \_\_\_\_\_ UMB ID # \_\_\_\_\_

UMass Boston Email: \_\_\_\_\_

Please describe your documented disability or medical condition(s) requiring accommodations:

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Please state your requested accommodation. If requesting a specific room type, please make sure to include the full title (example: double community, single private, double private, single community). To review room types and rates please follow this link: <https://www.umb.edu/campus-life/housing-dining/on-campus/floor-plans-room-rates/>

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Please explain an effective alternative if the preferred requested accommodation(s) are not possible:

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Additional information that may be useful in supporting your request for an accommodation:

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

This signature authorizes the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and participate in on-campus housing.

**Requests for an accommodation will not be reviewed without proper supporting documentation from your licensed medical provider.**

Please submit this form and your supporting documentation by email to [housing@umb.edu](mailto:housing@umb.edu)

Office of Housing and Residential Life

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