

SOMERVILLE HOUSING AUTHORITY
Language Identification Sheet
(yellow sheet)

Name: _____

Address: _____

Telephone No.: _____ Cellular: _____

Alternative Contact Person (optional):

Name: _____ Tel. No. _____

Language Spoken at Home: _____

_____ I will prefer to receive SHA correspondence in the following language (if available): _____.

_____ I will request interpretation services when doing business at SHA and upon request. I must call the office at 617-625-1152 to make an appointment.

_____ Not applicable (if you do not need translation or interpretation services)

Signature

Date

OFFICE USE ONLY:

_____ Tenant Selection

_____ Public Housing

_____ Section 8

_____ Public Safety

SHA Representative

Date