Housing Authority

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.3929 Fax: 720.564.2283 **www.bouldercountyhhs.org**

HOUSING ASSISTANCE PROGRAMS STAFF LIST

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Reasonable Accommodation Request Form

Date: _____

Name: _____

Address: _____

Dear _____:

In accordance with federal Fair Housing laws, Boulder County Housing Authority is committed to ensuring that all of our housing applicants and participants, including people with disabilities, have equal access to our program, which may require a modification to our policies and procedures.

If you would like to request a Reasonable Accommodation because of a disability, please complete the enclosed forms and return it to your case manager. Please note that one of these forms requires completion and a signature from the physician/health care provider.

A request is considered “reasonable” if it does not create an undue administrative and financial burden for us, and if it does not change the fundamental nature of our program.

An "accommodation" is defined as a change in our policies or procedures; a repair or change in your apartment; a repair or change to some other part of the property; or a change in the way we communicate with you.

An “accommodation” may include one of the following, although other requests will be considered:

- Additional bedroom size unit;
- Renting from a relative;
- A live-in aide that is required to sleep in the unit;
- Need to live near services or caregivers;
- Require a service/companion animal;
- Extension or reinstatement of voucher;
- Waiver of any deadline to request an appeal of a decision regarding housing assistance; or
- Waiver or change in any Boulder County Housing policy or procedure

Committee Meetings, during which requests are reviewed, are held regularly. A notification, informing you of when your request will be reviewed, will be mailed to you within two weeks of that meeting. You will be notified if additional information or verification is needed to consider your request.

Sincerely,

Housing Occupancy Assistant

Boulder County

Housing Authority

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Request for Reasonable Accommodation

To be completed by the Head of Household

EQUAL HOUSING OPPORTUNITY

Head of Household Name and Address:

Name of Household Member Needing R.A.: _____

What is the accommodation you are requesting?

_____

_____

_____

Why do you need this accommodation?

_____

_____

_____

How is this related to your disability?

_____

_____

_____

_____ _____

Signature of Head of Household Date

Please note that your signature here also acts as an authorization to release the requested information and documentation to your health care provider.

Cindy Domenico *County Commissioner* **Deb Gardner** *County Commissioner* **Elise Jones** *County Commissioner*

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Reasonable Accommodation Request Verification

To be completed by the physician of the household member requesting the accommodation.
Please return the completed form or direct questions to your Housing Occupancy Assistant**.**

RE: _____

Public Housing Authorities are required to verify the disability of applicants and tenants claiming to be disabled to determine their eligibility for the housing program and to compute assistance. The resident has signed a release on the previous page, giving you permission to supply us with this information.

The Department of Housing and Urban Development (HUD) defines a disabled person in 3 ways:

1. A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
2. A developmentally-disabled person is one with a severe chronic disability that:
   a. is attributable to a mental and/or physical impairment;
   b. as manifested before age 22;
   c. is likely to continue indefinitely;
   d. results in substantial functional limitations in three or more of the following areas:
      - capacity of independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
      - requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
3. A disabled person is one who has a physical, emotional or mental impairment that:
   a. is expected to be of long-continued or indefinite duration;
   b. substantially impedes the person's ability to live independently;
   c. is such that the person's ability to live independently could be improved by more suitable housing conditions.

Please note that the reasonable accommodation request must be for something that his *necessary* for the person to have equal access and utilization of the housing assistance program, and not just *desired* by them. By signing this document, you are indicated that you believe the accommodation is necessary and will achieve its stated purpose.

Oath or Acknowledgement

The undersigned certifies that the head of household listed above, or a member of their household, requesting this reasonable accommodation should be considered disabled in accordance with the definition above.

The undersigned swears to the truth of the above statements or acknowledges their truth under the penalty of perjury and with the understanding that the making of a materially false statement in connection with this program would constitute a violation of Title 18, U.S.C. Section 1001 which is a felony for which fine and imprisonment of not more than 5 years may be adjudged and/or a violation of Maine State law, 17-A M.R.S. Sections 452 and 453.

_____

Signature of Physician/Health Care Provider Listed Above Date Phone

_____

Printed Name Title Firm/Organization

Cindy Domenico *County Commissioner* **Deb Gardner** *County Commissioner* **Elise Jones** *County Commissioner*