



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

Division of Housing

In accordance with the Americans with Disabilities Act (ADA) and the Fair Housing Act, it is the policy of Division of Housing (DOH) to provide reasonable accommodations for applicants and participants with disabilities, when necessary, to ensure an equal opportunity to participate in or benefit from DOH housing programs.

A reasonable accommodation is a change, adaptation or modification to a policy, program or services which will allow a person with a disability as defined under the federal civil rights law the equal opportunity to participate fully in DOH's housing programs. Federal regulations require that requests for accommodations be considered reasonable if they do not create an undue financial and administrative burden for DOH, or result in a fundamental alteration in the nature of the program. There must also be an identified relationship between the required accommodation and the individual's disability.

A person with a disability, as defined under federal civil rights law, is any person who:

- Has a physical or mental impairment that substantially limits one or more major life activities, or
- Has a record of such impairment, or
- Is regarded as having such impairment

For reasonable accommodations, disability status and the need for a reasonable accommodation must be verified and documented initially by a knowledgeable professional. A request for continued need must be completed annually by or on behalf of the participant.

Examples of a reasonable accommodation may include:

- Providing time extensions for locating a unit
- Permitting participants to rent from a relative
- Permitting participants to have a live-in aide
- Exception payment standards for accessible units

Requests for accommodations must be assessed on a case-by-case basis, taking into account factors such as the cost of the requested accommodation, the financial resources of DOH at the time of the request, the benefits that the accommodation would provide to the family, and the availability of alternative accommodations that would effectively meet the family's disability-related needs.

If you or a member of your household have a disability and require an accommodation, you may request it, in writing, at any time during the application process or after admission. You may obtain a Request for Reasonable Accommodation form from your local residential coordinator or by contacting DOH at:

Division of Housing
1313 Sherman, Room 320
Denver, CO 80203
303.864.7852 (phone)
303.864.7857 (fax)

DOH will respond to your request within ten (10) business days from the date the request was received. If additional information is necessary, you will receive a written request from DOH outlining what is needed. Whether your request is approved or denied, you will be notified in writing. Should your request be denied, you have the right to appeal the decision.





Request for Reasonable Accommodation

Head of Household: _____

Person requesting a Reasonable Accommodation: _____

Address: _____ Phone: _____

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act defines a “disability” as a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such an impairment.

1. Based on *the above* definition I consider myself to be an individual with a disability.

Yes

No

2. As a result of my disability, I am requesting a reasonable accommodation in order to have an equal opportunity to participate in, or benefit from, Division of Housing (DOH).

Yes

No

3. As a result of my disability, I am requesting the following accommodation in order to have an equal opportunity to participate in DOH's housing programs: _____

4. As a result of my disability, the above accommodation is necessary because: _____

5. Verification Information: Please provide DOH with the contact information of a knowledgeable professional who can verify the disability and the need for the requested reasonable accommodation:

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Authorization to Release Information: I authorize the individual/care provider listed above to disclose relevant information to Division of Housing verifying that I have a disability and need the accommodation I have requested. I understand that the information that DOH obtains will be kept confidential and used solely to determine if an accommodation should be provided.

Name of Participant: _____

Signature of Participant: _____ Date: _____

Please return this form to:

Colorado Division of Housing 1313
 Sherman St. Room 320 Denver, CO
 80203





Verification of Need for Reasonable Accommodation

Participant's Name: _____ Last four SSN: _____

Date: _____

The individual listed above has identified him/herself as being a person with a disability and has requested an accommodation from the Division of Housing (DOH) in order to have an equal opportunity to benefit from its housing programs. An accommodation must be reasonable and there must be an identifiable relationship between the requested accommodation and the applicant or participant's disability. You have been authorized to release information to us regarding the need for an accommodation. (Please see the Authorization to Release Information accompanying this form).

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act define a disability as a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such an impairment.

1. Does this individual have a disability, as defined above? Yes No
2. Describe how the requested reasonable accommodation on the attached Request for Reasonable Accommodation form is necessary to afford this individual the opportunity to access housing, maintain housing, or for full use and enjoyment of the housing.

3. Is the accommodation requested directly related to the participant's disability? Yes No

Name and address of person completing form:

Printed Name: _____

Title: _____

Address: _____

Telephone Number: _____

Fax number: _____

Signature: _____

Date: _____

Note: Please attach additional pages if necessary to provide any additional information that may assist us in reaching a decision.

