



Housing Authority

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.3929 Fax: 720.564.2283 www.bouldercountyhhs.org
Colorado Relay TDD (800) 659 3656

Reasonable Accommodation Request Packet

Dear Reasonable Accommodation Requestor:

In accordance with federal Fair Housing laws, Boulder County Housing Authority (“BCHA”) is committed to ensuring that all housing applicants, residents and program participants, including people with disabilities, have equal access to BCHA’s programs, which may require a modification to its policies and procedures.

An accommodation request is considered “reasonable” if it does not create an undue administrative and financial burden for BCHA, if it does not change the fundamental nature of its programs or operations, and if it does not pose a direct threat to the health and safety of other individuals. It is defined as a change in policies, procedures, services, and reasonable modifications of structural items. There must be an identifiable relationship between the requested accommodation and the individual’s disability, and the requested accommodation must be necessary to ameliorate the effects of the disability and provide the person with the disability an equal opportunity to use or enjoy the program.

The following forms are included in this packet:

Page 1 – Cover Sheet

Page 2 – Tenant Request Form (to be completed by head of household)

Page 3-4 –Third Party Verification/Acknowledgement Form (to be completed by a verifier)

Page 5-6 – Staff Questionnaire (to be completed by case manager, property manager or other staff)

Committee Meetings are held on the 4th Thursday of each month. Please note that some meetings may either be rescheduled or cancelled due to holidays, especially at the end of the year. Please check with your case manager or property manager to confirm dates.

You will receive a form notifying you of the committee’s determination within seven (7) business days of that meeting. You will be notified if additional information or verification is needed to consider your request.

Sincerely,
The Reasonable Accommodation Committee

Boulder County, in accordance with the Fair Housing Act, prohibits discrimination in its programs and activities on the basis of race, color, age, religion sex, sexual orientation, disability, familial status or national origin. Reasonable accommodations and modifications may be requested to ensure equal access by people with disabilities to its programs and activities. To request an accommodation or modification, please call the Department of Housing and Human Services Call Center at 303/441-1000.





Housing Authority

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.3929 Fax: 720.564.2283 www.bouldercountyhhs.org
Colorado Relay TDD (800) 659 3656

Reasonable Accommodation Request Tenant Request

To be completed by the head of household

Head of Household Name: _____

Address: _____

The following household member has a disability because: He or she has a physical or mental impairment that substantially limits one or more life activities or has a record of having such impairment or is regarded as having such impairment.

Name of household member requesting an accommodation: _____

Relationship to Head of Household (e.g. son, parent): _____

1. What is the accommodation you are requesting?

2. What is the basis for your request?

3. Your unit currently contains the following items related to this accommodation request:

_____ _____
_____ _____

Please attach all documentation or letters of support from a third party verifier (please see third party verification form if you don't receive a letter from your medical provider). Incomplete forms or forms without documentation may delay the request process and/or may require re-submittal.

Signature, Head of Household

Date





Housing Authority

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.3929 Fax: 720.564.2283 www.bouldercountyhhs.org
Colorado Relay TDD (800) 659 3656

Reasonable Accommodation Request

(page 1 of 2)

To be completed by a third party verifier

A third party verifier should be able to attest to the requestor's disability and need for accommodation, and may be from a medical provider; licensed health care provider; professional representing a social service agency, disability agency or clinic; a peer support group; a non-medical service agency; or a reliable third party who is in a position to know about the individual's disability.

Verifier (Printed) Name and Title

Business Name

RE: (Requestor's Name) _____

Date: _____

Public housing authorities are required to verify the disability of participants in order to make a Fair Housing determination. Boulder County Housing Authority (BCHA) and the tenant listed above are inquiring: a) whether the tenant has a physical or mental impairment that substantially limits one or more major life activities, including any functional limitations associated with such impairment(s), b) whether the tenant's medical condition precludes them from residing in their current unit (or unit for which they have applied) and c) any suggested accommodations that would enable them to reside in their unit (or unit for which they have applied).

The Department of Housing and Urban Development (HUD) defines a person with a disability as: an individual who has a physical or mental disability that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such impairments.

Please note that the accommodation request must be for something that is necessary for the person to have equal access and utilization of the housing assistance program, and not just desired by them.

Verifier: Please respond to the questions below. Attach additional information/pages if necessary.

1. What is the purpose of the Reasonable Accommodation request? _____

2. In your opinion, if this request is granted, how will it benefit the Requestor's overall well-being as related to her or his physical or mental impairment?





Housing Authority

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.3929 Fax: 720.564.2283 www.bouldercountyhhs.org
Colorado Relay TDD (800) 659 3656

-
3. Does the Requestor have impairment (defined as any physiological disorder or condition affecting one or more of the body's systems, including mental conditions)? Yes No
 4. If yes, does the impairment affect any of their major life activities (including but not limited to caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, thinking, concentrating, communicating, and working)? Yes No
 5. If yes to #2, please identify the major life activity/activities affected by the impairment. _____

 6. If yes to #2, is the Requestor's ability to perform the major life activity or activities substantially limited by the impairment compared to how an average person in the general population performs the activity? Substantial limitation means that patient is restricted as to the condition, manner, or duration under which he or she performs the activity. Yes No
 7. Is the Requestor's condition permanent or temporary? Temp Perm Please explain below.

 8. If the condition is temporary, when do you expect that the Requestor's impairment would be reasonably expected to no longer limit their major life activity? Yes No
 9. Is there a medical reason why the Requestor cannot reside in the current unit as described to you?

 10. If yes to #9, what are the barriers to the Requestor residing in the unit?

 11. Please include any additional information if necessary. _____

Please choose one option below:

It is my opinion that:

- The accommodation is necessary and will achieve its stated purpose.
 - The accommodation is not necessary and will not achieve its stated purpose.
- (Optional) _____

Please sign below:

Signature, Verifier

Date

Thank you for your attention to this matter. Please return this form to your patient or to: RA Committee, Boulder County Housing Authority, PO Box 471, Boulder, CO 80306-0471, fax to 720/564-2283 or email to hofrontdesk@bouldercounty.org.





Housing Authority

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.3929 Fax: 720.564.2283 www.bouldercountyhhs.org
Colorado Relay TDD (800) 659 3656

Reasonable Accommodation Requests Staff Questionnaire

Date: _____

Requestor's Name: _____ Staff's Name: _____

1. Which program is Requestor connected to? (Please check one or more options below.)

- Section 8 BCHA Tenant Family Self-Sufficiency Tenant-Based Rental Assistance
- Senior Project-Based Housing Other _____

2. Has the Requestor previously requested for a Reasonable Accommodation? Yes No

If yes, what was the outcome? _____

3. Please describe the Requestor's residence as it relates to their request (i.e., unit size/# bedrooms, location of unit/level, steps, and existing accessibility modifications/devices in their unit).

4. Do you recommend that her/his Accommodation request be approved? Yes No Please explain why or why not:

5. Lease/Rent/Voucher Information

- What is the date of their next recertification? _____
- When does their current lease end (if in a non-BCHA unit)? _____
- How many bedrooms does their current voucher allow (if they have a voucher)? _____
- What is their current rent amount? _____
- Do you know of an anticipated increase in rent? Yes No If so, when? _____ and how much? _____

Additional staff comments (if applicable):





Housing Authority

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.3929 Fax: 720.564.2283 www.bouldercountyhhs.org
Colorado Relay TDD (800) 659 3656

This page is intentionally left blank.

