



# Housing Authority

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

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## Reasonable Accommodation/Modification 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 BCHA to make an accommodation to its policies and procedures or a structural modification.

An “accommodation” is a change in rules, policies, or procedures.

A “modification” is a structural change to a unit or public common area. Please note that you may be responsible for contributing to the cost of a modification, depending on the request and which program you participate in.

A 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. There must be an identifiable relationship between the request and the individual’s disability, and the request must be necessary to ameliorate the effects of the disability and provide the individual 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 3-5 –Third Party Verification Form (to be completed by a verifier)

Page 6-7 – Staff Questionnaire (to be completed by case manager, property manager or other staff)

**Please return the completed packet to your case manager or property manager for submittal to the Committee.**

Please Note: Committee Meetings are held monthly or more as needed. 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.





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## Tenant Request (Page 1 of 1) 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 Requestor (household member with an impairment): \_\_\_\_\_

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

1. Please describe how your use and enjoyment of the program or unit (or the unit that you have applied for) is being limited.

\_\_\_\_\_  
\_\_\_\_\_

2. What is the accommodation you are requesting?

\_\_\_\_\_  
\_\_\_\_\_

3. How will this accommodation enable your use and enjoyment of the program or unit (or the unit that you have applied for)?

\_\_\_\_\_  
\_\_\_\_\_

4. Please describe any alternative accommodations that could accomplish the same purpose:

\_\_\_\_\_  
\_\_\_\_\_

5. Please list any previous requests that you have made related to this purpose, and the date requested:

\_\_\_\_\_  
\_\_\_\_\_

Please have a third-party verifier or your medical provider complete pages 3-5, and attach any additional documentation or letters of support you have received from the verifier or your medical provider. Incomplete forms may delay the request process and/or may require re-submittal.

\_\_\_\_\_  
Signature, Head of Household

\_\_\_\_\_  
Date





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## Reasonable Accommodation Request

### Third Party Verification Form (Page 1 of 3) to be completed by a third party verifier

A third party verifier is a person who is in a position to be able to attest to the requestor's disability and need for accommodation. A third party verifier may be 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: \_\_\_\_\_ Verifier Phone Number: \_\_\_\_\_

RE: (Requestor's Name) \_\_\_\_\_ Date: \_\_\_\_\_

Please check a box below to specify the Verifier's relationship to the Requestor:

- Medical provider**  
Business Name/Position Title: \_\_\_\_\_
- Licensed health care provider**  
Business Name/Position Title: \_\_\_\_\_
- Professional representing a social services agency**  
Agency Name/Position Title: \_\_\_\_\_
- Reliable third party who is in a position to know about the individual's disability** (for example, non-medical service agencies, peer support group member, family member)  
Relationship to Requestor: \_\_\_\_\_  
Length of time you have known Requestor: \_\_\_\_\_

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: 1) whether the participant/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), 2) whether the participant/tenant's impairment precludes them from fully enjoying a BCHA program or residing in their current unit (or unit for which they have applied) and 3) whether the suggested accommodation would ameliorate the effects of the disability and provide the participant/tenant an equal opportunity to use or enjoy the program/unit (or unit for which they have applied).





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## Third Party Verification Form (Page 2 of 3)

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. Does the Requestor have an impairment (defined as any physiological disorder or condition affecting one or more of the body's systems, including mental conditions)?  Yes  No
2. If yes, does the impairment substantially limit their ability to perform 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

3. If yes to #2, please identify the major life activity/activities affected by the impairment:

\_\_\_\_\_

4. Is the Requestor's impairment permanent or temporary?  Temporary  Permanent

Please explain. \_\_\_\_\_

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? \_\_\_\_\_

5. Does the Requestor's impairment preclude them from fully enjoying a BCHA program or residing in their current unit (or unit for which they have applied), as it has been described to you?  Yes  No

If yes, please explain how: \_\_\_\_\_

\_\_\_\_\_

6. What is the Reasonable Accommodation request?

\_\_\_\_\_

\_\_\_\_\_





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## Third Party Verification Form (Page 3 of 3)

7. In your opinion, how would this accommodation improve the Requestor's use or enjoyment of their program or unit (or the unit which they have applied for)?

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8. Please include any additional information, if necessary.

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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, explain:)  
\_\_\_\_\_  
\_\_\_\_\_

Please sign below:

\_\_\_\_\_  
Signature, Verifier

\_\_\_\_\_  
Date

Thank you for your attention to this matter. Please return this form to the Requestor 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](mailto:hofrontdesk@bouldercounty.org).





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## Reasonable Accommodation Request Staff Questionnaire (Page 1 of 2)

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Staff's Name: \_\_\_\_\_

1. Which program is Requestor participating in? (Please check all that apply.)

- Housing Choice (Section 8)                       BCHA Tenant                       Family Self-Sufficiency
- Senior Project-Based Housing                       Applicant / Potential Client
- Other \_\_\_\_\_

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

If yes, what was the outcome? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you recommend that their Accommodation request be approved?  Yes  No                      Please explain:

\_\_\_\_\_

\_\_\_\_\_

5. Please complete with all information relevant to this client:

- The requestor is a current tenant. Please list:
  - The date of their next recertification: \_\_\_\_\_
  - The date their current lease ends (if in a non-BCHA unit): \_\_\_\_\_
  - If they have a voucher, the number of bedrooms: \_\_\_\_\_  No voucher
  - Their current rent amount: \_\_\_\_\_
  - If there is a known anticipated rent increase, state the date it will increase \_\_\_\_\_ and the amount of the anticipated increase: \_\_\_\_\_
  
- The requestor is not a current tenant. Please list:
  - Issuance date: \_\_\_\_\_
  - Expiration date: \_\_\_\_\_
  - Number of bedrooms: \_\_\_\_\_





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## Staff Questionnaire (Page 2 of 2)

Additional staff comments (if applicable):

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