GARFIELD COUNTY HOUSING AUTHORITY
1430 RAILROAD AVENUE, UNIT F
RIFLE, CO 81650
(970) 625-3589 or (888) 627-3589 Ext. 102
Fax (970) 625-0859 * TTY (800) 659-2656

CONTINUED NEED FOR REASONABLE ACCOMMODATION(S)

Head of Household: _____

Person requesting Reasonable Accommodation(s): _____

Address: _____ Telephone:_____

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. {42 USC§12102 – Definition of disability}. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

1. Based on the above definition I consider myself 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 assistance from this agency.

   ☐ Yes ☐ No

Our records indicate you have been approved for a reasonable accommodation(s) and provided the required professional verification. From this point forward, you are only required to declare you have an ongoing need for this accommodation(s).

3. My previously requested, verified and approved reasonable accommodation(s) is still needed for_____

   (Please listed reasonable accommodation you are currently receiving)

   ☐ Yes ☐ No

☐ If you were approved for a live-In Aide, you must provide the name of this individual below and have them sign certifying they reside in the unit and continue to act as your Live-in Aide.

_____ _____

Print Name of Live-in Aide Signature of Live-in Aide

By signing and dating this form, I am certifying I continue to require the above reasonable accommodation(s). If at any time I no longer require this accommodation I am required to contact the housing authority immediately to report this change.

_____ _____

Head of Household signature Date

_____ _____

Person requiring Accommodation signature Date

Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Equal Opportunity Housing