



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

REQUEST FOR REASONABLE ACCOMMODATION AND RELEASE

If you, a member of your household, or someone associated with you has a disability and feel that there is a need for a reasonable accommodation for that person to have equal use of the program, please complete this form and the release below and return to Garfield County Housing Authority, 1430 Railroad Avenue Unit F-1, Rifle, CO 81650. If you need assistance in filling out the form call us at 970-625-3589.

Name of Tenant or Applicant: _____ Today's Date: _____

Signature of Tenant or Applicant: _____

The person(s) who has a disability requiring a reasonable accommodation is: (check one)
 Myself A person associated with me (such as household member or guest).

Name of person with disability: _____

Phone: _____ Address: _____

I am requesting a change in a rule, policy or procedure. I need the following change (use separate sheet of paper if additional space is needed for your request):

I need reasonable accommodation because: (The reason for your reasonable accommodation must be related directly to your disability. If you need additional space for your response please use separate sheet of paper.)

Licensed Professional, who can verify disability of applicant, tenant, household member or guest, and need for reasonable accommodation:

Name & Title: _____ Phone: _____

Address: _____

Release: I hereby authorize the health care provider listed above to provide the requested information about me on the attached verification form to Garfield County Housing Authority for the limited purpose of determining whether I or the tenant whom I seek to visit is entitled to a reasonable accommodation:

Signature of Tenant, Applicant or Guest: _____ 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.





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VERIFICATION: REQUEST FOR REASONABLE ACCOMMODATION

TO: _____

RE: Name of Tenant, Applicant or Guest: _____

Address: _____

Dear _____:

The tenant or applicant for tenancy listed above has sought the reasonable accommodation described in the attached Request for Reasonable Accommodation form, and has signed the release of information on that form to permit you to help us verify this request. State and Federal Laws require housing providers to make "reasonable accommodations" (exceptions or changes) to policies and procedures of our program (unless such accommodations is unduly burdensome to the agency) and the accommodation requested will enable the party an equal opportunity to use and enjoy the benefits of this federally funded program.

Under the law, a person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness and in recovery from drug addiction or alcoholism. This definition does not include anyone who is currently using illegal drugs or poses a direct threat to the safety of others. Using the above definition, is the tenant, applicant, household member or guest listed above a person with a disability?

Yes () No ()

In your professional opinion, does the tenant or applicant need the accommodation listed in the attached Reasonable Accommodation Request form to have an opportunity equal to that of a non-disabled applicant, tenant or guest to fully participate in the Housing Choice Voucher Program?

Yes () No ()

Name & Title of person supplying information: _____

Firm/Organization: _____ Phone: _____

Signature: _____ Date: _____



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