



## **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**

**[www.garfieldhousing.com](http://www.garfieldhousing.com)**

### **NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**

In accordance with the Americans with Disabilities Act (ADA) and the Fair Housing Act, it is the policy of Garfield County Housing Authority (GCHA) to provide reasonable accommodations for applicants and participants with disabilities, when necessary, to ensure an equal opportunity to participate in or benefit from GCHA 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 GCHA'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 GCHA, or result in a fundamental alteration in the nature of the program. There must 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 annually by a knowledgeable professional.

Examples of a reasonable accommodation may include:

- Providing time extensions for locating a unit
- Permitting participants to have a live-in aide

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 GCHA 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 think you need an accommodation, you must request it, in writing, at any time during the application process or after admission. You may obtain Reasonable Accommodation form from your residential coordinator or by contacting GCHA at:

**Garfield County Housing Authority**

**1430 Railroad Ave Unit F-1**

**Rifle CO 81650**

**970-625-3589 (phone)**

**970-625-0859 (fax)**

GCHA will make every effort to respond to your request within ten (10) business days of receipt of the request. If additional information is necessary, you will receive a written request from GCHA detailing 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.



**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. This institution is an equal opportunity provider and employer.**





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Head of Household: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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. Because of my disability, I am requesting a reasonable accommodation to have an equal opportunity to participant in or benefit from Garfield County Housing Authority (GCHA).

Yes  No

Because of my disability, I am requesting the following accommodation to have an equal opportunity to participate in, or benefit from, GCHA's housing program:

3. \_\_\_\_\_  
\_\_\_\_\_

4. Because of my disability, the above accommodation is necessary because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Verification Information: Please provide GCHA 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: (\_\_\_\_\_) \_\_\_\_\_

**Authorization to release information:** I authorized the individual/care provider listed above to disclose relevant information to Garfield County Housing Authority verifying that I have a disability and need the accommodation I have requested. I understand that the information that GCHA obtains will be kept confidential and used solely to determine if an accomodation should be provided

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

2/2019



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**VERIFICATION: REQUEST FOR REASONABLE ACCOMMODATION**

Participant's Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

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

The individual listed above has identified him/herself as being a person with a disability and has requested from Garfield County Housing Authority (GCHA) an accommodation 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 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 impairments, or being regarded as having such an impairment.**

- Does this individual have a disability, as defined above Yes ( ) No ( )
- 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:

- 
- 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. However, please do not include any medical diagnosis on this form!*

2/2019



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