



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

**SECTION 504 REQUEST FOR REASONABLE ACCOMMODATION -
 EMOTIONAL SUPPORT ANIMAL OR SERVICE ANIMAL**

Date of Request: _____
 Head of Household Name: _____
 Name of Household member requesting the accommodation: _____
 Full Address:

Please complete this form if you have a disability related need for an assistance animal and would like to request accommodation. If you require assistance completing this form, or wish to make a request orally, please contact the Garfield County Housing Authority

1. Please explain why you are requesting permission to have an assistance animal in your unit. You need not provide detailed information about the nature or severity of the disability.

2. Please complete the following:
 - a. Does the animal for which you are making a reasonable accommodation request perform work or do tasks for you because of your disability?
 - Yes
 - No (If "No," continue to item b)

If the answer is yes:

If your disability is obvious and the work or task the animal does is obvious, such as a dog guiding an individual who is blind or has low vision, or a dog pulling a wheelchair of an individual with a mobility impairment, then no further inquiry will be made.

If your disability is not obvious, provide a statement from a knowledgeable individual who has extensive knowledge of your disability indicating that you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); and

If the work or task the animal performs is not obvious, explain below how the animal has been trained to do work or perform tasks that alleviate one or more symptoms or effects of your disability or, if the animal lacks individual training,





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how the animal is able to do work or perform tasks that would alleviate one or more symptoms or effects of your disability:

You may provide any additional information or documentation of the training or work you describe above and attach it to this application.

- b. If the animal for which you are making a reasonable accommodation request does not perform work or do tasks for you because of your disability, but provides emotional support or alleviates one or more symptoms or effects of your disability, please submit a statement from a health or social service professional stating that (a) you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); and (b) the animal would provide emotional support or other assistance that would alleviate one or more identified symptoms or effects of your disability and how the animal alleviates the symptoms or effects, Please attach such a statement to this application.
- c. If the assistance animal is a dog or a cat, please provide copies of the rabies tag or certificate that is required by law. If you have not selected an animal at the time you complete this application, the Garfield County Housing Authority or your landlord/owner may approve the application with the condition that, if you select a dog or a cat, you must submit copies of the rabies tag or certificate that is required by Colorado law, before the selected animal moves in.

3. If you are requesting a different modification or accommodation, please describe it here:

GCHA staff needs verification (receipts, printouts, etc.) of expenses related to the emotional support animal or service animal.

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation, please call (970) 625-3589 or TTY (800) 659-2656.

Please list the contact information of the knowledgeable individual who can verify that you have a disability warranting the accommodation(s).

Name: _____ Title: _____

Address: _____ Email: _____

Telephone Number: _____ Fax Number: _____





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4. Release of Information: I certify that the information provided on this form is true and accurate. I give the Garfield County Housing Authority permission to discuss the requested accommodation with my knowledgeable individual. The knowledgeable individual listed will receive a copy of this form. The information obtained will be kept confidential and used only to determine the need.

Signature of Applicant/Resident

Date

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

