



GARFIELD COUNTY HOUSING AUTHORITY

1430 RAILROAD AVENUE, UNIT F

RIFLE, CO 81650

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www.garfieldhousing.com

VERIFICATION OF NEED FOR REQUEST FOR REASONABLE ACCOMMODATION

Participant's Name: _____ Last 4 of SSN: _____

Date: _____

The individual listed above has identified him/herself as a person with a disability and has requested from Garfield County Housing Authority (GCHA) accommodation to have an equal opportunity to benefit from our housing programs. **The accommodation must be reasonable and there must be an identifiable relationship between the requested accommodation and the applicant or participant's disability.** You have been authorized to release information to us regarding the requested 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 (nexus between requested need and disability): **Please do not include any medical diagnosis.**

- 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!

12/2024



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.

