



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

Date of Request: _____

Name of Head of Household: _____

Name of household member requesting the accommodation: _____

Full Address:

What accommodation(s) are you requesting?

_____ Assistance with housing correspondence (i.e. the person has difficulty reading, the person has difficulty seeing small print, the person has difficulty with use of hands, etc.)

_____ Larger unit to accommodate a person with a disability. Please explain Why you need an extra bedroom/larger apartment and submit verification of need from a third-party knowledgeable individual who has extensive knowledge of the disability.

_____ Special communication needs for either person with visual impairments (written materials in alternate formats, such as large print) or hearing impairments (sign language interpretation services)

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.

_____ Live-In Aide has separate forms for this request which need to be completed. Ask the Garfield County Housing Authority staff which forms you need.

_____ Other accommodation for a person with a disability, please explain here _____

If you need this document in a different language or **larger font** or if you need a Assistance completing this form, please call (970)625-3589 or TTY (800) 659-2656 or for participants contact your Housing Specialist or other Agency staff.

Please list the contact information of a third-party knowledgeable individual who has expensive knowledge of your disability warranting the accommodation(s). If the Housing Authority needs additional information regarding your request we may need to communicate with this third-party to identify the direct relationship between your request and disability. The information obtained will be kept confidential and used only to determine the need!

Name: _____ Title: _____

Address: _____

Phone Number: _____ Fax Number: _____

Release of Information: I certify that the information provided on this form is true and accurate. I give Garfield County Housing Authority permission to send this form and if needed discuss the requested accommodation with my knowledgeable individual. The knowledge individual listed will receive a copy of this form.

Print name of Applicant/Participant	Signature	Date
		12/2024