



Reasonable Accommodation Request

4800 N. Broadway, Boulder, CO 80304 | p: 720-564-4630 | f: 303-302-1658 | www.boulderhousing.org

REQUEST FOR A REASONABLE ACCOMMODATION DUE TO A DISABILITY

Please give us the details of your accommodation request:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

The following member of my household has a disability: \_\_\_\_\_ (Name)

Disability is defined as: A physical or mental impairment that substantially limits one or more major life activities; or a record of having such an impairment; or regarded as having such an impairment.

What is your accommodation request? \_\_\_\_\_

How would this accommodation request allow you to fully take part in our housing program? \_\_\_\_\_

I understand that I must still abide by my current signed lease, and that my accommodation request is only to ask for an exception to a policy. I also understand that the exception may be on a one time or an on-going basis, as decided by the BHP Housing Choice Accommodation Team. For on-going basis, requests may need to be re-verified in the future.

Participant

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Please complete the form below so that BHP may have your permission to contact your medical professional for more information to verify your accommodation request.

Release of Information (to be filled out by the participant)

I \_\_\_\_\_, hereby authorize and request:

Client Name (please print)

Fax or Email \_\_\_\_\_

Third Party Verifier (please print)

Street Address

City, State, and Zip Code

To release and exchange information with/to Boulder Housing Partners, concerning the following client:

Client Name \_\_\_\_\_

Information to be included: Medical information verifying the need for the requested reasonable accommodation.

I release you and Boulder Housing Partners from any and all legal responsibility that may arise from this authorization and release of information. Duplication and further dissemination of any portion of this information will not occur without my express authorization. This authorization, or copy thereof, shall remain in effect for one year.

Signature of client

Date

Please return this form to your Housing Choice Voucher Specialist or to: Boulder Housing Partners, 4800 N. Broadway, Boulder, CO 80304

