# BOULDER HOUSING

### **Boulder Housing Partners**

Date

### Request for a Reasonable Accommodation Due to a Disability

4800 N. Broadway, Boulder, CO 80304

p: 720-564-4610

f: 303-939-9569

| www.boulderhousing.org

| 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 more major life activities; or a record of having such an impairment. | )<br>at substantially limits one or |  |
| What is your accommodation request?  |                                     |  |
|  |                                     |  |
| How would this accommodation request allow you to fully take   | e part in our housing program?      |  |
|  |                                     |  |
| I understand that I must still abide by my current signed lease a request is only to ask for an exception to a policy. I also underson a one time or a permanent basis, as decided by the BHP Acc    | tand that the exception may be      |  |

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social

security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Head of Household Signature



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Please complete the form below. This gives BHP permission to contact your verifying party for more information about your accommodation request.

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

| 1                                       |                    | , hereby authorize and request:                 |
|---|--------------------|---|
| Client Name (please p                   | print)             | , nereby authorize and request.                 |
|   |                    | Fax or Email                                    |
| Verifying Party (please print)          |                    | Tax of Email                                    |
| Street Address, City, State, and Zi     | p Code             |   |
| To release to and exchange infor        | mation with Bou    | lder Housing Partners concerning the            |
| following client:                       |                    |   |
| Client Name                             | DOB                | Soc. Sec. Number                                |
| Cheff Name                              | БОВ                | Soc. Sec. Number                                |
| Information to be included: Infor       | mation verifying   | the need for the requested reasonable           |
| accommodation.                          |                    |   |
| I release you and <b>Boulder Housin</b> | g Partners from a  | any and all legal responsibility that may arise |
| from this authorization and releas      | se of information  | . Duplication and further dissemination of      |
| any portion of this information wi      | Il not occur with  | out my express authorization. This              |
| authorization, or copy thereof, sh      | all remain in effe | ct for one year.                                |
|   |                    |   |
| Signature of Clien                      | t                  |   |

Housing Partners, 4800 Broadway, Boulder, CO 80304.

Please return this form to your community manager or to 504 Coordinator, c/o Boulder