

Reasonable Accommodation Request Packet

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

Dear Reasonable Accommodation Requestor:

In accordance with federal Fair Housing laws, Boulder Housing Partners (BHP) is committed to ensuring that all housing applicants, residents and program participants, including people with disabilities, have equal access to our programs, which may require BHP to make an accommodation to its policies and procedures.

An “accommodation” is an exception in rules, policies, or procedures.

A request is considered “reasonable” if it does not create an undue administrative and financial burden for BHP, if it does not change the fundamental nature of its programs or operations, and if it does not pose a direct threat to the health and safety of other individuals. There must be an identifiable relationship between the request and the individual’s disability, and the request must be necessary to lessen the effects of the disability and provide the individual with a disability an equal opportunity to use or enjoy the program.

The following forms are included in this packet:

Page 1 – Cover Sheet

Page 2 – Participant/Applicant Request Form (to be completed by head of household)

Page 3-5 –Third Party Verification Form (to be completed by a knowledgeable professional)

Page 6-7 – Staff Questionnaire (to be completed by housing assistance coordinator)

Please return the completed packet to your Housing Assistance Coordinator for submittal to the Committee.

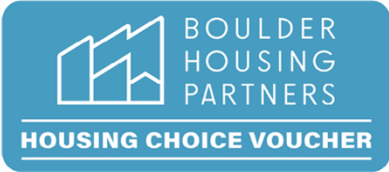
Committee Meetings are held twice a month. Please note that some meetings may either be rescheduled or cancelled due to holidays, especially at the end of the year.

You will receive a form notifying you of the Committee’s determination within ten (10) business days of that meeting (not including any holidays or office closures). You will be notified if additional information or verification is needed to consider your request.

Sincerely,
The Reasonable Accommodation Committee

Boulder Housing Partners, in accordance with the Fair Housing Act, prohibits discrimination in its programs and activities on the basis of race, color, age, religion sex, sexual orientation, disability, familial status or national origin. Reasonable accommodations may be requested to ensure equal access by people with disabilities to its programs and activities. To make a reasonable accommodation request, please call the Boulder Housing Partners at 720-564-4630 or email hcv@boulderhousing.org.





Participant's Reasonable Accommodation Request Form

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Participant/Applicant Request Form (Page 1 of 1) to be completed by the Head of Household

Head of Household Name: _____

Address: _____

The following household member has a disability because he or she has a physical or mental impairment that substantially limits one or more life activities or has a record of having such impairment or is regarded as having such impairment:

Name of Requestor (household member with an impairment): _____

Relationship to Head of Household (e.g. son, parent): _____

1. Please describe how your use and enjoyment of the program or unit (or the unit that you have applied for) is being limited.

2. What is the accommodation you are requesting?

3. How will this accommodation enable your use and enjoyment of the program or unit (or the unit that you have applied for)?

4. Please describe any alternative accommodations that could accomplish the same purpose:

5. Please list any previous requests that you have made related to this purpose, and the date requested:

Please have a third-party verifier or your medical provider complete pages 3-5, and attach any additional documentation or letters of support you have received from the verifier or your medical provider. Incomplete forms may delay the request process and/or may require re-submittal.

Signature, Head of Household

Date





RA – Third Party Verification Form

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Third-Party Verifier Verification Form (Page 1 of 3) to be completed by a third-party verifier

A third-party verifier is a person who is in a position to be able to attest to the requestor’s disability and need for accommodation. A third-party verifier may be a medical provider; licensed health care provider; professional representing a social service agency, disability agency or clinic; a peer support group; a non-medical service agency; or a reliable third party who is in a position to know about the individual’s disability.

Verifier (Printed) Name: _____ Verifier Phone Number: _____

RE: (Requestor’s Name) _____ Date: _____

Please check a box below to specify the Verifier’s relationship to the Requestor:

Medical provider

Business Name/Position Title: _____

Licensed health care provider

Business Name/Position Title: _____

Professional representing a social services agency

Agency Name/Position Title: _____

Reliable third party who is in a position to know about the individual’s disability (for example, non-medical service agencies or peer support group members)

Relationship to Requestor: _____

Length of time you have known Requestor: _____

Public housing authorities are required to verify the disability of participants to make determination.

Boulder Housing Partners (BHP) and the participant listed above are inquiring:

- 1) whether the participant has a physical or mental impairment that substantially limits one or more major life activities, including any functional limitations associated with such impairment(s),
- 2) whether the participant’s impairment precludes them from fully enjoying a BHP program, and
- 3) whether the suggested accommodation would ameliorate the effects of the disability and provide the participant an equal opportunity to use or enjoy the program.



Third Party Verification Form Continued (Page 2 of 3)

The Department of Housing and Urban Development (HUD) defines a person with a disability as an individual who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such impairments.

Please note that the accommodation request must be for something that is ***necessary*** for the person to have equal access and utilization of the housing assistance program, and not just ***desired*** by them.

Verifier: Please respond to the questions below. Attach additional information/pages if necessary.

1. Does the Requestor have an impairment (defined as any physiological disorder or condition affecting one or more of the body's systems, including mental conditions)? Yes No

2. If yes, does the impairment substantially limit their ability to perform major life activities (including but not limited to caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, thinking, concentrating, communicating, and working)? Yes No

3. If yes to #2, please identify the major life activity/activities affected by the impairment:

4. Is the Requestor's impairment permanent or temporary? Temporary Permanent

Please explain. _____

If the condition is temporary, when do you expect that the Requestor's impairment would be reasonably expected to no longer limit their major life activity(ies)? _____.

5. Does the Requestor's impairment preclude them from fully enjoying a BHP program, as it has been described to you? Yes No

If yes, please explain how: _____

6. What is the Reasonable Accommodation request?



Third Party Verification Form Continued (Page 3 of 3)

7. In your opinion, how would this accommodation improve the Requestor's use or enjoyment of the program?

8. Please include any additional information, if necessary.

Please choose one option below:

It is my opinion that:

- The accommodation is necessary and will achieve its stated purpose.
- The accommodation is not necessary and will not achieve its stated purpose.

(Optional, explain:)

Please sign below:

Signature, Verifier

Date

Thank you for your attention to this matter. Please return this form to the Requestor or to:

RA Committee, Boulder Housing Partners, 4800 Broadway, Boulder, CO 80304.

Fax to 303-302-1658 or email to hcv@boulderhousing.org.



Staff Questionnaire FOR BHP STAFF USE (Page 1 of 2)

Date: _____

Requestor's Name: _____ Staff's Name: _____

1. Which program is Requestor participating in? (Please check all that apply.)

- Tenant-based HCV Project-based HCV Applicant
 Other _____

2. Has the Requestor previously requested a Reasonable Accommodation? Yes No
If yes, what was the outcome? _____

3. Please describe the Requestor's current unit as it relates to their request (i.e., unit size, number of bedrooms, location of unit/level, steps, and existing accessibility accommodations or modifications/devices in their unit).

4. If you have additional information related to this request, please contact the Reasonable Accommodation Committee.

5. Please complete with all information relevant to this client:

- The requestor is a current tenant. Please list:
- The date of their next recertification: _____
 - The date their current lease ends: _____ Landlord: _____
 - If they have a voucher, the number of bedrooms: _____ No voucher
 - Their current rent amount: _____
 - If there is a known anticipated rent increase, state the date it will increase _____ and the amount of the anticipated increase: _____
- The requestor is not a current tenant. Please list:
- Issuance date: _____
 - Expiration date: _____
 - Number of bedrooms: _____



Staff Questionnaire (Page 2 of 2)

Additional staff comments (if applicable):

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