



Reasonable Accommodation Request Packet - PM

4800 N. Broadway, Boulder, CO 80304 | p: 720-564-4610 | f: 303-939-9569 | 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 and equal opportunity to use or enjoy the program.

The following forms are included in this packet:

Page 1 – Cover Sheet

Page 2 –Resident Request Form (to be completed by head of household)

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

Pages 6-7 – Staff Questionnaire (to be completed by Property Management)

Please return the completed packet to Property Management for submittal to the RA 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 - Property Management

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 through Property Management, please contact your property manager. For more information about Section 504 of the Fair Housing Act, or BHP reasonable accommodation policies, you can contact the 504 Coordinator, Jill Angelovic, at 720-564-4610 or email ReasonableAccommodationsCommittee@boulderhousing.org.





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Resident Request Form (Page 1 of 1) to be completed by the Head of Household

Head of Household Name: _____

Address: _____

Property Name: _____

The following household member has a disability because he or she has a physical or mental disability 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 a disability): _____

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

1. Please describe how your use of the 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 of the unit (or the unit that you have applied for)?

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

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: _____

Boulder Housing Partners is required to verify the disability of participants to make determination. Boulder Housing Partners (BHP) and the resident/applicant listed above are inquiring:

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



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 unit, 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 utilizing a BHP unit, 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 utilization of the unit?

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, your property manager, or to:

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

Fax to 303-939-9569.

Staff Questionnaire FOR BHP STAFF USE

Date: _____

Applicant/Resident Requestor Name: _____ Staff Name: «User Name» _____

1. Please check one of the following:

- Resident
- 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 add notes to the RA checklist in FileVision.

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

The requestor is a current tenant. Please list:

- The date their current lease ends: _____
- If they have a voucher, the number of bedrooms: _____ No voucher

The requestor is not a current tenant. Please list:

- Move-In date: _____
- Number of bedrooms: _____

6. If RA request is submitted by an applicant, applicant was notified on _____(date) that if approved any modifications or additions to the unit will be completed once lease has been signed.

If this is an urgent RA, please notify the 504 Coordinator, who can make a determination if the committee needs to meet prior to the next meeting.

Additional staff comments (if applicable):

