

Housing Authority of the City of Loveland

375 W. 37th Street, Suite 200, Loveland, CO 80538
Phone (970) 667-3232 TDD (970) 667-3288 Fax (970) 667-2860

Resident Request for A Reasonable Accommodation Due to a Disability

What Is Reasonable Accommodation?

If you have a disability and you need:

- a change in Housing Authority rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site;
- a change or repair on your apartment or special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site;
- a change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site; or
- a change in the way we communicate with you or give you information.

You can then ask for this kind of change which is called “**Reasonable Accommodation**”. If you can show that you have a disability and if your request is reasonable, if it is not too expensive causing hardship to the financial condition of the apartment complex, and if it is not too difficult to arrange, we will make every effort to make the changes you request.

We will give you an answer as soon as we can unless there is a problem getting the information we need from your physician or health care professional. We will let you know if we need more information or verification from you, or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help. If you need help filling out the form, or if you want to give us your request in some other way, we will help you. You can get a *Resident Request for a Reasonable Accommodation* form at the Housing Authority of the City of Loveland, 375 W. 37th Street, Suite 200, Loveland, CO 80538, or by calling (970) 667-3232.

THE PROCEDURE

Please fill out the attached *Resident Request for a Reasonable Accommodation Due to a Disability* form. The Housing Authority of the City of Loveland Section 504 Coordinator will review your request with the help of your health care provider(s) and determine if your disability warrants reasonable accommodation.

The attached *Reasonable Accommodation Due to a Disability* form asks you to explain your request and gives the Housing Authority permission to contact your health care provider to ask that he/she verify your disability and your need for reasonable accommodation. We mail your request to your health care provider you have specified along with a letter and another more in-depth form asking the health care provider to verify your disability.

Once this form is returned to us by your health care provider, we will make a decision and inform you on that decision in writing.

In the meantime, if you have any questions, please feel free to call 970-667-3232 and ask to set up an appointment with the 504 Coordinator.

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**RESIDENT REQUEST FOR A REASONABLE ACCOMMODATION
DUE TO DISABILITY**

Date of Request: _____

Resident Name: _____

Mailing Address: _____

Possibly moving to or living at what Property? _____

During the daytime, what is the best time to reach you? _____

Daytime Phone Number: _____ Evening Phone Number: _____

1. Name of resident who is disabled: _____

2. Please provide the following change or changes so that the person listed above can live in Housing Authority housing as easily or successfully as the other residents. Check the kind of change(s) you need.

_____ A change in my apartment or other part of the housing complex.

_____ A change in a rule or way you do things. I understand that I may ask for changes in how I meet the terms of the lease.

3. Please tell us what you need (please be specific).

4. I need this reasonable accommodation because (please explain your disability):

5. How will the accommodation that is being requested help the disability?

6. Please note that your disability will be verified by a third party qualified individual. Please list below name and address of attending physician, counselor, or other health care provider who may be contacted to verify the disability.

Name & Title: _____

Address: _____

City/State/Zip: _____ Phone: _____

Applicant's Release

IMPORANT: This section must be completed in order for us to proceed with your request.

I hereby give you permission to contact the above individual for purposes of verifying that I, or a family member listed on this form, needs the reasonable accommodation requested above.

To the physician or health care provider: I hereby authorize the release of the information requested by the Housing Authority of the City of Loveland as related to my disability or my child's disability.

Applicant's Name: _____
Please print

Applicant's Signature: _____ Date: _____

By signing below, I acknowledge and understand that this request is pending and does not allow me to take further action until written notice of approval or disapproval for the requested reasonable accommodation is received from the Housing Authority of the City of Loveland.

Applicant's Signature: _____ Date: _____

Once you have completed filling out this form, please return it to Attn: 504 Coordinator, Housing Authority of the City of Loveland, 375 W. 37th Street, Suite 200, Loveland, CO 80538.