REQUEST FOR REASONABLE ACCOMMODATION

ACCESSIBILITY NEEDS ASSESSMENT

Instructions:

Purpose of this form: In accordance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) and the Fair Housing Act, it is the policy of the Silverton Housing Authority to make reasonable accommodation in rules, policies, practices, and/or services when such accommodation may be necessary to provide a person with a disability the equal opportunity to use and enjoy a program or dwelling under the program.

If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, use this form to request a reasonable accommodation or modification. This form is provided for convenience and this specific form is not required.

Please complete the following information and return to the property management office or the regional office. If you need this document in a different language or larger font or if you need another reasonable accommodation in order to complete this form, please contact the property management office, the regional office, or the Section 504 Coordinator.

The 504 Coordinator is:

Name: Anne Chase

Address: 1360 Greene Street, Silverton, CO (Physical)

Phone: 970-880-0278

TDD/TTY or Colorado Relay: 800-659-2656 or 711

E-Mail: achase@silverton.co.us

Date of Request: _____

Head of Household Name: _____

Name of Household member requesting the accommodation: _____

Best way to contact you for additional information: _____

1. Check the accommodation(s) are you requesting:

   ❑ Assistance with housing related correspondence (the person has difficulty reading, the person has difficulty seeing small print, the person has difficulty with use of hands, etc.)

   _____

   _____

   ❑ Larger unit to accommodate a person with a disability. Please explain why you need an extra bedroom/larger apartment (storage for medical equipment) and submit additional documentation to support your request.

   _____

   _____

   ❑ Special communication needs for either persons with visual impairments (written material in alternate formats, such as large print) or hearing impairments (sign language interpretation services).

   _____

   _____

   ❑ Modifications to current unit (lever door knobs, lower peephole, wheelchair accessible sink, etc.)

   _____

   _____

   ❑ Other accommodation for a person with a disability, please explain below:

   _____

   _____

   _____

2. If your disability is obvious or otherwise known to the Silverton Housing Authority, and if the need for the requested accommodation is also readily apparent or known, no further verification will

be required. If the disability is not obvious, or the nexus between the disability and the requested accommodation is not obvious, please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

3. Release of Information: I certify that the information provided on this form is true and accurate. I give management permission to discuss the requested accommodation with the knowledgeable professional listed above. Information obtained under this consent is limited to information that is no older than 12 months and that is necessary to evaluate the disability-related need for the accommodation. Medical records will not be accepted or retained in the participant file. The knowledgeable professional listed will receive a copy of this form.

_____

Signature of Applicant/Resident Date

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

Office Use Only: RA Log #: _