



# Housing Authority

PO BOX 471 • Boulder, Colorado 80306 • Tel: 303.441.3929 Fax: 720.564.2283 [www.boco.org/housing](http://www.boco.org/housing)  
Colorado Relay TDD (800) 659 3656

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## Reasonable Accommodation/Modification Request Packet

### Dear Applicant,

Boulder County Housing Authority (BCHA) is committed to making sure everyone, including people with disabilities, have equal access to our housing programs.

Under federal Fair Housing laws, this means we need to make changes to our rules, processes, or buildings so a person with a disability can fully use and enjoy our programs.

- A **reasonable accommodation** is a change to a rule, policy, or procedure.
- A **reasonable modification** is a physical or structural change to a unit (home) or shared space.

Depending on your request and the housing program you are in, you may be responsible for part or all the cost of a modification.

A request is considered **reasonable if**:

- It does not create a major financial and/or administrative burden for BCHA.
- It does not change the basic purpose of the programs or our operations.
- It does not pose a direct threat to the health or safety of others.
- There is a clear connection between the request and the person's disability. The request is needed so the person with a disability has an equal opportunity to use or enjoy the housing or program.

### What's Included in This Packet

- **Page 1:** Cover Sheet
- **Page 2–3:** Tenant Request Form (to be completed by head of household)
- **Pages 4–5:** Third-Party Verification Form (to be completed by a verifier)
- **Pages 6–7:** Staff Questionnaire (to be completed by BCHA staff)

Please return the completed packet to your case manager or property manager, who will submit it to the Reasonable Accommodation Committee.

### What Happens Next

- The Reasonable Accommodation Committee meets twice a month, or more often if needed.
- Meetings may be rescheduled or canceled around holidays. Your case manager or property manager can confirm meeting dates.
- You will receive a written decision within **10 business days** after the committee meeting.

If more information is needed, you will be contacted.

Sincerely,

Reasonable Accommodation Committee

Boulder County, 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. Boulder County wants to ensure that everyone has equal access to our programs, activities, and services. Reasonable accommodations and modifications may be requested to ensure equal access by people with disabilities to its programs and activities.



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## Client Request Portion - To be completed by the Head of Household

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

## Household Member Requesting the Accommodation

Name: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_

## About Your Request

1. **How does your disability limit your ability to use or enjoy your housing or program?**  
(Please describe in your own words.)

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2. **What accommodation or modification are you requesting?**

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3. **How will this request help you use or enjoy your housing or program?**

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4. **Is there another accommodation that could also meet your needs?**

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5. **Have you made similar requests before? If yes, list what you requested and when.**

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Please have a **medical provider or other qualified third-party** complete the verification form (pages 4-6).  
You may also submit letters or supporting documents.

Incomplete forms may delay the review of your request.

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Signature, Head of Household

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Date



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## Reasonable Accommodation Request - Third Party Verification Form

(To be completed by a third-party verifier.)

A verifier is someone who knows about the person's disability and need for the accommodation. This may include:

- A medical or mental health provider
- A social service or disability professional
- A non-medical service provider
- A reliable third party who knows about the person's disability

**Verifier Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Organization/Title (if applicable):** \_\_\_\_\_

**Name of Person Requesting Accommodation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Verifier Relationship (check one)

- ☐ Medical provider  
☐ Licensed health care provider  
☐ Social service or disability professional  
☐ Other reliable third party

Relationship to requestor: \_\_\_\_\_

How long have you known them? \_\_\_\_\_

### Verification Questions

1. Does the requestor have a physical or mental impairment?

☐ Yes ☐ No

2. Does this impairment substantially limit one or more major life activities?

☐ Yes ☐ No

3. If yes, which activities are affected?

\_\_\_\_\_

4. Is the impairment: ☐ Temporary ☐ Permanent

If temporary, when is improvement expected? \_\_\_\_\_

5. Does the impairment limit the requestor's ability to fully use or enjoy their housing or housing program?

☐ Yes ☐ No

If yes, please explain how:

\_\_\_\_\_  
\_\_\_\_\_



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6. What accommodation is being requested?

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7. In your opinion, how will this help the requestor?

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## Verifier Opinion

☐ The accommodation is necessary and appropriate

☐ The accommodation is not necessary

Optional explanation:

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**Verifier Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to the requestor or send it to:

Boulder County Housing Authority, ATTN: RA Committee, PO Box 471, Boulder, CO 80306-0471

Fax to 720-564-2283 or email to [housing@bouldercounty.gov](mailto:housing@bouldercounty.gov).



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## Reasonable Accommodation Request - Staff Questionnaire FOR BCHA STAFF USE

Date: \_\_\_\_\_

Client Information:	Staff Information:
Client Name: _____	Staff Name: _____
Mailing Address: _____	Staff Title: _____
_____	Staff Email: _____
Email: _____	Staff Phone for Letter: _____
Phone: _____	Staff Supervisor: _____
_____	Any other staff members names, titles and email addresses that should be copied on RA committee's response letter:
BCHA Community: _____	_____
_____	_____

- Which program is Requestor participating in? (Please check all that apply.)  
☐ Housing Choice (Section 8)   ☐ BCHA Tenant   ☐ Family Self-Sufficiency  
☐ Other Subsidized Housing   ☐ Applicant / Potential Client   ☐ Other: \_\_\_\_\_
- Has the Requestor previously requested a Reasonable Accommodation? ☐ Yes ☐ No  
If yes, what was the outcome? \_\_\_\_\_
- 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).  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have additional information related to this request and want the Reasonable Accommodation Committee during the meeting? ☐ Yes ☐ No
- 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 (if in a non-BCHA unit): \_\_\_\_\_
  - If they have a voucher, the number of bedrooms: \_\_\_\_\_ ☐ No voucher
  - Current rent amount: \_\_\_\_\_ Anticipated rent increase? \$ \_\_\_\_\_ Date: \_\_\_\_\_☐ The requestor is not a current tenant or voucher holder. Please list:
  - Voucher Issuance date: \_\_\_\_\_ Voucher Expiration date: \_\_\_\_\_
  - Number of bedrooms: \_\_\_\_\_ Anticipated Move In Date: \_\_\_\_\_



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## Staff Questionnaire

Additional staff comments (Provide clear, factual information related to the request. Avoid assumptions or opinions unless requested.)

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