



EXECUTIVE DIRECTOR
Barbara Bernard

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REQUEST FOR REASONABLE ACCOMMODATION

Current Resident

Applicant

Applicant/Resident: _____ DOB: _____

Address: _____ Date: _____

Section 504 of the Rehabilitation Act of 1973, as amended, defines individuals with disabilities as any person who:

Has a physical or mental impairment that limits **“Major life activities”** – functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working;

Has a **“record of such an impairment”** – a history of, a mental or physical impairment that substantially limits one or more major life activities;

“Is regarded as having an impairment”

1. **Are you, or any family member disabled as defined above?** YES NO

If NO –**Stop Here.** You may not request a reasonable accommodation.

If YES – **Complete the remaining questions.**

2. **Give the name and date of birth of the family member that meets the definition of disabled person?**

_____ Give Relation to Head of Household

3. **What change or changes are needed, to allow the named household member to live as easily or successfully as the other residents. Check the kind of change(s) you need.**

[] A change in apartment or other part of the housing complex.

[] A change in the following rule, policy or procedure. (Note: You may ask for changes in how you meet the Terms of the lease, but everyone must continue to meet the terms of the lease.)

4. **Explain exactly what is needed to allow the named household member to live as easily or successfully as the other residents. Attach additional sheets if needed.**



Explain how the current physical design or rule or procedure prevents equal access.

5. If you asked for a change to the apartment or to the housing complex, please use this space to list any company or organization that might help locate or build anything special that you need. (If you do not know of any, we will try to get this information ourselves.)
6. Whom can we contact to verify the above-named person meets the definition of a disabled person, and the need for the requested accommodation?

Name: _____ Title: _____

Agency: _____

Address _____ Phone # _____

I hereby authorize the Pueblo Housing Authority to contact the service or medical provider named above to verify disability status and need for the requested accommodation described. I understand that this information will be kept confidential and used only to make a decision about my reasonable accommodation request. I understand I may change my mind and notify the housing and service provider that I no longer give permission to discuss my request.

Signed: _____ Date: _____

(Adult resident with disability or guardian for Minor Child)

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false statements to any Department of the United States Government. HUD and any owner (and any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on consent forms. Use of the information collected on the basis of this verification is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. An applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C 408 f, g, and h.

The Pueblo Housing Authority does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, or physical or mental disability in the access to its programs for employment, or in its activities, functions or services.

PHA USE ONLY

Program: Public Housing Section 8 Managed Properties Applicant

Current Management Technician: _____

