



**The Longmont
Housing Authority**

YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?

If you have a disability that requires you to need....

- An accommodation or adjustment in the program rules, policies, practices or services, or
- A modification of your Housing unit or its associated premises, then.....

You have the right to request a reasonable accommodation or modification.

Will my request be automatically approved?

We will **try** to approve your request if you can show that....

- You have a disability that requires a reasonable accommodation, and your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filing out a **Reasonable Accommodation Request Form** available at the management offices of Longmont Housing Authority, at each and every LHA owned property, or by calling 303-651- 8581 during business hours. The TTY number for hearing impaired persons is 711. If you need help filling out this form, or if you want to give us your request in some other way, we will help you.

What happens after I file the request?

Your request will be reviewed and you will receive a response within 30 calendar days after we have received your full and complete request including all required doctor's statements or other verification documents. If your request is denied, we will explain the reasons. You will have a right to a hearing if your request is denied.

My signature confirms that I have read and understand my rights as indicated above.

Signature (Head of Household)

Date Signed

The Longmont Housing Authority will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of ten days for preparation of the material.



Longmont Housing Authority and Longmont Housing Development Corporation

350 Kimbark Street, Longmont, CO 80501 • PH: 303-651-8581 • FAX: 303-682-2899 • TTY: 711 • www.longmonthousing.org





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REQUEST FOR REASONABLE ACCOMMODATION

Name _____ Phone _____

Address _____

1. The following member of my household has a disability defined here. (A person with a physical or mental impairment that substantially limits one or more activities of daily living, has a history or a record of such an impairment or is regarded as having such an impairment.)

Name: _____ Relationship to you: _____

2. As a result of this disability, I am requesting the following reasonable accommodation(s):

A change in the following rule policy or procedure. (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met). Please specify:

This request for reasonable accommodation is necessary so that I can: (Please specify and attach more pages if needed):

This request must be accompanied by verification from a physician, psychiatrist, social worker, therapist, nonmedical service agency, or a reliable third party who is in a position to know about the requestor's disability and disability-related needs.

I understand that the information given to the Longmont Housing Authority will be kept confidential and used solely to make a determination on my reasonable accommodation request.

Signature (Head of Household)

Date Signed



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