

REQUEST FOR REASONABLE ACCOMMODATION



Head of Household: _____

Person requesting a Reasonable Accommodation: _____

Address: _____ Phone # _____

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act defines a "disability" as a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such an impairment.

1. Based on the above definition I consider myself to be an individual with a disability

Yes No

2. As a result of my disability, I am requesting a reasonable accommodation in order to have an equal opportunity to participate in, or benefit from, South Metro Housing Options (SMHO).

Yes No

3. As a result of my disability, I am requesting the following accommodation in order to have an equal opportunity to participate in, or benefit from SMHO's housing programs:

4. As a result of my disability, the above accommodation is necessary because: _____

5. Verification Information: Please provide SMHO with the contact information of a knowledgeable professional who can verify the disability and the need for the requested reasonable accommodation:

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Authorization to Release Information: I authorize the individual/care provider listed above to disclose relevant information to South Metro Housing Options verifying that I have a disability and need the accommodation I have requested. I understand that the information that SMHO obtains will be kept confidential and used solely to determine if an accommodation should be provided.

Name of Participant: _____

Signature of Participant: _____ Date: _____

Please return this form to: **South Metro Housing Options**
At: Helen Hoy
5808 S Rapp St, Ste 100
Littleton, Colorado 80120

