

Verification of Continued Need for Reasonable Accommodation

Instructions

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

Use this form to verify continued need for an existing reasonable accommodation or modification. If you require additional specific accommodation(s) in order to fully utilize our programs and services, please contact the property management office, the regional office, or the Section 504 Coordinator. 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 require an 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: [insert]

Address: [insert]

Phone: [insert]

TDD/TTY or Colorado Relay: [insert]

E-Mail: [insert]



Verification of Continued Need

Today's Date: _____

Head of Household Name: _____

Name of Household member requesting the accommodation: _____

Best way to contact you for additional information: _____

Full Address: _____

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act defines a “disability” as a physical or mental impairment that substantially limits one or more major life activities such as caring for oneself, manual tasks, walking, seeing, hearing, speaking, breathing, or learning; has a record of such impairment; or is regarded as having such an impairment.

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

Our records indicate that during your last reexamination you requested a reasonable accommodation as shown in the attached documentation. At the time of the original request, you were required to verify the need for this accommodation. From this point forward, you are only required to declare that you have an ongoing need for attached accommodation(s).

As a result of my disability, I am requesting continued reasonable accommodation in order to have an equal opportunity to participate in, or benefit from of [Name of Housing Provider]'s programs and services

If you were approved for a Live-in Aide, provide the name of this individual below and have them sign certifying that they reside in the unit and continue to act as your Live-in Aide.



[insert company letterhead]

Print Name of Live-in Aide

Live-in Aide Signature

By signing and dating this form, you are certifying that you continue to require the above accommodation(s). If at any point you no longer require this accommodation you are required to contact the housing authority immediately to report this change.

Head of Household

Date

Person Requiring Accommodation

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 #: _____

