[insert company letterhead]

Reasonable Accommodation Appeal Form

Instructions

Purpose of this form: Use this form to appeal a reasonable accommodation or modification decision. 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]

[insert company letterhead]

Reasonable Accommodation Appeal Form

Date: _____ RA Log #: _____ (leave blank if unknown)

Head of Household Name: _____

Name of Household member requesting the accommodation: _____

Full Address: _____

_____

_____

Attach or describe the reasonable accommodation or modification requested and decision made and include any relevant backup documentation. Do NOT include medical records:

_____

_____

Describe why you believe the accommodation or modification request should be reconsidered. Please be as descriptive as possible.

_____

_____

_____

I hereby certify that the information that I have provided is true and correct.

_____

Applicant/Resident Signature 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.