



The Longmont
Housing Authority

Longmont Housing Authority | Housing Choice Voucher Program

REQUEST FOR REASONABLE ACCOMMODATION

Name: _____

Address: _____

Phone Number: _____

The following member(s) of my household has a disability as defined here; a physical or mental impairment that substantially limits one or more life activities; or a record of having such impairment, or as regarded as having such an impairment.

Name: _____

Relationship to Head of Household Member: _____

1. As a result of this disability, I am requesting the following reasonable accommodation: (Please complete one or more items below:)

Request 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, however the terms of the lease must still be met. Please specify:

2. This request for reasonable accommodation is necessary so that I can: Please specify: _____

3. Other : Please specify: _____

This request must be accompanied by verification from a professional (i.e., Doctor, counselor) that explains and or justifies the need for reasonable accommodation. 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.

Signed (Head of Household or authorized representative)

Date Signed

Warning: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful, false statement of misrepresentation to and Department or Agency if the U.S. as to any matter within its jurisdiction.

