



The Longmont
Housing Authority

Longmont Housing Authority | Housing Choice Voucher Program

RIGHT TO REQUEST REASONABLE ACCOMODATION

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:

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

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

How do I file a request?

You can request a reasonable accommodation by filling out a **Reasonable Accommodation Request Form** available at the management offices of Longmont Housing Authority or by calling 303-651-8581 during business hours of 8am-5pm. The TTY number for hearing impaired persons is 711. If you need help filing out this form, or if you want to give us your request in some other way, we will do our best to accommodate your request. You may also email LHAInfo@longmontcolorado.gov should you need anything further.

What happens after I file the request?

Your request will be reviewed within 10 calendar days of receipt and you will receive a response within 30 calendar days after we have received your request. Should we turn down your request, we will explain the reasons as well. You will also have a right to a formal hearing if your request is denied.

The Longmont Housing Authority will make every effort to make this information available to persons with disabilities in alternative formats upon request.

Please keep this copy for your records.

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.





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REQUEST FOR REASONABLE ACCOMODATION

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

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