



REQUEST FOR REASONABLE ACCOMMODATION

(to be completed by tenant)

Person Requesting Reasonable Accommodation: _____

Request is made on behalf of: Self or Other Person: _____

Phone Number (or other contact information): _____

Address: _____

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, MWHS’s housing programs. 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, MWHS’s housing programs: _____

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

5. Verification Information: Please provide MWHS 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 MWHS verifying that I have a disability and need the accommodation I have requested. I understand that the information MWHS obtains will be kept confidential and used solely to determine if an accommodation should be provided.

Signature: _____ Date: _____

Print Name: _____

Please return this form to:
Metro West Housing Solutions
575 Union Blvd. Suite 100 Lakewood, CO 80228

ALTERNATIVE FORMATS OF THIS DOCUMENT ARE AVAILABLE UPON REQUEST.

575 Union Blvd Suite 100, Lakewood, Colorado 80228 • Phone 303-987-7580 • TTY 711 • www.mwhs.org

