



Reasonable Accommodation

The Housing Authority of Aurora (AHA) is committed to providing reasonable accommodations to persons with disabilities to help ensure an otherwise eligible person receives an equal opportunity to participate in and benefit from its housing programs. Upon request, a reasonable accommodation to change AHA policies and procedures will be considered.

Reasonable accommodation requests may be submitted either in writing or verbally at any time to the AHA.

Instructions on submitting a request for Reasonable Accommodation:

1. This form has two pages, including this page.
2. The second page includes questions that must be answered by the Head of Household, or the person who is requesting the reasonable accommodation. All requests will be verified by a third party knowledgeable professional.
3. The family must explain what type of accommodation is needed. If this process is not completed, your request for a reasonable accommodation will not be processed.
4. If the disabled family member is 18 years of age or older, he or she and the Head of Household must sign the Release on the Reasonable Accommodation Request Form. The Head of Household must sign on behalf of a disabled minor requesting the accommodation.
5. If you need assistance in completing the form, please contact the AHA.
6. For your convenience, you may either submit your completed form to the AHA Leasing Office or submit a copy to the AHA Main Office, 2280 S. Xanadu Way, Aurora, CO 80014.

The status of your reasonable accommodation will be submitted in writing within 30 days.



Reasonable Accommodation Request Form

Please fill out the request form, sign below, and give this form to Aurora Housing Authority (AHA) to send to the health care professional you have identified.

Head of Household Name: _____

Address: _____

Person requesting accommodation:

Name: _____

Date of Birth: _____

Request for (check all that apply):

- Live-in aide
- Voucher extension
- Extra bedroom for medical equipment
- Exception from program participation or lease requirement
- Other request not listed: _____
- Separate sleeping room for medical reasons
- Absence from the unit for medical reason

Health Care Professional Information:

Name of Health Care Professional: _____

Title: _____ Company/Agency: _____

Address: _____

Phone: _____ Fax: _____

Release:

I, _____, have requested the accommodation above and ask that you complete the following certification. I hereby authorize my health care professional to release the requested information to AHA.

Applicant/Client Signature

Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use or the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

It is the policy of Aurora Housing Authority Property Management to rent without regard to an applicant's race, color, religion, sex, sexual orientation, transgender status, handicap, veteran status, familial or marital status, or national origin. The Housing Authority of the City of Aurora provides an Equal Housing Opportunity.

