

# Impact Development Fund

## Request for Reasonable Accommodation/Modification Due to Disability

Impact Development Fund (IDF) is committed to ensuring equal access to our programs and services for individuals with disabilities. Under the federal Fair Housing Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Colorado Anti-Discrimination Act, individuals with disabilities have the right to request reasonable accommodations and modifications to policies, procedures, and services to ensure they have the same access as individuals without disabilities.

### When Should You Complete This Form?

Complete this form if you or someone associated with you has a disability and requires an adjustment to IDF's policies, procedures, or services to fully access our programs. Requests may include, but are not limited to:

- Alternative document formats (e.g., large print, Braille, electronic versions)
- Exceptions to existing policies due to a disability-related need
- Modified communication methods
- Other reasonable accommodations related to IDF's programs and services

### The Process

1. **Submit the Request** – Complete this form and submit it to IDF via email, mail, or in person.

Impact Development Fund  
Attn: Section 504 Coordinator  
200 E. 7<sup>th</sup> Street, Suite 412  
Loveland, CO 80537  
Email: [HR@impactdf.org](mailto:HR@impactdf.org)

2. **Review & Discussion** – IDF's Section 504 Coordinator will review the request and may contact you for additional details.
3. **Decision** – IDF will evaluate whether the request is reasonable and necessary. A written response will be provided.
4. **Implementation** – If approved, IDF will work with you to put the accommodation in place.

### What If Your Request is Denied?

If your request is denied, you will receive a written explanation outlining the reason. If you believe the decision was incorrect or unfair, you may:

- Request reconsideration by providing additional information.
- Appeal the decision following IDF's appeal process outlined in the denial letter.
- Seek assistance from external agencies such as the U.S. Department of Housing and Urban Development (HUD) or the Colorado Civil Rights Division.

For assistance or questions, contact IDF's Section 504 Coordinator at [HR@impactdf.org](mailto:HR@impactdf.org).

## Reasonable Accommodation Request Form

Date: \_\_\_\_\_

Applicant/Borrower Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 1. Description of Accommodation or Modification Requested:

Provide a detailed description of the requested accommodation or modification, including specific needs and any adjustments requested.

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### 2. Reason for Request:

Explain how this request is necessary due to a disability, and how it will assist in equal access to IDF's programs, policies, or services.

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### 3. Supporting Documentation (if applicable):

- I am providing documentation from a qualified healthcare provider or relevant third party.
- The need for accommodation is obvious, and I am not providing additional documentation.

### 4. Preferred Method of Communication Regarding This Request:

- Email
- Phone Call
- Mail

### 5. Additional Comments or Information (Optional):

Include any further details relevant to the request.

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### Acknowledgment:

I acknowledge that IDF may engage in an interactive process to evaluate this request and may seek additional information if necessary. I understand that IDF will provide a written response regarding the decision on this request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_