

**THE HOUSING AUTHORITY OF THE  
CITY AND COUNTY OF DENVER**

**Procedures Regarding Review of Tenant Files**

**Procedure Name:**

Tenant File Review Procedure

**Objectives:**

1. To provide Tenants and their authorized representatives with timely, orderly, and efficient access to individual Tenant files maintained by the Housing Authority of the City and County of Denver (“DHA”), in accordance with applicable state and federal regulations.
2. To ensure that all requests for access to tenant files are handled uniformly under the law.
3. To provide procedures that ensure the integrity and safety of Tenant files.
4. To define the process for Tenant file review requests.

**Procedures:**

1. Review of Tenant files will generally be scheduled during the business hours of 9:30 a.m. to 3:30 p.m. Monday through Friday. DHA is closed for business on the following holidays: New Year’s Day, Martin Luther King Jr.’s Birthday, George Washington’s Birthday, Memorial Day, Independence Day, Labor Day, Veteran’s Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, and Christmas Day.
2. Each request to review a Tenant file maintained by DHA shall be in writing and delivered via U.S. mail or hand-delivery to Tenant File Request, Legal Department for DHA, 777 Grant Street, Denver, Colorado 80203, or faxed to 720-932-3009. Requests shall not be made via e-mail or telephone and e-mail and telephone requests will not be accepted as valid requests. All requests must include the following information: date, Tenant’s name, requestor’s name, company name, if applicable, address, telephone number, any reasonable accommodation the requestor needs. An e-mail address and fax number may be provided, if requestor desires.
3. Upon receipt of the request, DHA staff will take the following actions:

- a. Contact the staff necessary to coordinate access to the Tenant's file and request the file be sent to the DHA Legal Department.
  - b. The Associate Attorney will review the file to ensure that it does not contain any Attorney-Client Privileged material.
  - c. Contact the requestor to schedule an appointment for review and determine the type of reasonable accommodation needed, if applicable.
4. DHA staff requires a minimum of three (3) working days to respond to all Tenant file review requests. Any request to review a Tenant file that does not provide DHA staff with at least three (3) working days to respond will not be accepted as a valid request.
5. Tenant files must be reviewed on DHA premises and will be viewed only in the room designated by DHA.
6. At the time of review all Tenants wishing to review their own file must provide photo identification, such as a driver's license or state photo ID, prior to the review. DHA staff will retain the identification until the Tenant has completed the review.
7. At the time of review all Tenant's representatives wishing to review a Tenant file must provide both an original executed Authorization to Release Tenant Files, Records and Documents and photo identification, such as a driver's license or state photo ID, prior to the review. DHA staff will retain the identification until the requestor has completed the review.
8. No records are to be removed from or added to the Tenant file. No alterations are to be made to existing records in the Tenant file.
9. All copies of records must be made by DHA staff. The requestor must complete his/her review of the Tenant file before any copies will be made. Upon completion of the review the requestor must mark the pages he/she wishes to have copied with post-it notes and multiple pages must be clipped together. Then the requestor must complete the "Request for Copies" form and give it to a designated DHA employee. Copies will be made at a later date by DHA staff.
10. The requestor shall not bring and shall not use photocopiers, fax machines, or any other copying, scanning or reproduction devices to copy DHA records or Tenant files.
11. If the requestor is not a licensed attorney, a DHA employee must be present in the room at all times during the requestor's review of the Tenant file.
12. Charges for copying will be \$0.25 per page, unless the actual cost exceeds that amount. All copying services must be prepaid by cash, cashier's check, or money order made payable to the "Housing Authority of the City and County of Denver"

**before** DHA staff will copy the records. No credit cards are accepted and no billing of third party vendor's services will be done by DHA. The requestor will be notified when the copies are ready for pick up.

13. DHA will hold copies for the requestor for ten (10) business days. After that, the copies will be destroyed and the requestor will have to pay for a new set of copies to be made.
14. Requests to review Tenant files will not take priority over previously scheduled work activities of DHA.

REQUEST FOR TENANT RECORDS

**The Housing Authority of the City and County of Denver**

I request that the Housing Authority of the City and County of Denver make available the following tenant records:

---

---

---

---

---

---

---

---

I understand that I am financially responsible for payment of all the costs for producing records in an electronic format, for researching and retrieving records or for copying these tenant records, by cash, cashier's check or money order, made payable to the "Housing Authority for the City and County of Denver" **before** DHA staff will assemble or copy the records, as appropriate.

Requestor: \_\_\_\_\_  
Print Name (required)

Signature: \_\_\_\_\_  
Sign Name (required)

Address: \_\_\_\_\_  
(required)

City/State/Zip: \_\_\_\_\_  
(required)

Phone Number: \_\_\_\_\_  
(required)

E-Mail Address: \_\_\_\_\_  
(optional)

Date: \_\_\_\_\_  
(required)

**AUTHORIZATION TO RELEASE TENANT FILES, RECORDS  
AND DOCUMENTS**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Housing Authority of the City and County of Denver ("Housing Authority") to furnish and release the following files, records or documents in the custody and control of the Housing Authority \_\_\_\_\_ to:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

All prior authorizations to release files, records and documents are cancelled. This release is effective until \_\_\_\_\_, 200\_\_. I reserve the right to withdraw this authorization at any time by giving written notice to the Housing Authority's Agency Counsel.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature

STATE OF COLORADO            )  
  ) ss.  
COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, by  
\_\_\_\_\_.

Witness my hand and official seal.

My Commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)