

## REASONABLE ACCOMMODATION REQUEST

If you or a family member have a disability, you may use this form to request a **reasonable accommodation**. A **reasonable accommodation** is a change that HPD makes to help a person with a disability participate in HPD's programs. For the purposes of reasonable accommodation, the New York City Department of Housing Preservation and Development (HPD) defines a disability as:

- **A physical, mental or emotional impairment that limits one or more life activities, such as caring for oneself, or performing manual tasks.**

If you or a family member does not have a disability and needs an accommodation (such as a phone briefing, additional support to complete documents or additional time to complete a recertification), please contact Client Services at 917-286-4300. Additionally, you may visit HPD's website<sup>1</sup> to obtain forms to request accommodations such as: voucher extensions, emergency moves, and extensions to correct a tenant-caused Housing Quality Standards failure. If you are a victim of domestic violence, dating violence, sexual assault, or stalking, you are eligible for accommodations. More information about these accommodations can be found on HPD's website.

*Only complete requests that explain the connection between the disability and the requested accommodation will be approved. To be granted, requests must be compliant with applicable federal regulations and/or HPD's Administrative Plan or Rental Subsidy Program Administrative Plan.*

If you have questions about completing this form, you may call Client Services at: 917-286-4300.

### Return the completed form to:

- **By mail:** NYC Department of Housing Preservation and Development  
Division of Tenant Resources, Attn: Executive Assistant  
100 Gold St., Rm. 4Z2C, New York, NY 10038
- **By fax:** 212-863-5299
- **By email:** DTRAI@hpd.nyc.gov

Name of person requesting reasonable accommodation: \_\_\_\_\_

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

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

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

Head of Household: \_\_\_\_\_

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

<sup>1</sup> <https://www1.nyc.gov/site/hpd/services-and-information/section-8-forms.page>

Select the accommodation you are requesting (you may check more than one):

- |  |  |
|--|--|
| <input type="checkbox"/> Remain in current unit                  | Move to a different unit. Select all that apply:               |
| <input type="checkbox"/> Add a bedroom for live-in aide          | <input type="checkbox"/> Move to a unit with disability access |
| <input type="checkbox"/> Have a family member be a live-in aide  | <input type="checkbox"/> Move within your building             |
| <input type="checkbox"/> Be removed from the overhoused waitlist | <input type="checkbox"/> Move to another building              |
| <input type="checkbox"/> Increase bedroom size                   | <input type="checkbox"/> Move, due to an emergency situation   |
| <input type="checkbox"/> Rent from relative/family member        |  |
| <input type="checkbox"/> Other: _____                            |  |

Describe why this accommodation is needed as a result of your disability: \_\_\_\_\_

Name the health care provider or other knowledgeable professional (for example, a licensed social worker, nurse, doctor or other licensed medical professional) responsible for services related to your or your family member's disability, and have that professional complete the attached *Reasonable Accommodation Verification*.

Name of Knowledgeable Professional: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**I certify that the above statements are true to the best of my knowledge. I understand that supplying false statements and information can lead to a denial of my reasonable accommodation request and jeopardize my housing subsidy. I authorize the NYC Department of Housing Preservation and Development to verify my eligibility for the accommodation requested. To verify this information and to ensure HPD compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I authorize HPD to contact the health care provider listed above and allow the provider to release information to HPD.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Optional: Requestor's Signature (if under 18, parent or legal guardian)

\_\_\_\_\_  
Date



**REASONABLE ACCOMMODATION VERIFICATION**

*To be completed by a knowledgeable professional*

**To the Knowledgeable Professional<sup>2</sup>:** The NYC Department of Housing Preservation and Development (HPD) provides reasonable accommodation to a household who is either applying for, or receiving, rental assistance in order to allow equal access to the program. HPD may grant an exception to an HPD rental assistance policy or procedure if a verifiable connection is made between the disability of the household member and the reasonable accommodation request. The person completing this request has listed you as a knowledgeable professional that can verify the need for reasonable accommodation. **Please only include medical information below that is directly relevant to the request for a reasonable accommodation (i.e., documentation demonstrating that a disability, which causes a need for a specific accommodation, exists). Note that HPD may contact you to request additional information.**

Name of Patient/Person Requesting Accommodation: \_\_\_\_\_ Patient Address: \_\_\_\_\_

For the purpose of reasonable accommodation, a person has a disability if they **have a physical, mental or emotional impairment that limits one or more major life activities, such as caring for oneself, or performing manual tasks.**

Does the above-named individual meet this definition of disabled?  Yes  No  Unable to verify

**Please answer the following questions to provide HPD with more information on the status, needs and request for accommodation of the above-named individual.**

*Note: For an accommodation to be considered, a connection must be made between the disability and the requested accommodation. Please explain how the request is made necessary by the person's medical condition/disability. Please also answer all questions below as they will help HPD review and make determinations on many of the types of reasonable accommodations typically requested under HPD's rental subsidy programs.*

What is the expected duration of the disability?  Permanent  Not disabled  
 Temporary, expected duration: \_\_\_\_\_

Is the individual unable to move out of their current unit and requesting to stay in place?  Yes  No  Unable to verify

If yes, please explain how this is linked to the person's disability: \_\_\_\_\_

Has the individual requested a larger living space, and is it needed?  Yes  No  Unable to verify

If yes, please explain how this is linked to the person's disability: \_\_\_\_\_

<sup>2</sup> A knowledgeable professional may be a licensed social worker, nurse, doctor or another licensed medical professional who is responsible for services related to the disability of the person requesting accommodation.

Has the individual requested to move to a unit with disability access, and is it needed?  Yes  No  Unable to verify

If yes, please explain how this is linked to the person's disability: \_\_\_\_\_

Does this individual require assistance in the unit for their care and well being?  Yes  No  Unable to verify

If yes, please explain: a) whether or not the individual to be providing care is obligated to do so, b) whether or not the individual to be providing care would be living in the unit if not to provide supportive services, and c) how this is linked to the person's disability: \_\_\_\_\_

Does the individual need (and have they requested) to rent from a relative/family member because of the unit's accessibility (e.g., accessibility features within the unit and/or the unit's proximity to services?)  Yes  No  Unable to verify

If yes, please explain how this is linked to the person's disability: \_\_\_\_\_

Does the individual need (and have they requested) to rent from a relative/family member because they are being evicted and the relative/family member has a unit available?  Yes  No  Unable to verify

If yes, please explain how this is linked to the person's disability: \_\_\_\_\_

Has the individual requested any other accommodation?  Yes  No  Unable to verify

If yes, please explain what this request is, and how it is made necessary by the person's medical condition/disability: \_\_\_\_\_

\_\_\_\_\_

**KNOWLEDGEABLE PROFESSIONAL: CERTIFICATION**

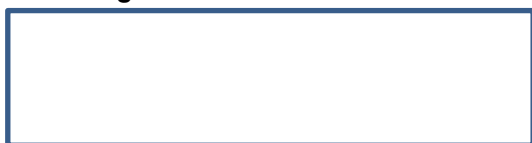
I certify that the information above is accurate and true to the best of my knowledge.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

License Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**Knowledgeable Professional: Place medical stamp below.**



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