

NEW YORK CITY HOUSING AUTHORITY

REASONABLE ACCOMMODATION - MODIFICATION REQUEST

1. NAME (LESSEE/CO-LESSEE)	6. CASE NUMBER
2. STREET NAME	7. VOUCHER NUMBER
3. APT. #	8. NUMBER OF ROOMS
4. DEVELOPMENT	9. TELEPHONE #
5. BOROUGH	

On this form you are requesting that the Housing Authority provide reasonable accommodation to any member of your household who has Disability, so that your household members can better use your residence and the Housing Authority's facilities and programs. For this purpose, **please read the examples on page 2, check off those areas where you have a problem and complete this form.** You must date, sign, and return this form either to your development management office or upload in NYCHA Portal.

Even after you submit this form, should conditions change, you may fill out and submit a new form to your management office. If you need help in understanding what disabilities or reasonable accommodations are, would like additional information regarding the rights of Persons with disabilities, or need help in completing this form, you may contact your development management office or the Housing Authority's Department of Equal Opportunity, Services for the Disabled at (212) 306-4652 or TDD (212) 306-4845.

A. REASONABLE ACCOMMODATION REQUEST FOR: (HOUSEHOLD MEMBER)

1. LAST NAME	2. FIRST NAME
<input type="text"/>	<input type="text"/>

3. START DATE: <input type="text"/>	4. RELATIONSHIP <input type="text"/>
(mm/dd/yyyy)	

5. TENANT'S DISABILITY(IES) (Check all that apply):

<input type="checkbox"/> a. Uses Walker, Crutches, Cane, Leg Braces, is an amputee or has difficulty walking or climbing stairs	<input type="checkbox"/> b. Uses Wheelchair	<input type="checkbox"/> c. Blind or Vision Impaired	<input type="checkbox"/> d. Deaf or Hard Of Hearing	<input type="checkbox"/> e. Mental or Psychological Disability
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☐ f. Other Physical Disability (i.e. breathing impaired) (Describe)

☐ g. Depends on Life-Sustaining Equipment (Describe)



B. TYPE OF MODIFICATION OR ACCOMMODATION REQUESTED: (CHECK ONLY ONE)

- ☐ 1. Modification to Policy.
- ☐ 2. There is someone in my household with a disability, and I am requesting the Housing Authority to provide an accommodation. I understand that someone from my Management Office will contact me, so that I may specify my disability related problems that I have with my apartment, building, development grounds or Housing Authority's programs. Based upon my response, I understand that the Housing Authority will offer to provide me with a reasonable accommodation, which may include a modification to my present apartment, building, development grounds or Housing Authority programs or offer to transfer me and my household members to a modified apartment.

C. THE REASONABLE ACCOMMODATION REQUESTED: (CHECK ONLY ONE)

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. Mold/Mildew removal | <input type="checkbox"/> 6. Utility Allowance | |
| <input type="checkbox"/> 2. A third air conditioner or more | <input type="checkbox"/> 7. Physical modifications to the grounds or common area | |
| <input type="checkbox"/> 3. Under Occupied Exception | <input type="checkbox"/> 8. Assign Third Party to Receive Documents | |
| <input type="checkbox"/> 4. Home Visit | <input type="checkbox"/> 9. Other: <input type="text"/> | |
| <input type="checkbox"/> 5. Physical modification of existing apartment (<i>Check all that apply</i>) | | |
| <input type="checkbox"/> a. Widened Doorways (<i>if structurally possible</i>) | <input type="checkbox"/> e. Lowered Interviewer | <input type="checkbox"/> i. Monoxide Alarms |
| <input type="checkbox"/> b. Enlarged Bathroom (<i>if structurally possible</i>) | <input type="checkbox"/> f. Lowered kitchen Cabinets | <input type="checkbox"/> j. Hand Held Showers |
| <input type="checkbox"/> c. Lever Handle Faucets/Door Knobs | <input type="checkbox"/> g. Self Cleaning Stove/Ranges | <input type="checkbox"/> k. Raised Commodes |
| <input type="checkbox"/> d. Adjusted Electrical Switches & Outlets | <input type="checkbox"/> h. Roll in Showers | |

I. Signature of Client/Patient or Parent/Legal Guardian

m. DATE

(mm/dd/yyyy)

A translation or larger-font version of this document is available from the Customer Contact Center and your Property Management Office. NYCHA is providing the translation for your information only.

Please fill out the English language version of the document.

La traducción o una versión con letra de mayor tamaño de este documento está disponible en el Centro de Atención al Cliente y en la Oficina de Administración de su residencial. NYCHA está suministrando la traducción en español sólo para su información. Por favor, llene la versión en inglés del documento.

Перевод этого документа находится в Центре обслуживания клиентов. NYCHA предоставляет перевод только для вашей информации. Пожалуйста, заполните английский вариант документа.

客戶服務中心備有文件的翻譯和大號字體版本可供索取。
NYCHA所提供的文件譯本僅供參考。請填寫文件的英文版本。

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D. EXAMPLES OF REASONABLE ACCOMMODATION BY PROBLEM AREAS:*Note: this list is just a sample and is not meant to be exhaustive*

ROOM/AREA OF PROBLEM	TYPE OF DIFFICULTY	TYPICAL ACCOMMODATIONS REQUESTED
Management Office Senior Center Parking Area Laundry Room	<ul style="list-style-type: none"> No easy access. Problems in using the facility 	<ul style="list-style-type: none"> Widen or rehang doors to lay flat against a wall when opened or to swing out instead of into a space. Add or adjust door closers Adjust door for appropriate opening force Provide lever type or other accessible door handles
Mail Delivery/ Trash Disposal		<ul style="list-style-type: none"> Raise or adjust objects that protrude into an accessible route or interfere with required headroom
Building Entrance Interior Lobby/ Path to Apartment		<ul style="list-style-type: none"> If common laundry facilities provided, provide at least one front loading washer/dryer or other accommodation Provide accessible mailbox such as at lower height use different paint color for doors, doorways, windows or baseboards
Building Elevator	<ul style="list-style-type: none"> Problems entering and or exiting Problems using the elevator 	<ul style="list-style-type: none"> Transfer to an unit on the ground floor or to another development with wider elevator cabs Adjust automatic door to close less quickly Provide raised/braille floor indicators for persons with visual impairments
Apartment Interior	<ul style="list-style-type: none"> Problems in easily moving around apartment Hazardous objects in apartment 	<ul style="list-style-type: none"> Modifications to unit to widen interior and exterior apartment doors Intercom installation or lower peep hole Transfer to a 504 accessible unit Cover or protect exposed hot water pipes
Apartment Entrance/Interior Door	<ul style="list-style-type: none"> Have difficulty in identifying at the front door Cannot easily open, close or get through doorway(s) Round doorknob(s) difficulty to pull 	<ul style="list-style-type: none"> Widen or rehang doors to lay flat against a wall when opened or to swing out instead of into a space Provide lever type or other accessible door handles Bevel changes in pathway level exceeding ¼" Attaching a flashing light signal to door bell

