Reset

NEW YORK CITY HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT
PO Box 19196
Long Island City, NY 11101-9196

Disability Status Notice and Reasonable Accommodation Request

IMPORTANT NOTE: Please complete this form ONLY if you, or another member of your household, have a qualifying disability and require a reasonable accommodation.

A. Voucher:

B. Name:

C. Address:

D. City/State/ZIP Code:

E. Home Telephone #:

F. Cell/Mobile Telephone #:

G. E-mail Address:

H. Instructions for Requesting a Reasonable Accommodation:

A reasonable accommodation is a form of assistance that the New York City Housing Authority (NYCHA) provides to meet the needs of a person who has a qualifying disability. A disability can be a physical, medical, mental, or psychological impairment. Whether a reasonable accommodation request will be approved depends upon the factors that are relevant to each request.

To request a reasonable accommodation:

1) You and/or a household member **must** have a qualifying disability.
2) A health care provider must complete the enclosed NYCHA Form 059.109A, Disability Status and Notice of Reasonable Accommodation – Medical Verification or provide a statement on their letterhead. The health care provider must provide only the information necessary to support the request and explain how the request is connected to a disability. NYCHA does not use medical records or other health care documents in considering your request.
3) **Please return the following two forms to PO Box 19196, Long Island City, NY 11101-9196:** 1) NYCHA Form 059.109, Disability Status and Notice of Reasonable Accommodation; and 2) NYCHA Form 059.109A, Disability Status and Notice of Reasonable Accommodation – Medical Verification. You may also return the forms in person at any Customer Contact Center.
4) Check the box(es) below, in Section I, for the reasonable accommodation(s) that you are requesting.

I. Reasonable Accommodation Request:

I am requesting the following reasonable accommodation(s) for myself or another household member who has a qualifying disability:

1) ☐ **Grant a larger voucher size due to a disability. Please select the option that applies to you:**

   a) ☐ **I am a current program participant, or I am being restored to the program, and need a larger voucher size for the apartment I live in now due to a disability**. This option is only for: 1) current program participants, who do not want to move to another apartment; or 2) tenants who have been terminated from the program, and are requesting to be restored to the program, and do not want to move to another apartment.

   OR

   b) ☐ **I am an applicant who needs a larger voucher size for my program admission voucher due to a disability.** This option is only for new voucher holders who are seeking admission to the Housing Choice Voucher Program.

2) ☐ **Grant a transfer due to a disability. Please select the option that applies to you:**

a) ☐ **I am a current program participant and want a transfer voucher, due to a disability, to move <u>within</u> the five boroughs.** This option is only for current program participants who want to move to another apartment within the five boroughs.

OR

b) ☐ **I am a current program participant and want a transfer voucher, due to a disability, to move <u>outside</u> of the five boroughs.** This option is only for current program participants who want to move to another apartment outside the five boroughs via the portability transfer option.

Note for former participants seeking to be restored to the program: Please use NYCHA Form 059.646, Request for Section 8 Subsidy Program Restoration, if you are seeking the restoration of your Section 8 subsidy via a transfer voucher. You may call the Customer Contact Center for assistance.

Do you require a larger voucher to move to another apartment, either within or outside of the five boroughs? Yes ☐ No ☐

3) ☐ Extend the time on my current voucher due to a disability.

4) ☐ Provide Section 8 documents in a usable format for the head of the household because of blindness or a visual impairment (e.g., enlarged print).

5) ☐ Provide a sign language interpreter or a certified deaf interpreter for the head of the household because of deafness or a hearing impairment. (You do not need to submit NYCHA Form 059.109A, Disability Status and Notice of Reasonable Accommodation – Medical Verification, for this request.)

.

J. Other (Please describe your request below).

Example: Grant an increase in the payment standard for a family whose share of the rent is more than 40% of their adjusted household income.

K. Questions?

Please call the Customer Contact Center at (718) 707-7771 for assistance with your reasonable accommodation request, Monday through Friday, between the hours of 8am and 4pm. The TTY line, (212) 306-4845, is an available option for hearing or speech-impaired persons requiring assistance.

A translation of this document is available from the Customer Contact Center. NYCHA is providing the translation for your information only. Please fill out the English language version of the document.
La traducción de este documento está disponible en los Centros de Atención al Cliente. NYCHA proporciona la traducción solo 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譯本可供索取。紐約市房屋局所提供的文件譯本僅供參考。請填交文件的英文版本。
客户服务中心备有文件译本可供索取。纽约市房屋局所提供的文件译本仅供参考。请填交文件的英文版本。