

**NEW YORK CITY HOUSING AUTHORITY
DISABILITY STATUS AND NOTICE OF REASONABLE ACCOMMODATION REQUEST (NYCHA RESIDENT)**

NAME (<i>Tenant/Co-Tenant</i>)		Tel. # ()
Street Address	Apt. #	Account #: □□□ - □□□ - □□□
Borough	Development Name	

You can use this form to notify NYCHA that a member of your household has a disability. Although you do not have to disclose a disability, NYCHA strongly encourages you to accurately and completely fill in the information for several reasons:

- NYCHA will be able to provide additional service, if needed, in case of emergencies,
- NYCHA will provide reasonable accommodation to meet the needs of persons with disabilities,
- You may be entitled to an income deduction based on disability status.

The information supplied will be kept confidential in accordance with the law.

NYCHA will provide reasonable accommodations to meet the needs of people with disabilities. A disability can be a physical, medical, mental, or psychological impairment, such as mobility, hearing, vision, breathing or mental impairments. A reasonable accommodation may include a modification to your apartment, common areas in and around your apartment building, development grounds, NYCHA programs, policies, and facilities, or transfer to another unit. The reasonableness of a given accommodation depends upon the individual circumstances of the person(s) for whom the request is made. The Housing Authority may require you to provide documentation to support your claim for a reasonable accommodation. **You can request an accommodation at any time.** If you need an explanation of disabilities or reasonable accommodations, or information regarding the rights of persons with disabilities, help in completing this form, or additional copies of this form, you may contact your development management office or the NYCHA Department of Equal Opportunity, Services for People with Disabilities Unit at 212-306-4652 or TTY telephone is 212-306-4845.

PART 1: List all persons in your household with a disability. Write "YES" in those columns that describe the disability.							
Name of household member with a disability	Uses Wheel Chair	Uses walker, crutches, cane, leg braces; is an amputee or has difficulty walking or climbing stairs	Blind or vision impaired	Deaf or hard of hearing	Mental or psychological disability	DESCRIBE	
						Other physical disability (e.g. breathing impairment)	Depends on life-sustaining equipment

PART 2: NYCHA RESIDENT:	
If You are Requesting An Accommodation Check Box, Sign Below, and Complete the Back of this Form	
<input type="checkbox"/>	<p>If you are requesting that NYCHA provide an accommodation for a person listed in Part 1, please check the box to the left, separate form from booklet and submit separately. (This form is also available on the NYCHA website- Residents' Corner.)</p> <p>You should have received the following two forms. NYCHA requests that you complete both. Bring the Disability Verification form to a medical professional for completion. Return all forms to NYCHA.</p> <p>1: This form: Disability Status and Notice of Reasonable Accommodation Request (NYCHA Resident) (Form 040.422) – complete front and back, and</p> <p>2: Reasonable Accommodation Request - Disability Verification (Form 040.426).</p>
Signature of Tenant(s) (Lessee(s)): <i>Note to Staff: If tenant does not sign, write 'no signature' and process request.</i>	Date:



REASONABLE ACCOMMODATION REQUEST DETAIL

NAME (Tenant/Co-Tenant)	Development Name
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You can use this form to request NYCHA to provide a reasonable accommodation for any member of your household who has a disability, so that the household member can better use your residence and/or NYCHA's facilities or programs. If you are unable to complete this form and would like to request an accommodation, you may contact your management office, the Customer Contact Center, or the Department of Equal Opportunity for further assistance. Anyone with a physical, medical, or psychological impairment has a disability and therefore has a right to reasonable accommodations if needed for the disability. Examples of impairments are mobility, hearing, vision, breathing and mental impairments.

Your management office staff will review your request within 5 days of receiving all of your medical and other documentation. If management office staff cannot grant the request, it will be referred to the Reasonable Accommodations Coordinator who will have 30 days to make a decision. If the Coordinator needs more than 30 days, NYCHA will let you know in writing and explain why. NYCHA will send you a notice with a decision on the reasonable accommodation request. If you do not agree with the decision, you can request a grievance hearing by checking the appropriate box on the notice of decision and returning the form to the address indicated, or by contacting your development management office.

- SOME EXAMPLES (NOT A COMPLETE LIST) OF ACCOMMODATIONS THAT NYCHA CAN MAKE FOR A RESIDENT WHO EXPERIENCES PROBLEMS WITH A SPECIFIC AREA OF HIS/HER APARTMENT, BUILDING, DEVELOPMENT GROUNDS OR HOUSING AUTHORITY PROGRAM BASED ON A DISABILITY.
- NYCHA CAN INSTALL A GRAB BAR IF A FAMILY MEMBER IS NOT STEADY IN THE SHOWER
 - NYCHA CAN INSTALL A VISUAL SMOKE ALARM IF A FAMILY MEMBER HAS A HEARING PROBLEM
 - IF A FAMILY MEMBER HAS A BREATHING PROBLEM, NYCHA CAN PERMIT INSTALLATION OF A THIRD AIR CONDITIONER, PROVIDE A TEMPORARY TRANSFER DURING MOLD/MOISTURE REMEDIATION, OR PERMANENTLY TRANSFER THE FAMILY IF THE APARTMENT IS UNINHABITABLE.
 - NYCHA CAN SEND THE RENT BILL OR OTHER DOCUMENTS TO ANOTHER PERSON, SUCH AS A GUARDIAN, IF NEEDED

Write in below the specific area of problem and kind of modification / accommodation which you think will help you.
Add an additional piece of paper if you need more space.

Room/Area of Problem	Type of Difficulty/Requested Reasonable Modification or Accommodation

You may request a physical modification to your present apartment or a transfer to a fully accessible apartment if required due to a disability (either in your current development or in another one). NYCHA will work with you to determine how to fulfill your request. Documentation to support your request may be required.

Please indicate which option you prefer:

- 1 I want modifications done to my present apartment only.
- 2 I would consider moving to a fully accessible apartment, but only within my present development.
- 3 I would consider moving to a fully accessible apartment, even if it is in another development.

Signature of Tenant(s) (Lessee(s)): <i>Note to Staff: If tenant does not sign, write 'no signature' and process request.</i>	Date:
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A translation of this document is available at 250 Broadway, 2nd floor, New York, NY 10007
 La traducción de este documento está disponible en 250 Broadway, 2º Piso, New York NY 10007
 С переводом этого документа можно ознакомиться по адресу: 250 Broadway, 2-й этаж, New York, NY 10007
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 The English language version of this document is the official, legal, controlling document.
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