



REASONABLE ACCOMMODATIONS VERIFICATION FORM

The person identified below has submitted the attached request for an accommodation under The Fair Housing Act, which requires owners/managers of this site to make reasonable accommodations in rules, policies, practices, or services when such accommodation is necessary to afford an individual with disabilities equal opportunity to use and enjoy a dwelling unit and common areas. The review of reasonable accommodation requests will follow the NYS Human Rights Law’s definition of a “disability”.

To meet the specific needs of individuals with disabilities, we ask your cooperation in providing the following information and returning it in the enclosed self-addressed, stamped envelope and/or above fax number. Your prompt return of this information will help assure timely processing of the individual’s request for accommodation. The applicant/resident has authorized you to provide the information requested on this form as indicated below.

Name of Resident (print): _____

Type of Request for Reasonable Accommodation:

Signature of Resident: _____
This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge of this resident.

Please answer the following questions:

1. Is this resident disabled?
The NYS Human Rights Law defines the term “disability as (a) a physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques or (b) a record of such an impairment or (c) a condition regarded by others as such an impairment, provided, however, that in all provisions of this article dealing with employment, the term shall be limited to disabilities which, upon the provision of reasonable accommodations, do not prevent the complainant from performing in a reasonable manner the activities involved in the job or occupation sought or held. The Fair Housing Act defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities, someone who has a record of such an impairment, or someone regarded as having such an impairment. Major life activities include such functions as walking, breathing, seeing, hearing, working, etc. A disability can be temporary or permanent. Persons with temporary disabilities are protected against discrimination in the same way as are persons who have permanent disabilities.

YES NO I DON’T KNOW



2. Does this resident need the accommodation requested above to be able to use and enjoy their dwelling unit and/or common areas in his/her apartment community?

- YES NO

3. If yes, please describe how this accommodation will enable the resident to use or enjoy this apartment community.

4. Please list any alternative accommodations or modifications (if any) that could address the disability related needs of the tenant in their current unit, if we are unable to grant this request.

5. If necessary will you be willing to testify in a court of law concerning the information provided in this form?

- YES NO

Print name and position of verifier: _____

Signature of Verifier: _____ Date: _____

Address: _____

Telephone: _____