



Department of
Housing Preservation
& Development
nyc.gov/hpd

Office of Neighborhood Strategies
Division of Tenant Resources
100 Gold Street
New York, N.Y. 10038

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 website¹ 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: _____

¹ <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):

Remain in current unit

Move to a different unit. Select all that apply:

Add a bedroom for live-in aide

Move to a unit with disability access

Have a family member be a live-in aide

Move within your building

Be removed from the overhoused waitlist

Move to another building

Increase bedroom size

Move, due to an emergency situation

Rent from relative/family member

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

