



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 VERIFICATION
To be completed by a knowledgeable professional

To the Knowledgeable Professional²: The NYC Department of Housing Preservation and Development (HPD) provides reasonable accommodation to a household who is either applying for, or receiving, rental assistance in order to allow equal access to the program. HPD may grant an exception to an HPD rental assistance policy or procedure if a verifiable connection is made between the disability of the household member and the reasonable accommodation request. The person completing this request has listed you as a knowledgeable professional that can verify the need for reasonable accommodation. **Please only include medical information below that is directly relevant to the request for a reasonable accommodation (i.e., documentation demonstrating that a disability, which causes a need for a specific accommodation, exists). Note that HPD may contact you to request additional information.**

Name of Patient/Person Requesting Accommodation: _____ Patient Address: _____

For the purpose of reasonable accommodation, a person has a disability if they **have a physical, mental or emotional impairment that limits one or more major life activities, such as caring for oneself, or performing manual tasks.**

Does the above-named individual meet this definition of disabled? Yes No Unable to verify

Please answer the following questions to provide HPD with more information on the status, needs and request for accommodation of the above-named individual.

Note: For an accommodation to be considered, a connection must be made between the disability and the requested accommodation. Please explain how the request is made necessary by the person's medical condition/disability. Please also answer all questions below as they will help HPD review and make determinations on many of the types of reasonable accommodations typically requested under HPD's rental subsidy programs.

What is the expected duration of the disability? Permanent Not disabled
 Temporary, expected duration: _____

Is the individual unable to move out of their current unit and requesting to stay in place? Yes No Unable to verify

If yes, please explain how this is linked to the person's disability: _____

Has the individual requested a larger living space, and is it needed? Yes No Unable to verify

If yes, please explain how this is linked to the person's disability: _____

² A knowledgeable professional may be a licensed social worker, nurse, doctor or another licensed medical professional who is responsible for services related to the disability of the person requesting accommodation.

Has the individual requested to move to a unit with disability access, and is it needed? Yes No Unable to verify

If yes, please explain how this is linked to the person's disability: _____

Does this individual require assistance in the unit for their care and well being? Yes No Unable to verify

If yes, please explain: a) whether or not the individual to be providing care is obligated to do so, b) whether or not the individual to be providing care would be living in the unit if not to provide supportive services, and c) how this is linked to the person's disability: _____

Does the individual need (and have they requested) to rent from a relative/family member because of the unit's accessibility (e.g., accessibility features within the unit and/or the unit's proximity to services?) Yes No Unable to verify

If yes, please explain how this is linked to the person's disability: _____

Does the individual need (and have they requested) to rent from a relative/family member because they are being evicted and the relative/family member has a unit available? Yes No Unable to verify

If yes, please explain how this is linked to the person's disability: _____

Has the individual requested any other accommodation? Yes No Unable to verify

If yes, please explain what this request is, and how it is made necessary by the person's medical condition/disability: _____

KNOWLEDGEABLE PROFESSIONAL: CERTIFICATION

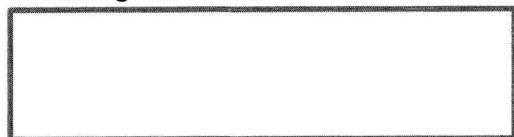
I certify that the information above is accurate and true to the best of my knowledge.

Name: _____ Title: _____

Signature: _____ Date: _____ Phone Number: _____

License Number: _____ Agency Name: _____

Knowledgeable Professional: Place medical stamp below.



Please return completed forms to:
NYC Department of Housing Preservation and Development
Division of Tenant Resources
100 Gold St., Rm. 4Z2C, New York, NY 10038
Attn: Executive Assistant
FAX: 212-863-5299
EMAIL: DTRAI@hpd.nyc.gov