THE MUNICIPAL HOUSING AUTHORITY FOR THE CITY OF YONKERS
1511 CENTRAL PARK AVENUE, YONKERS, NEW YORK 10710

VERIFICATION OF DISABILITY

Name _____ Date _____
Address _____ Re _____
_____ (Name of Requestor)

Dear Health Care Provider:

The Municipal Housing Authority for the City of Yonkers ("MHACY") directly, or through one of its subsidiary organizations, provides affordable housing benefits to low-income families within the City of Yonkers. Applicants for that housing, along with current residents and Section 8 participants, all have the right to request a reasonable accommodation for a disability for themselves and/or a family member. The above-named person has expressed a need for an accommodation to a disability and has named you as a person who can verify his/her disability and need. Please indicate whether, in your professional judgment, he/she has a disability and needs the requested accommodation described below to accommodate his/her disability. **If you have any questions, please call me at 793-8400, ext. 150**. Your prompt return of this form in the attached, stamped, self-addressed envelope or **via fax 914 793 8585**, will expedite the processing of this matter.

Sincerely: **Jacqueline Giles** _____
Signature/Paralegal, Legal Department

1. Name of Applicant/Resident/Participant: _____

2. Verification of disability: Please state whether the person has a disability (a mental or physical impairment that substantially limits one or more major life activities or a record of having or being regarded as having such an impairment): Yes _____ No _____

3. Nature of accommodation requested: _____
_____
_____
_____

4. Verification and explanation of need(s): Please do not provide any information about the nature of extent of the applicant's disability. Simply indicate whether, in your professional judgment, the applicant needs the accommodation requested: _____
_____
_____

5. Name of person providing verification _____
_____
Signature

6. Name of Physician/Agency _____
Physician/Agency Address _____
Physician/Agency Phone # _____ Date ____

Warning: Section 1001 of Title XVIII of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I _____ hereby authorize the release of the requested information. Signature _____
Date _____