

Request for Reasonable Accommodation
(Applicant/Resident/Section 8 Participant)

Name _____ TDD/Phone _____
Email address _____
Address _____
City _____ State/Zip _____

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. In order to process the request, this form should be completed and returned either to the manager at the site, to admissions personnel, to the Section 8 Administrator and/or to the Reasonable Accommodations Committee c/o The Municipal Housing Authority, 1511 Central Park Avenue, Yonkers, New York 10710, Attn: Reasonable Accommodations Committee.

Currently, I am:

- Applying to be placed on a waiting list
- An applicant on the waiting list
- Certified as eligible for housing, and looking for a unit
- Housed in a subsidized unit owned or managed by MHACY
- A Section 8 Participant
- Other: _____

This application is based upon a disability that qualifies under federal law (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), and is submitted on **behalf of the following individual:**

Name: _____

As a result of my/his/her disability, the **following change or changes are necessary** so that I/he/she can have the opportunity to equally participate in the housing program:

You may verify the disability and the need for this request by contacting:

Name _____ Title _____ Phone _____
Address _____ Fax _____
City/State/Zip _____

I give you permission to contact the above individual for purposes of verifying that I (or a family member) have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature _____ Date _____ Rev April, 2016