

Submit completed form to: CVR New York ▪ 112 East Post Rd. ▪ Suite 102 ▪ White Plains, NY 10601

Note: If necessary, HCV Program staff may complete this form on behalf of the Participant.

Participant / Head of Household		Date	Log #	
Unit Street Address	Apt. #	City	State	ZIP Code
Name of Person Needing the Accommodation: _____			<input type="checkbox"/> Head of Household <input type="checkbox"/> Family Member	

1. Please indicate the type of accommodation(s) you are requesting. Provide the additional information/explanation as requested on the next page in Item #2.

- Extra time to locate a unit due to disability related reasons.** Please explain the hardship you have faced due to your disability in finding a unit in the past and demonstrate the connection between your disability and the need for the extension.
- Lease a unit owned by a relative.** Please describe why renting this particular unit will assist you relative to your disability. **Note:** The relative who owns the unit MAY NOT live in the same unit with you.
- Change in the Payment Standard.** **Note:** A request for a change in Payment Standard will only be considered after you have found a unit or community with specific features that meets the needs of the disabled person(s). Please complete and submit this form after finding a unit or community with special features. Describe the special features of this unit or community relative to your disability.
- Extra bedroom necessary for a person with a disability.** Please explain why you need an extra bedroom and submit additional documentation from a knowledgeable professional to sufficiently justify the request.
- Extra bedroom necessary for equipment.** Please specify, in detail, the type and size of the equipment.
- Live-In Aide.** I require a person to live IN the unit with me to administer care. This person is not just visiting help and does not come and go in specific shifts. **Note:** A *Live-In Aid* must meet the following requirements as defined by HUD:
 - A *Live-In Aid* is a person who resides with one or more persons with disabilities and who:
 - 1) is determined to be essential to the care and well-being of the person;
 - 2) is not obligated for the support of the person(s); and
 - 3) would not be living in the unit except to provide the necessary supportive services.
- Special communication needs** for persons with either visual impairments (need written material in alternate formats, such as large print) or hearing impairments (need sign language interpretation services at meetings with CVR New York regarding voucher business).
- Other policy or rule change needed.** Please explain.

2. Please provide the additional information/explanation necessary to consider your request as outlined in Item #1.

3. Please list the contact information of the knowledgeable professional who can verify your disability and that it warrants the accommodation(s). *Note: CVR New York will provide a copy of this completed form to this person.*

Name	Title			
Business Name	Telephone #	Fax #		
Address	Suite #	City	State	ZIP Code

4. Release of Information.

I certify that the information provided on this form is true and accurate. I give CVR New York permission to discuss the requested accommodation with the professional identified above and to provide them with a copy of this completed form.

Signature of Participant	Date	Log #
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If this form was completed by CVR New York staff on behalf of the Participant, please sign below.

Signature of CVR New York Staff	Date
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Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

If you have any questions, please contact CVR New York at (914) 995-2415.