



REASONABLE ACCOMMODATION REQUEST

Head of Household Name		Log #		Date	
Address					
Phone		Email			
Name of individual requesting the accommodation					

1. Please indicate the type of accommodation(s) you are requesting in order for a person with disabilities to access the Housing Choice Voucher program fully.

- 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 needed for persons with either visual impairment(s) (written material in alternate formats, such as large print) or hearing impairments (sign language interpretation services at meetings with the CVR New York).
- Other policy or rule change needed. Please explain below.

112 East Post Road - Suite 102 - White Plains, NY 10601
www.cvrnewyork.com - 914.995.2415

Log Number	
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2. Please provide any additional information about your request(s) and an explanation of how this reasonable accommodation would allow the person with a disability(ies) to utilize the Housing Choice Voucher program fully.

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

Name of Official		Title of Official	
Telephone/Email		Company	
Address			

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 my knowledgeable professional.

Signature of Participant		Date	
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If necessary, CVR NY staff may fill in the name, log number, and requested accommodation on behalf of the program participant.

CVR NY Staff Member Signature (if necessary): _____

Please return this completed form to CVR New York Housing Choice Voucher Program, 112 East Post Road, Suite 102, White Plains, NY 10601 or your Housing Specialist. If you have any questions, please contact CVR New York at (914) 995-2415

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.
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