

FBHC Resident Request for Reasonable Accommodation/Modification Form

Name of Person Needing Accommodation: _____

Name of Head of Household: _____

Current Address: _____

Contact Phone Number: _____

Contact Email: _____

Current Unit Size: Studio, 1 Bedroom, 2 Bedroom, 3 Bedroom, Other: _____

Describe the nature of the accommodation/modification requested and how this relates to your medical condition or disability. Please be specific. (Attach additional sheets and present supporting documentation as appropriate.)

Medical verification/documentation is required and should, to the extent possible:

- Be written on the official letterhead of the qualified health professional or health professional's organization.
- Identify the health professional's credentials. E.g., M.D., D.O.
- Be dated and signed by the health professional.
- Describe the limitations in detail as they currently exist and how the requested accommodation/modification will alleviate this limitation.
- State whether the duration of the limitation is permanent or temporary or unknown.
- If temporary, specify the date the limitation is expected to no longer require accommodation.

This CONFIDENTIAL documentation should be provided to Caitlin Reilly at creilly@fordham-bedford.org.

**Residents must have a zero-rent balance to be approved for a relocation.
You must relinquish vacant possession of your current unit to move into a new unit.**

I certify that the above statements are true to the best of my knowledge. I understand that supplying false statements and information can lead to a denial of my reasonable accommodation request and jeopardize my housing. I authorize the Fordham Bedford Housing Corporation to verify my eligibility for the accommodation requested. To verify this information and to ensure FBHC compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I authorize FBHC to contact the health care provider listed above and allow the provider to release information to FBHC.

Requestor's Signature: _____

Date: _____

Reasonable Accommodation/Modification Request Policy

A reasonable accommodation is an exception or change that we make to rules, policies, services, or regulations that will assist a resident or applicant with a disability to take advantage of this housing program. A reasonable modification is a change to a physical or material aspect of the property or unit that will assist a resident to fully use and enjoy the premises. The accommodation or modification must be necessary for the individual with the disability to enjoy and/or fully use all services offered to other residents and/or the dwelling unit.

Note: The individual requesting a modification may be responsible for the costs incurred in providing a reasonable modification, if the cost will cause an undue financial burden on the project. The individual may also be responsible for costs incurred to restore the property back to original condition once the modification is no longer needed. Fordham-Bedford Housing Corporation will require a licensed contractor to make the modification and/or restoration. The individual requesting a relocation must meet all qualifications for a new unit to be relocated there including proven financial ability to pay any increased rent.

A resident or applicant is entitled by law to a reasonable accommodation and/or modification when needed because of a disability. We will make all reasonable efforts to grant all requests that are needed due to a disability, provided that the request is not unduly burdensome and we have the ability to fulfill the request. If we deny a request, we will give you the reasons in writing and provide an opportunity for you to appeal our decision, or to discuss alternative reasonable accommodations.

There must be a verifiable disability involved in order for a household to qualify for reasonable accommodation and/or modification. We are required by law to keep all information about the disability confidential.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities (walking, talking, hearing, seeing, breathing, learning, performing manual tasks and caring for oneself), has a record of such impairment, or is regarded as having such impairment.

If you, or a member of your household, has a disability and feel that there is a need for a reasonable accommodation or modification for you or your household member to have equal use and access to your home, please complete this form and return it to your Property Manager. Please provide a detailed explanation of what you are requesting. Use the other side of this form if you need more space. If you cannot complete this form yourself, you may have someone assist you, or you may make a verbal request to your Property Manager. We will make every effort to answer your request within 10 business days.

Please keep copies of all documents you submit.