



## ***NOTICE OF RIGHT TO REASONABLE ACCOMMODATION***

If you have a physical or mental health problem or disability, and you need...

- A change in or policies that would give you an equal chance to access our housing,
- A change in the way we communicate with you or give you information,
- A physical change to your housing unit,

You may ask for this kind of change, which is called a **Reasonable Accommodation**.

### *Your Request*

If you can show that you have a disability or health problem that interferes with your use of housing, and if your request is reasonable, we will try to make the changes you request. You can ask for this change by contacting us to request a Reasonable Accommodation Request Form.

### *Our Response*

We will give you an answer in 14 days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need for information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons in writing and you can give us more information, if you think that will help. You may also appeal our decision and we will tell you how.

### *Confidentiality*

All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy the housing. It is illegal for us to deny you any services or retaliate against you because you made a Reasonable Accommodation Request.



## Tenant Request for a Reasonable Accommodation Form

The following tenant claims a physical or mental impairment that limits his or her ability to occupy our housing.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

As a result of the disability, this person is requesting the following Reasonable Accommodation(s):

- A change in a policy, practice or procedure: (Please specify.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A physical change in the housing unit: (Please check the needed accommodation(s).)

\_\_\_\_\_ Addition of grab bars for bath/shower.

\_\_\_\_\_ Modification of the fire alarm system to accommodate visual impairment.

\_\_\_\_\_ Modification of the fire alarm system to accommodate hearing impairment.

\_\_\_\_\_ Other (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Verification of Need:*

You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation is needed.

### *Providing the Accommodation:*

If we cannot provide this accommodation immediately, you will get an answer to this request within 14 days. If you do not agree with the response, you may appeal the decision to:

Tanya L. Davis, Esq.  
Corporate Counsel  
Sanzi Associates, Inc.  
PO BOX 3861  
Kingston, NY 12402  
845-853-8250 x103



## Verification of Need for a Reasonable Accommodation Request

Dear \_\_\_\_\_,

On the back of this page is a form signed by \_\_\_\_\_ (Tenant/Applicant) asking you to verify his or her disability and the need for a reasonable accommodation.

State and federal laws require entities, such as ourselves, to make reasonable changes to policies, practices, procedures, and/or physical changes to housing units if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the housing. Please note that such changes must be necessary as a result of the person's disability.

Please indicate on the form whether you believe that this individual has a disability (as defined in the question) and whether the accommodation requested is necessary and will achieve its purpose. Please also feel free to add any additional information or suggestions that would be helpful in making the right accommodation for this person. This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please return the form to:

Sanzi Associates, Inc.  
PO BOX 3861  
Kingston, NY 12402  
P: 845-853-8250  
F: 845-853-1669  
Email: [tanya.davis@sanziassociates.com](mailto:tanya.davis@sanziassociates.com)

If you have any questions, please feel free to call the Leasing Agent at 845-853-8250.

Thank you very much for your assistance.

Sincerely,

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By:



## Verification of Need for a Reasonable Accommodation Request

Tenant/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I have requested the accommodation below and ask that you fill out the following certification.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Certification:*

The individual who has signed above has requested the following reasonable accommodation(s) and has requested that you provide verification:

Please indicate here:

- a. Do you believe the individual has a physical or mental impairment that limits a major life activity?

Yes                      No

- b. Do you believe the accommodation is necessary and will achieve its stated purpose?

Yes                      No                      Cannot Verify

- c. Is there any other information that would be helpful in making the right accommodation for this person?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Physician or Professional

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone