

**GREENBURGH HOUSING AUTHORITY**  
9 Maple Street  
White Plains, NY 10603  
914-946-2110  
914-946-6240 (fax)  
**Request for a Reasonable Accommodation**

Name: \_\_\_\_\_ TDD/PHONE \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

1. The following member of my household has a disability as defined below:  
(A physical or mental impairment that substantially limits one or more life activities; or a record of having impairment or regarded as having impairment.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. **As a result of this disability, I am requesting the following specific accommodation.**  
(Check one or more boxes below)

**A change in my apartment or other part of the housing development.** (Please Specify):

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

**A change in the following rule, policy, or procedure):** \_\_\_\_\_

**Other** (For example, a change in the way the housing authority communications with you)  
(Please Specify)

\_\_\_\_\_

3. **The request for reasonable accommodation is necessary** so that I or my family member can... (Please Specify):

\_\_\_\_\_

4. I authorize the housing authority to verify that I or my family member have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the housing authority may contact the following licensed professional.

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

Title of professional or expert \_\_\_\_\_

Agency, Facility or Institution (if any): \_\_\_\_\_

License Number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

I understand that the information obtained by the housing authority will be kept completely confidential and used solely to make a determination on my accommodation request.

I understand that false statements or information are punishable under Federal & State Law.