

SYRACUSE HOUSING AUTHORITY

REASONABLE ACCOMMODATION REQUEST – RESIDENT

Do you need an interpreter? If so, the Syracuse Housing Authority will provide one at no charge. Please notify a Syracuse Housing Authority staff member and an interpreter will be provided.

Necesita un interprete? Si es asi, la Autoridad de Syracuse le proporcionara uno sin costo alguno.

Por favor notifique a un miembro del personal de la Autoridad de Syracuse y se le proporcionara un interprete.

Please complete this form in its entirety and return it to the 504 Coordinator

Head of Household: _____ Phone: (____) _____
(PRINT NAME)

Address: _____ Apart. #: _____

Requestor: _____
(PERSON REQUESTING REASONABLE ACCOMMODATION IF OTHER THAN HEAD OF HOUSEHOLD, PRINT NAME)

1. The following is the name of the household member with a disability who requires a reasonable accommodation:

Name: _____

2. Because of the above household member's disability, the following change(s) or assistance (reasonable accommodation) is necessary so that the individual can participate in a Syracuse Housing Authority (SHA) housing assistance program as easily or successfully as other program participants.

Please check the kind of change(s) you need:

- A change or special feature in a SHA dwelling unit, building, and/or property (i.e. grab bars, live-in aide, accessible unit).
- Assistance with, or change in, a SHA practice, rule, policy, procedure, program or service (i.e. assistance animal).

3. Describe the problem that the household member named in item 1 is having, or might have, with a SHA dwelling unit, building, and/or property, practice, rule, policy, procedure, program or service (Please be specific)

4. Describe the kind of change(s) (reasonable accommodation) you are requesting (Please be specific)

5. Why is this change necessary for the household member named in item 1 to fully enjoy their residence or SHA's housing programs or services? (Please be specific)



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / www.syracusehousing.org

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability. This document is available in an alternate, accessible format upon request. Promovemos la igualdad de oportunidades de acceso a la vivienda. No discriminamos en base a raza, color, nacionalidad, religión, sexo, estado civil o discapacidad. Este documento se encuentra también disponible en un formato accesible a pedido.

6. If your request is for a unit transfer, please indicate whether you are willing to transfer out of your current property. Please note that you will be offered the first available public housing unit that meets your accommodation.

_____ Yes, I am willing to transfer out of my current property _____ No, I am not willing to transfer out of my current property

If yes, where are you willing to transfer to? (Please select all that apply)

| | | | | | |
|--------------------------|----------------------|--------------------------|---------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Pioneer Homes | <input type="checkbox"/> | Central Village | <input type="checkbox"/> | Almus Olver Towers |
| <input type="checkbox"/> | McKinney Manor | <input type="checkbox"/> | Toomey Abbott Tower | <input type="checkbox"/> | James Geddes Family |
| <input type="checkbox"/> | James Geddes Elderly | <input type="checkbox"/> | Vinette Towers | <input type="checkbox"/> | Fahey Court |
| <input type="checkbox"/> | Benderson Heights | <input type="checkbox"/> | Scattered Sites | <input type="checkbox"/> | Ross Towers |

7. Please list the contact information of the knowledgeable professional (medical, social services, other service provider) who can verify that the household member named in question (1) has a disability warranting the requested accommodation(s).

Name: _____

Title: _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

8. **Release of Information:** I certify that the information in this Reasonable Accommodation Request is true and accurate. I give SHA permission to talk with my medical, social services, other service provider or knowledgeable professional named about my request. *Please note that the individual referenced named above in question (7) will receive a copy of this form. This consent shall continue indefinitely unless and until it is revoked by me in writing.

Signature: _____ Date: _____
 (Head of Household, Other Requestor, or Authorized Representative of Requester)

FRAUD AND FALSE STATEMENTS

Title 18, Section 1001 of the U.S. Code states that a person whom knowingly and willingly makes false and fraudulent statements to any department of the United States Government, HUD, a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

Note: Individuals may obtain a copy of the SHA Reasonable Accommodation Policies and Procedures, upon request, from Applicant and Leasing Center Eligibility Interviewers, Public Housing Site Managers, Section 8 Leasing and Contract Specialists, and the 504 Coordinator. You may also get additional copies of this request form from your Property Management Office or the

**504 Coordinator
 Syracuse Housing Authority
 516 Burt Street, Syracuse, NY 13202
 315.470.4332**



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / www.syracusehousing.org

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability. This document is available in an alternate, accessible format upon request. Promovemos la igualdad de oportunidades de acceso a la vivienda. No discriminamos en base a raza, color, nacionalidad, religión, sexo, estado civil o discapacidad. Este documento se encuentra también disponible en un formato accesible a pedido.