

**DEPARTMENT OF SOCIAL SERVICES**  
**Section 8 Housing Choice Voucher Program**

Dr. Robert L. Yeager Health Center  
 50 Sanatorium Rd., Building L  
 Pomona, New York 10970  
 (845)364-3330 Fax (845) 364-3222

**Joan M. Silvestri**  
*Commissioner*

**REASONABLE ACCOMMODATION REQUEST**

<b>Head of Household Name</b>		<b>Date</b>	
<b>Address</b>			
<b>Phone</b>		<b>Email</b>	
<b>Name of individual requesting the accommodation</b>			

- 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 New York State Homes and Community Renewal).
  - Other policy or rule change needed. Please explain below.

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: Rockland County Housing Choice Voucher Program will provide a copy of this completed form to this professional.

<b>Name of Official</b>		<b>Title of Official</b>	
<b>Telephone/Email</b>		<b>Company</b>	
<b>Address</b>			

I certify that the information provided on this form is true and accurate. I give Rockland County Housing Choice Voucher Program permission to discuss the requested accommodation with my knowledgeable professional.

<b>Signature of Participant</b>	<b>Date</b>	
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If necessary, Rockland County Housing Choice Voucher Program staff may fill in the name, log number, and requested accommodation on behalf of the program participant.

Rockland County Housing Choice Voucher Program Staff Member Signature (if necessary):

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Please return this completed form to Rockland County Housing Choice Voucher Program, 50 Sanitorium Rd. Bldg. L Pomona, NY 10970 or your Case Manager. If you have any questions, please contact Rockland County HCV Program at 845-364-3330.

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.