

**NEW YORK CITY HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT
P.O. Box 19196
Long Island City, NY 11101**

Disability Status and Notice of Reasonable Accommodation

A. Name:

F. Voucher #:

B. Street Address:

C. City/State/Zip Code:

D. Mobile Telephone # *(Required)*:

E. E-mail Address:

G. Please fill out both forms 059.109 and 059.109A only if you are requesting a reasonable accommodation.

If you are requesting to move for any reason due to a disability (to obtain a larger unit size, lower floor or elevator building), please call the Customer Contact Center for a Transfer Request Form at (718) 707-7771.

H. The New York City Housing Authority will provide a reasonable accommodation to meet the needs of persons with disabilities. A disability can be a physical, medical, mental, or psychological impairment. The reasonableness of a given accommodation depends upon the individual circumstances of the person(s) for whom the request is made. The Housing Authority may require you to provide documentation to support your claim for a reasonable accommodation. You may request an accommodation at any time. You may use this form to request an accommodation. Alternatively, you can request an accommodation by contacting the Customer Contact Center at (718) 707-7771.

1) There is someone in my household with a disability, AND wants the Housing Authority to provide the following reasonable accommodation(s):

A. Grant a larger voucher size for my existing unit, due to an accommodation for a disability.

B. Extend the time on the voucher for my current transfer voucher

C. Provide communications for the blind or visually impaired in an alternative format

D. Provide communication for hearing impaired in an alternative format

E. Other: *Please explain your request.*

I. For more information about other types of reasonable accommodations, please go to our website at www.nyc.gov/nycha and click on Section 8 Assistance and Information for Section 8 Tenants to locate the Reasonable Accommodations link, or call the Customer Contact Center at (718) 707-7771.



- J. NOTE: In order for us to process your reasonable accommodation request, it is necessary that both you and your medical professional fill out the enclosed form 059.109A.**
- K. Please return both completed forms 059.109 and 059.109A as a packet in person to your local Customer Contact Center.**

Manhattan/Bronx: 1 Fordham Plaza (aka 478 East Fordham Road), 2nd floor, Bronx, NY 10458

Brooklyn/Staten Is.: 787 Atlantic Avenue, 2nd floor, Brooklyn, NY 11238

Queens: 90-27 Sutphin Blvd, Jamaica, NY 11435

Or mail both completed forms 059.109 and 059.109A as a packet to the following mailing address:

New York City Housing Authority

Leased Housing Department

P.O. Box 19196

Long Island City, NY 11101

- L. Contact the Customer Contact Center at (718) 707-7771 or the Housing Authority's Department of Equal Opportunity, Services for the Disabled, at (212) 306-4652 or TDD (212) 306-4845, if you:**
- Need help understanding what disabilities or reasonable accommodations are
 - Would like more information about the rights of people with disabilities, or
 - Need help in completing this form.

