



COUNTY OF NASSAU
OFFICE OF HOUSING
 40 MAIN STREET – 1ST FLOOR – SUITE C
 HEMPSTEAD, NEW YORK 11550
 (516) 572-1900 FAX (516) 572-2790

REQUEST FOR REASONABLE ACCOMMODATION

Participant/Head of Household	Date	Log #
Unit Street Address / Apt # / City /State / Zip Code		
Name of Person Needing the Accommodation	<input type="checkbox"/> Head of Household	
	<input type="checkbox"/> Family Member	

1. Please indicate the type of accommodations) you are requesting. Provide the additional information/explanation as requested on the next page in item # 2.

- 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 be relevant in assisting your disability.
Note: The relative who owns the unit MAY NOT live in the same unit with you.
- Change in the Payment Standard.**
 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/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 your need for 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 the size of 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 Aide must meet the following requirements as defined by HUD:
 A Live-In Aide 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.
- Other policy or rule change needed.** Please explain.

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2. Please provide the additional information/explanation necessary to consider your request as outlined in item # 1.

3. Please list the contact information of the knowledgeable professional who can verify your disability and that it warrants the accommodation(s). Note: We will provide a copy of this completed form to this person.

Name & Title	
Business Name/Telephone #/Fax #	
Unit Street Address	

4. Release of Information

I certify that the information provided on this form is true and accurate. I give the Nassau County Office of Housing permission to discuss the requested accommodation with the professional identified above and to provide them with a copy of this completed form.

Signature of Participant	Date	Log #

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that: a person who knowingly and willingly makes false and fraudulent statement to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.