

# PEEKSKILL HOUSING AUTHORITY



J. Phalen  
Interim Executive Director

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Peekskill, New York 10566  
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## Reasonable Accommodation Request Form

Date: \_\_\_\_\_

Peekskill Housing Authority  
807 Main Street  
Peekskill, New York 10566

Re: Reasonable Accommodation for my disability

Dear Peekskill Housing Authority:

I live at \_\_\_\_\_ in \_\_\_\_\_ and have lived there since \_\_\_\_\_. I am a qualified individual with a disability, as defined by the Fair Housing Amendments Act of 1988.

Because of my disability, I need the following accommodations:

\_\_\_\_\_  
A medical provider has prescribed this accommodation for my disability. I would like to meet with you to discuss these and any other accommodations that will enable me to have an equal opportunity to live in and enjoy this residence.

Please let me know what, if any, additional information you need from my health care provider in order to better understand my disability and the limitations it imposes.

Under the Fair Housing Amendments Act, it is unlawful discrimination to deny a person with a disability a reasonable accommodation of an existing building rule or policy if such accommodation may be necessary to afford such person full enjoyment of the premises.

Please keep this request for accommodation confidential, as required by federal law. Please contact me within the next ten days to discuss this important issue. I look forward to your response and appreciate your attention to this matter.

Sincerely,  
Signature \_\_\_\_\_

Resident Name (print) \_\_\_\_\_