



REASONABLE ACCOMMODATION POLICIES



41-51 MAPLE LLC

41-51 Maple LLC is committed to the letter and spirit of the Fair Housing Act, Section 504 and the New York State Human Rights Law, which, among other things, prohibit discrimination against persons with disabilities.

Individuals with disabilities: Defined by Section 504 as any person who: (i) has a physical or mental impairment that substantially limits one or more major life activities (i.e., caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning and working); (2) has a record of such impairment; or (3) is regarded as having such impairment.

The term "**disability**" is defined in the New York Human Rights Law at §292.21 to mean: (i) a physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques; or (ii) a record of such impairment; or (iii) a condition regarded by others as such an impairment.

In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to the property manager at 43-45 Maple St., Croton-on-Hudson, NY 10520.

If an applicant or tenant is unable to request a reasonable accommodation in the manner required due to their disability, management will provide an alternate method of request that is acceptable to the applicant.

When the applicant or tenant submits a request for a reasonable accommodation, he/she will be provided with a consent for verification form to be signed and submitted to a qualified third party provider. The qualified provider does not need to be a medical provider to complete the form. Verification of a disability will not be required where the disability is obvious or already known to management.

Once the need has been verified the request is forwarded to the Community Manager for review. The Community Manager is authorized to approve the request. If the request is denied

the applicant or tenant has 14 business days to request an appeal. If an appeal is requested it will be forwarded to the Property Manager to schedule a meeting with that person if needed.

Applicant and/or Resident Name: _____

Address: _____ Date of Request: _____

Please describe the accommodation (exception to the usual rule or policy) that you are requesting:

1. Do you consider yourself to have a disability?
 - Yes If "Yes"
 - No If "No" is checked, skip 2 and 3.

2. Are you requesting a specific animal to provide assisted services to you because of your disability?
 - Yes. If "Yes", describe the animal that you are requesting as a reasonable accommodation.
 - No.

Type of animal (i.e., dog, cat): _____

Breed (if dog): _____

Length of time you have owned this animal: _____

Name of animal: _____

Height and weight: _____

Number of other animals currently residing in household: _____

3. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community? (If necessary, you may write on the back of this form or attach additional sheets of paper.) If you are requesting an animal, please describe why this specific animal is necessary because of your disability:

4. Please provide the contact information for a professional third party verified to whom we will send the required verification form:

Name: _____ Position: _____

Address: _____

Applicant/Resident Signature: _____

Date: _____