

South Mall Towers

Non-Profit Housing for Seniors

101 South Pearl Street • Albany, NY 12207
(518) 463-0294 • Fax: (518) 463-1276

Disability Questionnaire & Reasonable Accommodation Request

Providing this information is **voluntary**. It will be kept **confidential** and used only to determine eligibility for housing programs and/or to arrange reasonable accommodations as required by law.

Definition of Disability (HUD/HCR Standard)

For housing purposes, a *person with a disability* is someone who has:

- A physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, **and**
 - That substantially limits their ability to live independently, **and**
 - Whose ability to live independently could be improved by more suitable housing conditions.
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1. Disability Status

Do you identify as a person with a disability, as defined above?

☐ Yes ☐ No ☐ Prefer not to answer

2. Reasonable Accommodation Request

Do you wish to request a reasonable accommodation for your disability?

☐ Yes ☐ No

If yes, please describe the accommodation you are requesting:

3. Acknowledgment

I understand that this information is requested in accordance with HUD and HCR regulations. My answers are voluntary, confidential, and will not affect my eligibility except as related to program requirements and reasonable accommodations.

Printed Name: _____

Signature: _____ Date: _____

Need Help?

If you need assistance completing this form or would like to request accommodations in another format, please contact the Property Manager at (518) 463-0294.

