

April 1, 2021

**Patricia Gardens Shareholders and Tenants
Notice Disclosing Tenants' Rights to Reasonable Accommodations
For Persons with Disabilities**

The New York State Human Rights Law requires housing providers to make reasonable accommodation or reasonable modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental or medical impairment, you can ask your housing provider to make common areas of the buildings accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation or a reasonable modification, you should contact your property manager by calling (914) 328-6962 or by e-mailing the property manager at info@robertorlofsky.com. You will need to show your housing provider that you have a disability or a health problem that interferes with your use of the housing accommodation and your request for an accommodation or building modification that may be necessary to provide you with equal access and the opportunity to use and enjoy your housing or the amenities and services offered by the housing provider.

If you believe that you have been denied a reasonable accommodation or reasonable modification for your disability, or that you were denied housing, or that you were retaliated against because you requested a reasonable accommodation or reasonable modification, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice.

Specifically, if you have a physical, medical or mental impairment, you can request:

- Permission to change the interior of your housing unit to make it accessible. Please note that you are required to pay for these modifications, and in the case of rental housing your Landlord may require that you restore the unit to its original condition when you sell your apartment or move out.
- Changes to the rules, policies, practices, procedures or services of the Corporation.
- Changes to common areas of the buildings so you have an equal opportunity to use the buildings. The Human Rights Law requires

property owners and/or housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable modifications or reasonable accommodations which may be requested under the New York State Human Rights Law include:

- If you have a mobility impairment, the Corporation may be required to provide you with a ramp or other reasonable means to permit you to enter or exit the building.
- If your doctor provides documentation that having an animal will assist you with your disability, you should be permitted to have the animal in your home despite a "no pet" rule.
- If you need grab bars in your bathroom, you can request permission to install them at your own expense.
- If you have an impairment that requires a parking space close to your apartment, you can request your housing provider to provide you with that parking space, or place you at the top of the waiting list if no adjacent parking space is available.
- If you have a visual impairment and require printed notices in an alternative format, such as large print or font, or need notices to be made available to you electronically, you can request this accommodation from Corporation.

Required Accessibility Standards

All buildings constructed for use after March 13, 1991 are required to meet certain building and common area accessibility standards. Because Corporation was constructed for use prior to that date, those standards do not apply to Corporation.

How to File a Complaint

A complaint for violations of the New York State Human Rights Law must be filed with the New York State Division of Human Rights within one year of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to www.dhr.ny.gov or by calling (888) 392-3644 with questions about your rights. You can obtain a complaint form on the above-mentioned website, or one can be e-mailed to you or mailed to you. You can also call or e-mail a Division regional office. All regional offices are listed on the above-mentioned website.

REASONABLE ACCOMMODATIONS AND/OR
REASONABLE MODIFICATIONS
REQUEST FORM

PLEASE COMPLETE THIS FORM TO REQUEST AN ACCOMMODATION. IF YOU REQUIRE ASSISTANCE COMPLETING THIS FORM, OR WISH TO MAKE THE REQUEST ORALLY, PLEASE CONTACT OUR OFFICE AT (914) 328-6962 . THE COOPERATIVE WILL KEEP A RECORD OF ALL REQUESTS, WHETHER WRITTEN OR VERBAL.

TENANT/RESIDENT/SHAREHOLDER NAME:

ADDRESS:

TELEPHONE #:

PERSON REQUESTING ACCOMMODATION:
(IF DIFFERENT FROM TENANT/RESIDENT/SHAREHOLDER)
RELATIONSHIP TO TENANT/RESIDENT/SHAREHOLDER:

1. Please describe the reasonable accommodation you are requesting:

2. Please explain why this reasonable accommodation is needed.
(You need not provide detailed information about the nature or severity of the disability.)

3. If you are requesting permission to have an animal in your apartment as an accommodation and it is not readily apparent to others that the animal is a service animal please answer the following:
 - (a) Type of animal (for example, dog, cat, etc.):

 - (b) Is the animal required because of a disability?

Yes _____ No _____

 - (c) Does the animal perform work or do tasks for you because of your disability?

Yes _____ No _____

- (d) If the answer to 3(c) is YES:
- a. provide a statement verifying that you have a disability (*i.e.*, you have a physical or mental impairment that substantially limits one or more major life activities); and
 - b. explain below how the animal has been trained to do work or perform tasks that ameliorate one or more symptoms or effects of your disability or, if the animal lacks individual training, how the animal is able to do work or perform tasks that would ameliorate one or more symptoms or effects of your disability:

You may provide any additional information or documentation of the training or work you describe above and attach it to this application.

- (e) If the answer to 3(c) is NO:

If the animal for which you are making a reasonable accommodation request does *not* perform work or do tasks for you because of your disability, but provides emotional support or ameliorates one or more symptoms or effects of your disability, please submit a statement verifying that:

- a. you have a disability (*i.e.*, you have a physical or mental impairment that substantially limits one or more major life activities); and
- b. the animal would provide emotional support or other assistance that would ameliorate one or more symptoms or effects of your disability and how the animal ameliorates the symptoms or effect.

Please attach such a statement to this application.

- (f) The Cooperative may deny a request to keep an animal on the premises if the animal poses a direct threat (*i.e.*, a significant risk of substantial harm) to the health or safety of other individuals that cannot be eliminated or reduced to an acceptable level by another reasonable accommodation, or if the animal would cause substantial physical damage to the property of others that cannot be reduced or eliminated by another reasonable accommodation. The Cooperative will base such a determination only upon reliable, objective evidence of the specific animal's actual behavior or conduct, and not on speculation or fear about the types of harm or damage an animal may cause.

- (g) If the assistance or support animal is a dog or cat, please provide a copy of the animal's rabies certificate that is required by New York law. If you have not selected an animal at the time you complete this application, the Cooperative may approve the application on condition that the applicant must submit a copy of the animal's rabies certificate before the selected animal moves in.
4. If you are requesting a physical change to the interior of your unit, please describe the modifications. Please also submit a written request and comply with any local, State, and/or Federal laws pertaining to same (e.g., securing the necessary Department of Building permits, maintaining necessary insurance, etc.).
 5. If you are requesting a physical change to the exterior of your unit or to a public or common use area, please describe the modification.
 6. Please provide any supporting documentation (e.g. medical proof of disability, government issued disability parking tag, etc.) that you would like the Cooperative to consider towards your request, and indicate here the documents which you are submitting in support of the application.

Date:

Signature

Print name