



**Co-op City Rules and Permit Application for
"Reasonable Accommodation"
(Other Than Service Animals)**

I. GENERAL RULES

A) Any cooperator requesting an accommodation due to a disability must submit an application verifying their disability and any other documentation Riverbay legitimately requires. Applicants will be reviewed on a case-by-case basis.

B) Cooperators claiming a disability must provide evidence sufficient to prove the existence of a disability under the Fair Housing Act of 1988 definition of "handicapped person," which is a person who:

1. has a physical or mental impairment which substantially limits one or more of such person's major life activities;
2. has a record of having such impairment; or
3. is regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance [as defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802)].

C) All information received by Riverbay Corporation regarding an individual's handicap including physical, mental, psychological, and/or psychiatric condition/s, will, to the extent possible, be kept confidential.

NOTE: If found eligible for a remote door opener device, a remote opener device will be loaned to you. If you lose or damage the remote device, you must pay \$75.00 for a replacement unless the general manager determines there were extenuating circumstances

Shareholder Acknowledgement

II. REASONABLE ACCOMMODATIONS

If a determination is made that a requested accommodation is reasonable due to a cooperator's verified disability, then Management will notify the cooperator in writing.

A) Cooperators must request approval for an accommodation on an application form which can be obtained from their CSO. This form must be fully completed before Riverbay will approve the request. Approval is on a case-by-case basis and may be subject to an in-person interview and annual renewal.

Completed application and supporting documentation must be returned to your CSO **or** emailed to sphillips@riverbaycorp.com, **or mailed to:**

Steven J. Phillips

Compliance Administrator, Riverbay Corporation

2049 Bartow Avenue, Bronx, NY 10475.

If you require assistance in completing the form, or wish to make the request orally, please contact the Reasonable Accommodation Coordinator at 718-320-3300, extension 3329. Riverbay will keep a record of all requests.



CONFIDENTIAL

**FORM I – To Be Used For All Requested Accommodations
(EXCEPT FOR SERVICE ANIMALS)**

Application For Reasonable Accommodation

Name of Shareholder: _____ Bldg. ____ Apt. ____

Complete this section if you are a current resident or a new resident requesting an accommodation.

I/We am/are requesting the following accommodation:

Name of person requiring the accommodation:

Address: _____ **Phone #:** _____

If not shareholder, relation to shareholder: _____

I am requesting this accommodation by Riverbay due to my handicap, as follows:

1. Nature of the Disability (describe):

2. The physical/mental condition from which the disability results:

3. Description of attached Medical Documentation of condition:

(MEDICAL DOCUMENTATION MUST INCLUDE A STATEMENT FROM AN M.D. OF DIAGNOSIS, EXPECTED DURATION OF CONDITION, AND THERAPEUTIC BENEFITS)

A. _____

B. _____

C. _____

4. Expected duration of condition:

5. Does the condition interfere with your gainful employment? _____

6. Does the condition interfere with other normal activities?

If so, how?

7. Is the condition able to be documented through medically acceptable clinical and laboratory diagnostic techniques? _____

Please identify those techniques and their results:

A. _____

B. _____

C. _____

D. _____

E. _____

8. Please list the specific therapeutic benefits that you will receive by Riverbay granting your requested accommodation.

A. _____

B. _____

C. _____

D. _____

E. _____

I certify that the above information is, to the best of my knowledge, true and accurate.

Name (Printed): _____

Signature: _____

Phone #: _____ **Cell #:** _____

Address: _____ **Bldg.** _____ **Apt.** _____

Date: _____