



## ODS MANAGEMENT INC.

8860 Main Street, Suite 201A, Williamsville, NY 14221  
Phone: 716-542-3030 / FAX: 716-542-2111 / TOLL FREE: 1-888-542-3031  
**TDD-NYS RELAY SERVICE ONLY: 1-800-662-1220**



## **Applicant - Resident Right to Request A Reasonable Accommodation**

*The Fair Housing Act requires that we provide "reasonable accommodations" to persons with disabilities. This means that you can request a modification or exception as to how this property conducts its operation if you need:*

- A **change or waiver in the rules or policies** to make it easier to live in your apartment, use the common facilities or participate in a special program located on the property;
- A **physical modification** in your apartment which would make it easier for you to reside there or a physical change in some other feature of the property which would make it easier for you to use the facilities located there;
- A **more effective means of communication** to provide official information or permit you to contact the management office.

You may make this request in writing using a **Reasonable Accommodation Request Form** or some other type of permanent and comprehensible document (e.g. a tape cassette). If you have a physical or mental disability which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment or common facilities of the property, then we will try to fulfill your request. Your request can be made by a family member, or someone else acting on your behalf if necessary. If you need assistance completing the Request Form we can put you in touch with groups that can assist you. If you need more information about our procedure we will be glad to explain the process more fully or if you require another form of communication we will try to meet your needs.

We will give you an answer to your request within fourteen (14) calendar days of our receipt of the completed Reasonable Accommodation Request Form unless there is a problem getting the information we require to verify the appropriateness of the request. We will let you know if we require more information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If we decline your accommodation request we will provide a reason. You will have an opportunity to provide additional information within fourteen (14) calendar days before we consider the matter closed.

**You can obtain a Reasonable Accommodation Request Form at the site office. It can be picked up in person or it can be mailed to you.**

*The project will apply the New York State Human Rights Law's (NYSHRL) definition of "disability". "Disability" means (a) 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 (b) a record of such an impairment or (c) a condition regarded by others as such an impairment. There are no qualifiers as to the severity of the disability. Verification is not required if the disability is already known or obvious.*

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This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).