

**APPENDIX A**  
**REASONABLE ACCOMMODATION POLICY**

Riverbay is committed to granting reasonable accommodations to its rules, policies, practices, or services when such accommodations may be necessary to afford people with disabilities the equal opportunity to use and enjoy their dwellings, as required by federal, state and local law. A reasonable accommodation may include a change or exception to a rule or policy that is needed because of a person's disability, or it may be a physical change to a unit or common area. It is Riverbay's general policy to provide reasonable accommodations to individuals with disabilities whenever an individual has a disability and there is a disability-related need for the requested accommodation. A disability-related need for a requested accommodation exists when there is an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

Riverbay accepts reasonable accommodation requests from persons with disabilities and those acting on their behalf. **Reasonable Accommodation Request forms are available from your local Cooperator Services Office (CSO). Completed forms and related documentation may be returned to your CSO or forwarded by email to [sphillips@riverbaycorp.com](mailto: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.

We will make a prompt decision on your request. If the request is of a time-sensitive nature, please let us know and we will expedite the decision-making process. In the event we need additional information to make a determination, we will promptly advise you of the information needed. It is Riverbay's policy to seek only the information needed to determine if a reasonable accommodation should be granted under federal, state or local law. We will not ask about the nature or extent of your disabilities. If we grant the request, you will receive a letter so indicating.

If we deny the request, we will provide you with a letter stating all of the reasons for our denial. If an individual with a disability believes that the request has been denied unlawfully or a response has been unreasonably delayed, then he or she may file a complaint by writing or calling any of the following:

U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity 26 Federal Plaza, Room 3532 New York, NY 10278-0068 1-800-496-4294 <a href="http://hud.gov/complaints">http://hud.gov/complaints</a>	New York State Division of Human Rights One Fordham Plaza, 4th Floor Bronx, NY 10458 Tel No. (718) 741-8400 TDD: 1-718-741-8300 <a href="http://www.dhr.state.ny.us/">http://www.dhr.state.ny.us/</a>	New York City Commission on Human Rights 100 Gold Street, Suite 4600 New York, NY 10038 (212) 306-7450 <a href="http://www.nyc.gov/cchr">http://www.nyc.gov/cchr</a>
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## ASSISTANCE ANIMALS

One common type of reasonable accommodation is allowing a person with a disability to keep an assistance animal. An assistance animal is any animal that works, provides assistance, performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Riverbay is committed to ensuring that individuals with disabilities may keep such animals in Co-op City to the extent required by federal, state and local law.

An animal that is trained to do work or perform tasks for an individual with a disability is known as a service animal. It is often readily apparent that an animal is trained to do work or perform tasks for the benefit of a person with a disability, such as a dog that guides an individual with a visual impairment. Where it is readily apparent that an animal is a trained service animal, for example, a dog trained to guide an individual with a visual impairment, Riverbay will not inquire about the individual's disability or the animal's training.

In the case of a resident who requests a reasonable accommodation for an assistance animal that provides emotional support or other assistance that ameliorates one or more symptoms or effects of the resident's disability, Riverbay may require a statement from a health or social service professional<sup>1</sup> indicating:

- i. That the applicant has a disability, and
- ii. That the animal would provide emotional support or other assistance that would ameliorate one or more symptoms or effects of the disability.

In the case of a resident who requests a reasonable accommodation for an assistance animal that does work or performs tasks for the benefit of a person with a disability, Riverbay may require that the resident provide:

- i. A statement from a health or social service professional<sup>1</sup> indicating that the person has a disability, and
- ii. Information that the animal has been individually trained to do work or perform tasks that would ameliorate one or more symptoms or effects of the disability, or information that the animal, despite lack of individual training, is able to do work or perform tasks that would ameliorate one or more symptoms or effects of the disability.

If an assistance animal both provides emotional support or other assistance that ameliorates one or more effects of a disability and does work or performs tasks for the benefit of a person with a physical disability, Riverbay may require compliance with either of the two preceding paragraphs, but not both.

**In order to minimize the effect on other shareholders, Riverbay prefers but does not require that emotional support animals have an adult weight of 25 pounds or less, that animals be spayed or neutered, and that applicants choose an emotional support animal that does not have an exceptionally strong bite strength.**

<sup>1</sup> "Health or social service professional" refers to a person who provides medical care, therapy or counseling to persons with disabilities, including, but not limited to, doctors, physician assistants, psychiatrists, psychologists, or social workers.

## **CO-OP CITY GUIDELINES REGARDING ASSISTANCE ANIMALS**

**A.** Riverbay will consider reasonable accommodation requests consistent with the enclosed policy regarding disabilities that meet the definition set forth in any one of the following relevant statutes:

**1.** Federal: The Fair Housing Act defines a person with a "handicap" as one who: (a) has a physical or mental impairment which substantially limits one or more of such person's major life activities; or

(b) has a record of having such an impairment; or (c) 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).

**2.** State: The New York State Executive Law defines a disability as: (a) a physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of anormal 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.

**3.** NYC: The New York City Administrative Code defines a disability as: (a) any physical, medical, mental or psychological impairment, or a history or record of such impairment. (b) The term "physical, medical, mental, or psychological impairment " means: (1) an impairment of any system of the body; including, but not limited to: the neurological system; the musculoskeletal system; the special sense organs and respiratory organs, including, but not limited to, speech organs; the cardiovascular system; the reproductive system; the digestive and genito-urinary systems; the hemic and lymphatic systems; the immunological systems; the skin; and the endocrine system; or (2) a mental or psychological impairment.

**B.** Riverbay will review and respond promptly to all reasonable accommodation requests.

**C.** All information received by Riverbay Corporation regarding an individual's disability, including physical, mental, psychological, and/or psychiatric conditions, shall be kept confidential unless the individual authorizes the release of the information or Riverbay is required to produce the information in response to a Court order, on notice to the affected individual(s).

**D.** If the shareholder has a disability and a disability-related need for a reasonable accommodation under federal, state or local law, Riverbay will grant such accommodation, including a request to keep a service or assistance animal. Riverbay will not retaliate against any person because that individual has requested or received a reasonable accommodation. Riverbay will not discourage any individual from making a reasonable accommodation request, including a request to keep a service or assistance animal. While it is Riverbay's policy to not allow any pets at Co-op City, service and assistance animals are not pets. However, a shareholder must request an exception to Riverbay's pet policy in order to keep an assistance animal at Co-op City.

**E.** Riverbay may deny a request or require the removal of a particular assistance or service animal from 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, considering the health and safety of the other individual(s) and the need for an 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. Riverbay will base such determinations upon consideration of the behavior of the particular animal at issue, and not on speculation or fear about the types of harm or damage an animal may cause.

**F.** When assistance animals are in Riverbay's common or public areas, they must be kept on a leash or in a carrier or cage, unless those devices prevent service animals from performing a disability-related task. Additionally, like any other shareholder, owners of service or assistance animals remain subject to the provisions of their Occupancy Agreements, with the exception that they are allowed to occupy the premises with their service or assistance animals. Similarly, owners of service or assistance animals shall comply with all state and local animal laws, including but not limited to Section 1310 of the New York Public Health Code requiring animal owners to clean up animal waste, except when such laws are preempted by the Fair Housing Act, Section 504 of the Rehabilitation Act, or the Americans with Disabilities Act or the owner is entitled to a reasonable accommodation.

**G.** Riverbay may take action against the owner for noise or damages caused by a service or assistance animal to the same extent that it takes such action against shareholders who have caused similar noise or damages.

**H.** In any proceeding before the Cooperator Appeals Council, the Cooperator Appeals Council may not grant, deny or revoke a reasonable accommodation request, may not require removal of an assistance animal, may not condition an assistance animal's use, and shall not inquire into a cooperator's disability or need for an assistance animal.



**FORM A: Application For Reasonable Accommodation**  
**Complete this form if you have a disability and would like to request an accommodation.**

**(If you require assistance completing this form, or wish to make the request orally, please contact the reasonable accommodation coordinator at 718-320-3300, Ext. 3329.)**

**Shareholder Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Person Requesting Accommodation:** \_\_\_\_\_  
*(If different from shareholder)*

**Relationship to shareholder:** \_\_\_\_\_

**1. Describe the reasonable accommodation you are requesting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. 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 assistance animal in your apartment, please complete the following:**

**(a)** Is it readily apparent that the assistance animal is a trained service animal (for example, an animal trained to assist you with a visual impairment or similar disability)? Yes\_\_\_\_ No\_\_\_\_

**(b)** If your answer to 3(a) above is NO, please complete the following:

**i.** Type of animal: \_\_\_\_\_

**ii.** Is the animal required because of a disability? Yes\_\_\_\_ No\_\_\_\_

iii. Does the animal perform work or do tasks for you because of your disability?  
Yes\_\_\_\_\_ No\_\_\_\_\_

*If the animal performs work or tasks for you, please provide the following:*

(1) A statement from a health or social service professional indicating that you have a disability (i.e., you have a physical or mental impairment that substantially limits one or more major life activities). You may use, but are not required to, Form B.

(2) An explanation of 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 ameliorate one or more symptoms or effects of your disability.

(3) Please submit a photograph of the animal after you have selected an animal.

*If the animal does not perform work or tasks for you, but provides emotional support or ameliorates one or more effects of your disability, please provide the following:*

(1) A statement from a health or social service professional indicating: (a) that you have a disability; (b) the animal would provide emotional support or other assistance that would ameliorate one or more symptoms or effects of your disability; and (c) how the animal ameliorates the symptoms or effect(s). You may use, but are not required to, Form B.

(2) Please submit a photograph of the animal after you have selected an animal.

4. If the assistance animal is a dog or a cat, please provide copies of the rabies tag or certificate that is required by New York law. If you have not selected an animal at the time you complete this application, Riverbay may approve the application with the condition that, if you select a dog or a cat, you must submit copies of the rabies tag or certificate that is required by New York law, before the selected animal moves in.

5. If you are requesting a different modification or accommodation, please describe it here:

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\_\_\_\_\_  
**Signature** **Date:** \_\_\_\_\_

**FORM B - Assistance Animal Requests: Health Care Professional Form**

**Shareholder Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

I, \_\_\_\_\_ (applicant name) intend to request that Riverbay Corporation permit me to keep an assistance animal as a reasonable accommodation for my disability. In connection with that application, I am requesting that you complete this form regarding my disability.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant Signature**

**Name of Applicant:** \_\_\_\_\_

**Relationship to Shareholder:** \_\_\_\_\_

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**TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**1.** Does the individual identified above have a disability? \_\_\_\_\_

**2.** Does or would an assistance animal provide disability-related assistance to the individual? *One example of assistance is alleviating one or more of the symptoms or effects of the disability.* \_\_\_\_\_

**3.** For animals who do not perform work or do tasks for the individual, how would the animal ameliorate one or more of the symptoms or effects of the disability? \_\_\_\_\_

**4.** If you would like to submit additional supporting materials, please provide them with this form.

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_