

Scarsdale Country Estates

COUNTRY ESTATES Campus Place, Sentry Place and Underhill Road

Reasonable Accommodation Policy & Procedure

Scarsdale Country Estates 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 Scarsdale Country Estates' 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.

Scarsdale Country Estates accepts reasonable accommodation requests from persons with disabilities and those acting on their behalf. A sample template Reasonable Accommodation Request is attached, and may be returned to that office when completed, and will be forwarded to the Reasonable Accommodation Coordinator. If you require assistance in completing the form, or wish to make the request orally, please contact our managing agent, serving as our Reasonable Accommodation Coordinator at 914-725-3600, Ext. 141 at mark@garthchesterrealty.com and copy the Board at scarsdale.country.com and 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 Scarsdale Country Estates' policy to seek only the information needed to determine if a reasonable



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accommodation should be granted under the fair housing laws. 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 you 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 http://hud.gov/complaints

New York State Division of Human Rights One Fordham Plaza, 4th Floor Bronx, NY 10458

(718) 741-8400 TDD: 1-718-741-8300 http://www.dhr.state.ny.us

Westchester County Human Rights Commission 112 E Post Rd STE 3, White Plains, NY 10601

(914) 995-7710 https://humanrights.westchestergov.com/

SAMPLE TEMPLATE LETTER

How to Request a Reasonable Accommodation

DATE (INSERT) METHOD OF DELIVERY (Email/U.S. Mail/Hand Delivered, Email etc.) Scarsdale Country Estates c/o Garthchester Realty 440 Mamaroneck Ave S 512 Harrison NY 10538 Send to: mark@garthchesterrealty.com Copy to: scarsdalecountryestates@gmail.com Request for Reasonable Accommodation for (Your Name, Your Building, You Unit) Re: Dear SCE Board of Directors and Managing agent: I reside at (Building, Unit#) as a (Shareholder or Resident of Record) and have been residing here since _____ (Date/Year). I am a qualified individual with a disability, as defined by the relevant federal and state fair housing laws. I am writing to request that you provide ______(list accommodation needed here) as a reasonable accommodation under the relevant fair housing laws. I have a disability (you may list your disability here or wait for SCE to request documentation of your disability) and I would like to meet with you to discuss this or these accommodations and any other accommodations that would enable me to have an equal opportunity to live in and enjoy this residence. If you are unable to provide me with (*list accommodation needed here*), I ask that we engage in the interactive process to determine whether there is an alternative effective accommodation. Please let me know what, if any, additional information you need from my health care provider in order to better understand my disability and the limitations it imposes. Please contact me within the next ten (10) business days to discuss this important issue. I look forward to your response and appreciate your attention to this matter. Sincerely, Signature Print Shareholder/Resident Name of Record Building name/ Unit No. Email contact:

Telephone contact: