

REASONABLE ACCOMMODATION AND REASONABLE MODIFICATION POLICY

It is the policy of Clinton Management, LLC (“**Clinton**”), as the agent of various owners of a portfolio of residential real properties (the “**Buildings**”) to comply with all requirements of the Federal Fair Housing Act 42 U.S.C.A. §§ 3604 and 3605 (“**FHA**”), the New York State’s Human Rights Law (the “**SHRL**”) and Sections 8-107(5)(a)(2) – 8-107(28) of the Administrative Code of the City of New York (the “**NYCHRL**”)(the FHA, SHRL and NYCHRL are hereinafter referred to, collectively, as the “**Accessibility Laws**”) in the receipt and review of requests for reasonable accommodations (“**Reasonable Accommodations**”) and requests for reasonable modifications (“**Reasonable Modifications**”, together with requests for Reasonable Accommodations, “**Requests**”) by qualified individuals presenting an identifiable relationship, or nexus, between the Request and the individual’s disability. This Policy covers the common areas and individual apartments located within the Building, and is in furtherance of the NOTICE DISCLOSING TENANTS’ RIGHTS TO REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES previously provided and annexed hereto as **Exhibit “1”**.

A “**Reasonable Accommodation**” is a change, exception, or modification to Clinton’s rules, policies, practices or services where such accommodation enables individuals with disabilities with the equal opportunity to use and enjoy their dwellings and/or the common areas of the Buildings, as required by the Accessibility Laws. A “**Reasonable Modification**” is typically a Request to alter a physical space which would permit a person with a disability to overcome obstacles that interfere with his or his use of the dwelling and/or commons areas. Clinton is committed to granting Requests in compliance with the applicable Accessibility Laws.

Clinton accepts Requests from persons with disabilities and those acting on their behalf. Individuals interested in submitting a Request may use, but are not required to use, the annexed “Clinton Management LLP Application for a Reasonable Accommodation or Reasonable Modification” (the “**Application Form**”, annexed hereto as **Exhibit “2”**). Additional copies of the Application Form are available at the office of Clinton or at the Buildings’ management office and requests may be submitted to the management office in writing, whether or not by means of the Application Form, by telephone, in person or by email. Additionally, to the extent that the disability and need for the Request are not readily apparent or obvious, Clinton may require information from your Health Professional (“**Health Professional**” means 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) sufficient to substantiate that the you have a disability, identifies the functional limitation due to the disability, and explains the need for the Request. A sample form that your Health Professional can use in connection with providing this information (the “**Health Professional Form**”) is annexed hereto as **Exhibit “3”**. Clinton does not require that you use the Health Professional Form in connection with your Request and provides the same solely for purpose of ease and convenience.

It is Clinton’s policy to provide a decision with respect to Requests within ten (10) calendar days of its receipt of all required documentation and information in its review and analysis of the same. However, additional time may be required by Clinton, in which case a request for an extension of time will be made. If the Request is of a time sensitive nature, please provide Clinton with notice and it will make best efforts to expedite the decision-making process. If the Request is granted by Clinton, a written response will be provided to confirm the same.

In the event that additional information is required to review and respond to your Request, you will be advised of the specific information needed within ten (10) calendar days of Clinton's receipt of the Request. It is the policy of Clinton to seek only the information needed to determine if a Request should be granted under the Accessibility Laws. Clinton will never require individuals to provide records or to provide details of the disability beyond that which is minimally sufficient to demonstrate the existence of the disability and the necessity of the Request.

If your Request is denied, Clinton will provide you with a dated letter setting forth the reasons for the denial, which reasons may include that the Request imposes an undue hardship on Clinton including, but not limited to, a direct threat to the health or safety of other individuals, or if the Request would cause substantial physical damage to the property of others. Alternatively, rather than denying a Request, Clinton may propose reasonable alternatives that meet the specific needs of the individual or that specifically addresses the impairment at issue.

Requests with Respect to Service/Support Animals

Requests for Reasonable Accommodations may include a Request to keep a Service Animal or an Support Animal within an apartment or in the common areas of the Buildings.

Service Animals. A service animal ("Service Animal") is an animal that does work or performs tasks for an individual with a disability. For example, a dog that guides an individual with a visual impairment is a Service Animal. If a person's disability is apparent, or otherwise known to Clinton, and if the work or task that the animal performs is apparent or otherwise known, for example, a dog that guides an individual with a visual impairment, Clinton will not inquire about the individual's disability or the animal's training. Otherwise, Clinton may require that the resident provide:

- a. A statement from a Health Professional indicating that the person has a disability; and
- b. Information that an animal is able to do work or perform tasks that would ameliorate one or more symptoms or effects of the disability.

Clinton will not require that the animal demonstrate its work or task or require that the Service Animal be registered with, or certified by, any organization.

Support Animals. An emotional support animal ("Support Animal") is an animal that provides emotional support or other assistance that ameliorates the symptoms of a disability. When a resident or prospective resident submits a Request for a Support Animal, Clinton may require a statement from a Health Professional or social service professional indicating:

- a. That the Applicant has a disability; and
- b. That the Support Animal would provide emotional support or other assistance that would ameliorate one or more symptoms or effects of the disability.

Clinton will *not* require information about how a Support Animal assists with the “activities of daily living.”

If a Service/Support Animal 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 disability, Clinton will require compliance with either the Service/Support Animal requirements above, but not both.

Clinton does not place any breed or weight restrictions on the Service/Support Animals which it allows¹, and does not require animals to wear any item that identifies the animal as an assistance animal. Clinton does not require that assistance animals complete behavioral training. Clinton does not require individuals to pay a fee to have an assistance animal.

If Service/Support Animal is a dog or cat, once the animal has been selected, you must submit a photograph of the animal. If the Service/Support Animal is a dog, you must also submit information that the animal has been vaccinated as required by New York SHRL. For purposes of this requirement, evidence that the dog has a current license will be sufficient evidence that the dog has been vaccinated.

In the event the Service/Support Animal passes away or is no longer living, and you obtain a new Service/Support Animal, you must provide a photograph of the new animal and proof of vaccination as required above.

Clinton’s Rules Applicable to Service/Support Animals

1. Conduct of Approved Service/Support Animals

In most cases Clinton requires that Service/Support Animals be leashed or harnessed in the elevators and common areas of the Buildings, unless doing so would interfere with the Service/Support Animal’s work, or the person’s disability prevents use of these devices. Service/Support Animals that cannot be leashed for the aforementioned reasons must be otherwise under the control of their handler at all times.

If a Service/Support Animal poses a direct threat to the health or safety of other individuals, or if the Service/Support Animal causes substantial physical damage to the property of others that cannot be reduced or eliminated by another Reasonable Accommodation, Clinton maintains its right to pursue legal action to abate a nuisance or to enforce the terms and conditions of the applicable Tenant’s Lease.

¹ However, Clinton cannot approve Requests where the requested Service/Support Animal identified is classified as a wild animal under the New York City Health Code, § 161.01, (available at <http://www1.nyc.gov/assets/doh/downloads/pdf/about/healthcode/health-code-article161.pdf>) as it is illegal to maintain the Animal within the building and the apartments.

2. Approved Tags

Upon approval of an individual's Request, Clinton will provide them with a tag for the Service/Support Animal ("**Approved Tag**") to indicate that the animal is permitted to be within the Buildings and the individual apartments. Use of the tag is optional. The purpose of the Approved Tag is to notify Clinton's staff that the animal has been approved as a Reasonable Accommodation. If an individual opts not to use the tag, Clinton may stop them in order to verify that they are approved to have an animal. If the animal is wearing an Approved Tag, Clinton will not stop the individual for the purpose of determining if the Service/Support Animal is on the approved animal list.

In any event, Clinton's right to confirm that an animal is an approved Service/Support Animal will not be used to harass or annoy any individual. Only employees that have the specific job duty of checking whether an animal is an approved animal will stop any individual for this purpose. Employees will not stop individuals who are with an animal that the employee recognizes as a Service/Support Animal.

3. Damage Caused by Service/Support Animals

Residents will be responsible for the cost of any damage caused by their Service/Support Animals in the same manner in which they would be responsible for any damage caused by themselves to their apartment or the pertinent Building. However, residents will not be charged any additional security deposit up front for their Service/Support Animal.

EXHIBIT 1

**NOTICE DISCLOSING TENANTS' RIGHTS TO REASONABLE
ACCOMMODATIONS FOR PERSONS WITH DISABILITIES**

Reasonable Accommodations

The New York State Human Rights Law requires housing providers to make reasonable accommodations or 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 the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation, you should contact your property manager by calling 718-224-6473 or 718-281-2400 or by e-mailing jroman@cmnyc.com. You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider. A housing provider may request documentation from a health professional, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, 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, mental, or medical impairment, you can request:♦

♦ This Notice provides information about your rights under the New York State Human Rights

- Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out);
- Changes to your housing provider's rules, policies, practices, or services;
- Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

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

- If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.
- If your healthcare provider provides documentation that having an animal will assist 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 your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.
- If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space, or place you at the top of a

Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.

waiting list if no adjacent spot is available.

- If you have a visual impairment and require printed notices in an alternative format such as large print font, or need notices to be made available to you electronically, you can request that accommodation from your landlord.

Required Accessibility Standards

All buildings constructed for use after March 13, 1991, are required to meet the following standards:

- Public and common areas must be readily accessible to and usable by persons with disabilities;
- All doors must be sufficiently wide to allow passage by persons in wheelchairs; and
- All multi-family buildings must contain accessible passageways, fixtures, outlets, thermostats, bathrooms, and kitchens.

If you believe that your building does not meet the required accessibility standards, you can file a complaint with the New York State Division of Human Rights.

How to File a Complaint

A complaint must be filed with the Division within one year of the alleged discriminatory act or in court within three years 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 1-888-392-3644. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.

EXHIBIT 2

**APPLICATION FOR A REASONABLE ACCOMMODATION AND/OR REASONABLE
MODIFICATION**

In furtherance of the accompanying Policy (with all capitalized terms not otherwise defined herein having the same meaning given to the same in the Policy), the following is an Application for a Reasonable Accommodation or Reasonable Modification (“**Request**”) which may be submitted on behalf of a Tenant or a third-party (“**Applicant**”). Please be advised that the failure to provide all of the information reasonably requested may result in a delay in the determination on your request. All Requests should be submitted to the management office. If you require assistance in completing this Application Form, you may speak with the management office by telephone, in person, or may contact it by email. Oral Requests may also be made directly to the management office. Please be advised that any and all Requests made at the aforementioned phone number will be recorded.

Clinton will grant a Request consistent with city, state, and federal law, and will review and respond with reasonable promptness to the same. In order for your Request to be considered, you must provide the information reasonably required to respond to the same, as set forth below.

TENANT NAME:

LEASED PREMISES:

TENANT TELEPHONE #:

TENANT EMAIL ADDRESS:

APPLICANT (PERSONS OTHER THAN
TENANT):

RELATIONSHIP BETWEEN APPLICANT
AND TENANT:

ADDRESS OF APPLICANT:

APPLICANT’S TELEPHONE #:

APPLICANT’S EMAIL ADDRESS:

If the Request is for a Reasonable Modification, i.e. a physical change to the apartment, or to the public or common use areas of the Building, please answer Questions 1-3. Persons submitting a Request for a Reasonable Accommodation, i.e. a change, exception, or modification to Clinton’s rules, policies, practices or services, need only complete Questions 1 and 2, except for Requests related to Service/Support Animals, in which case all Questions should be responded to, where applicable.

1. Please describe the nature of your Request:

2. Please explain why the Reasonable Accommodation/Reasonable Modification is needed:

3. For Requests for Reasonable Modifications, i.e., a physical change to the interior of a unit or the Common Areas of the Building, please describe the modifications you suggest:

Requests Solely for Service or Assistance Animals:

4. If you are requesting permission to have a service or assistance animal, please provide the type of animal: _____

5. Is the animal required because of a disability? _____ Yes _____ No.

6. Has the animal for which you are making a Request been trained to **perform work or do tasks** for you because of your disability? _____ Yes _____ No.

7. **If the answer to (6) is YES:**

(a) provide 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) in the supplemental form annexed hereto; 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:

(c) You shall endeavor to provide any additional information or documentation of the training or work you describe above and attach it to this application.

8. **If the answer to (6) is NO**, but the animal provides emotional support or ameliorates one or more symptoms or effects of your disability, please submit a statement from a health or social service professional in the supplemental form annexed hereto.

9. If the assistance animal is a dog or cat, please provide a copy of the animal's rabies certificate and license that are required by New York State and New York City law. If you have not selected an animal at the time you complete this application, Clinton may approve the application with the condition that the Applicant must submit a copy of the animal's rabies certificate and licenses that are required by law, before the selected animal moves in.

BY AFFIXING MY SIGNATURE BELOW, I SWEAR OR AFFIRM THAT I HAVE RECEIVED A COPY OF CLINTON'S REASONABLE ACCOMMODATION POLICY AND THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.

Signature: _____

Date: _____

EXHIBIT 3

**REQUEST FOR A REASONABLE ACCOMMODATIONS OR REASONABLE
MODIFICATIONS**
(optional supplemental form)

TO BE COMPLETED BY A NEW YORK STATE LICENSED HEALTH OR SOCIAL SERVICE PROFESSIONAL (“HEALTH OR SOCIAL SERVICE PROFESSIONAL” MEANS A PERSON WHO PROVIDES MEDICAL CARE, THERAPY, OR COUNSELING TO PERSONS WITH THE TYPE OF DISABILITY AT ISSUE, INCLUDING, BUT NOT LIMITED TO, DOCTORS, PHYSICIANS’ ASSISTANTS, PSYCHIATRISTS, PSYCHOLOGISTS, OR SOCIAL WORKERS):

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

TITLE (e.g., MD, MSS, etc.) AND NYS LICENSE NUMBER: _____

NAME OF PERSON UPON WHOSE BEHALF THIS STATEMENT IS SUBMITTED:

1. **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. **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 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.

3. **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.

1. Does the individual identified above have a disability?

2. Is the disability short-term or long-term? If short term, what is the anticipated recovery timeline?

3. Does or would the Request provide disability-related assistance to the individual? One example of assistance is alleviating one or more of the symptoms or effects of the disability.

4. In the case of Support Animals, those that 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?

5. If you would like to submit additional supporting materials, please attach them to and submit with this form.

BY AFFIXING MY SIGNATURE BELOW, I SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.

Signature: _____

Date: _____