Dear Student,

Student Accessibility Services (SAS) encourages timeliness with student requests for housing accommodations and strongly recommends that students submit the Housing Accommodation Request Packet (HARP) according to the timeline below:

- **Returning graduate and undergraduate students**: Spring 2024. *Note: Housing selection begins in April. Please see the Pace housing website for complete details and dates, [www.pace.edu/housing](http://www.pace.edu/housing).*
- **Incoming first year graduate and undergraduate students**: Summer 2024. *Note: Housing assignments are sent out the first week of August for these students. Please see housing website for complete details and dates, [www.pace.edu/housing](http://www.pace.edu/housing).*
- **Transfer Students**: Upon admission and acceptance to the university.

Determining accommodations is an interactive process between you (the student), SAS, and other relevant parties (if determined by SAS), and reviewing your request may take up to four weeks to process once all materials have been submitted. Your request will not be reviewed until the application, personal statement, student intake appointment, and documentation (if needed) have been received by the office. See page two for further details about timelines.

If you have been previously granted housing accommodations by Pace University SAS (NYC campus) do not complete this packet. Please complete the Previously Granted Housing Accommodation Memo Request form here: [https://pace.qualtrics.com/jfe/form/SV_eqXlxNL5h2ThEpw](https://pace.qualtrics.com/jfe/form/SV_eqXlxNL5h2ThEpw)

**General Procedure**

1. Students requesting housing accommodations must submit the general application for housing and pay the deposit, abiding by any deadlines and requirements of Housing Operations.
2. Student must complete the Disability Housing Accommodations Application, along with a personal statement, and return them to SAS.
3. Medical documentation must be provided in the form of the Professional Disability Assessment Questionnaire: Housing (included in this packet) or a letter from a qualified medical professional. The letter must be written on the provider’s letterhead, signed and dated, and include the provider’s license information, if applicable. **Documentation must demonstrate medical necessity and discuss the relationship of the disability to the accommodation request.**
4. **Transfer students**: If you are a transfer student and were granted a housing accommodation at your previous institution, you must submit a letter indicating the granted accommodation from the disability services office at the institution as part of your application.
5. As part of the interactive accommodations process, SAS staff may request to speak with your medical provider for further clarification or questions related to the documentation. You may need to sign a release with your medical provider and/or SAS. SAS will contact you prior to reaching out to the provider.
6. **You must meet with an SAS staff** to review accommodation requests and review associated policies and procedures. All materials need to be submitted to SAS before the meeting. If you cannot meet in person, alternate arrangements can be arranged.
Returning Students:

All students currently living in university housing and who are returning to university housing for the following academic year (Fall 2024-Spring 2025) must submit the general application for housing and pay the deposit, abiding by any deadlines and requirements of Housing Operations. It is strongly recommended that students begin the housing accommodation request process at least four weeks in advance of general housing selection to allow time for SAS to process the application.

Incoming First Year Students:

Incoming freshmen and first-year graduate students for the Fall 2024 semester receive housing placements in August. Incoming students who would like to request housing accommodations for the Fall 2024-Spring 2025 academic year are strongly encouraged to submit the HARP by July 15. All students must apply for general university housing and pay the deposit, abiding by any deadlines and requirements of Housing Operations.

If a student requires a housing accommodation for summer orientation, please be in touch with SAS as soon as the student registers for orientation.

Transfer Students:

Transfer students who wish to request housing accommodations are encouraged to contact SAS as soon as they accept admission to the university. All students must apply for general university housing and pay the deposit, abiding by any deadlines and requirements of Housing Operations.

Additional Information for All Students:

If you are granted reasonable housing accommodations, you will receive a letter (via email) from the Student Accessibility Services confirming the granted accommodation(s). It is then your responsibility to follow-up with Housing Operations as directed in this email. Your room assignment will be made based on your granted accommodations as well as building eligibility.

If the granted housing accommodation is not readily available (for example, a single room), you will be given a general room assignment and placed on a priority waitlist. You will be re-assigned if and when the granted accommodation becomes available.

For students requesting an Emotional Support Animal, please note that all animals must comply with New York City Housing Code and be fully vaccinated as well as spayed or neutered before being allowed into the Pace residence halls.

Academic Accommodations:

Please note that the housing accommodations request process is separate from requests for academic accommodations. Additional documentation is required for academic accommodations requests and will be reviewed separately from requests for housing accommodations. Please contact SAS staff for any questions about this process.

Appeal Process:

If the request is not granted, you will receive an email from SAS with details of why the request was not granted. If you have questions regarding the outcome of your determination, or you would like to review documentation, you may email the office to schedule an appointment with SAS staff at SASNYC@pace.edu. In this meeting, an SAS staff member will review the committee determination and go over next steps with you, including instruction on submission of a formal appeal to Pace University’s Appeals Committee.

If you have any questions, please contact the Student Accessibility Services via email (SASNYC@pace.edu).
Disability Housing Accommodations Application

Instructions: Please complete this form, in its entirety, with details regarding your request for disability housing accommodations.

Submit this form, along with your personal statement and medical documentation to the Student Accessibility Services via scan/email (SASNYC@pace.edu).

Please be in touch with the Student Accessibility Services if you have any questions.

Name: ____________________________________________________________

U#: __________________________________________________________________

Date: __________________________________________________________________

Academic Status (circle):

Incoming undergraduate / Undergraduate / Incoming graduate / Graduate / Transfer

Rising year for academic year Fall 2024- Spring 2025: 1st year  2nd year  3rd year  4th year

Email: __________________________________________________________________

Phone: __________________________________________________________________

Current building and room assignment: __________________________________________

Current room assignment configuration (check all that apply):

☐ Double
☐ Triple
☐ Suite
☐ Shared floor bathroom
☐ Bathroom attached to room
☐ N/A incoming freshman
☐ N/A transfer student
☐ N/A not currently living in university housing

What is/are your disability(ies)?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Transfer students only: Did you have housing accommodations at your previous institution? If so, please indicate granted accommodations. A letter from the disability services office at your previous institution must be submitted in addition to this application and medical documentation.

Previous Institution: ______________________________________________________

Years Attended: __________________________________________________________

New York City • Westchester
What housing accommodations are you requesting (check all that apply)? Note: All residence halls have community kitchens available for student use.

- Single Room
- Wheelchair Accessible Bathroom
- Semi-private Bathroom
- Private Bathroom
- No carpet
- Placement on floor no higher than: 
- Other Accommodation Request:
- Other Accommodation Request:

Personal Statement:

As part of the request process for housing accommodations, you must submit a personal statement. The statement should be typed and be a paragraph to no more than two pages in length. Personal statements that do not provide sufficient information about your request may be returned to you for revision.

The personal statement should include:

- Why you are requesting housing accommodations.
- A description of your disabilities.
- A synopsis about how your disability affects academic functioning.
- A description about how the requested housing accommodation(s) will mitigate your disability.
- A brief history regarding your disability, interventions you may have tried prior to requesting accommodations or other information you feel is pertinent to your request.
- Explain the link between your disability and the requested accommodation(s).
- Explain how your housing placement for the 2023-2024 academic year did not meet your needs and how it impacted your academic functioning.

Student Signature: ___________________________ Date: ____________
Professional Disability Assessment Questionnaire: Housing Accommodations Request

Please complete form and return to the Student Accessibility Services via email to SASNYC@pace.edu. Please provide as much detail as possible about the student’s need for housing accommodations and how it relates to his or her academic functioning.

Patient’s Name: ___________________________ Date: ___________________________

Patient’s Telephone #: ___________________________

Professional’s name: ___________________________ State of Licensure and License #: ___________________________

Medical or other specialty: ___________________________ Degree: ___________________________

Address 1: ___________________________ Telephone #: ___________________________

Address 2: ___________________________ Fax #: ___________________________

Date of initial contact with patient: ___________________________

Dates of Treatment: ___________________________

Diagnosis: ___________________________ Diagnostic Code: ___________________________

Diagnosis: ___________________________ Diagnostic Code: ___________________________

Diagnosis: ___________________________ Diagnostic Code: ___________________________

Diagnosis: ___________________________ Diagnostic Code: ___________________________

Severity (please evaluate on a scale of 1-10):

(Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)
Current level of functioning and degree of impairment:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Interventions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medications and dosages:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Side effects experienced by patient:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Prognosis:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Suggested accommodations based on difficulties imposed by the disability:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Limitations imposed by the disability in an academic setting and how the suggested housing accommodations would mitigate these limitations (please be as specific as possible):

Rationale for the necessity of the housing accommodation based upon the disability (please be as detailed as possible):

Prior interventions/strategies utilized in the past to address issues related to housing accommodations:
Outcome of those interventions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other information which may be useful in determining a reasonable housing accommodation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature (verifying that you are not related to the student by blood or marriage):

________________________________________________________________________

Date: ____________________

Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact:

Student Accessibility Services
Pace University
163 William Street, 10th Floor, New York, NY 10038
(212) 346-1199
SASNYC@pace.edu