

4029 Long Beach Rd, #405 • Island Park, N.Y. 11558

tel: (516) 551-4290

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March 15, 2017

On-Site Management of Island House -- attn: Carla Vaughn, Program Manager  
PSCH, aka "Well Life Network"  
4029 Long Beach Rd  
Island Park, NY 11558  
tel: (516) 432-1935

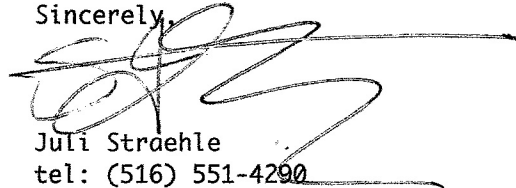
*filecopy*

re: remediation of my apartment (#405) at Island House

Dear Ms Vaughn,

This letter is to document what you told me today at 4pm: that PSCH denies my Request for Accommodation under Fair Housing laws, and that PSCH refuses to respond to me in writing.

Sincerely,



Juli Strahle  
tel: (516) 551-4290

cc: Michelle Santantonio, Exec. Director -- Long Island Housing Services  
Jane Reinhardt, Esq -- Nassau/Suffolk Law Services

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VALLEY STREAM MAIN OFFICE APC 3  
111 S FRANKLIN AVE  
VALLEY STREAM, NY 11580-6136

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03/20/2017

01:38:43 PM

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| Product Description | Sales Receipt Qty | Unit Price | Final Price |
|---------------------|-------------------|------------|-------------|
|---------------------|-------------------|------------|-------------|

|                            |  |  |        |
|----------------------------|--|--|--------|
| ISLAND PARK, NY 11558-1100 |  |  | \$ .49 |
|----------------------------|--|--|--------|

Zone-1  
First-Class Mail® Letter

% USPS Certified Mail™:

See receipt from form on mailpiece

7015 3010 0000 8851 1701

0 lb. 0.40 oz.

\* Expected Delivery Day Wednesday,  
March 22.

|                 |        |
|-----------------|--------|
| Certified Mail™ | \$3.35 |
|-----------------|--------|

|                            |        |
|----------------------------|--------|
| Return Receipt (U.S. Mail) | \$2.75 |
|----------------------------|--------|

Return Receipt #:

9590 9402 1440 5329 7895 12

=====

|                |        |
|----------------|--------|
| Issue Postage: | \$6.59 |
|----------------|--------|

|        |        |
|--------|--------|
| Total: | \$6.59 |
|--------|--------|

Paid by:

|      |        |
|------|--------|
| VISA | \$6.59 |
|------|--------|

Account #: XXXXXXXXXXXX0895

Approval #: 06172C

Transaction #: 903

4445023583138-99

SSK Transaction #:

USPS® #

9

358710-9552

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

\$

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ISLAND HOUSE MGT.  
4029 LONG BEACH RD  
ISLAND PARK, NY  
11558



9590 9402 1440 5329 7895 12

2. Article Number (Transfer from service label)

7015 3010 0000 8851 1701

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Alexander Holombyk

C. Date of Delivery

3/22/17

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery