

Fair Housing Act, U.S. Department of Housing and Urban Development and the U.S. Department of Justice,
titled Reasonable Accommodations Under the Fair Housing Act,



Reasonable Accommodation Request Form –

The purpose of the questionnaire is to determine whether the Rental Applicant and/or Tenant qualifies for an accommodation consistent with the Fair Housing Act, Reasonable Accommodations and the Americans with Disabilities Act (ADA) and, if so, to identify reasonable accommodations. Please respond completely and attach appropriate backup documentation (e.g., medical certification). **This form should be completed by ADA Coordinator/Medical Provider, in consultation with the Rental Applicant and/or Tenant (when appropriate) and the APPLICANT AND/OR TENANT for whom the accommodation is sought.**

Part 1: Requestor's Information (Rental Applicant and/or Tenant)

Name: _____ Address: _____

Address that requestor is applying for and/or that the accommodation consideration is
for: _____

Email Address: _____ Phone Number: _____

Part 2: **REASONABLE ACCOMMODATION QUESTIONNAIRE** –

1. What is/are the specific accommodation(s) being requested?

- a. Do you have qualifying documentation provided by your medical provider and/or certified caseworker?

Yes _____ / No _____ (check one) Please be sure to attach supporting document

2. Are you seeking a Reasonable Modification (physical alteration) to the property?

Yes _____ / No _____ (check one)

- a. What room(s) is/are the specific modification(s) for? _____/_____

- b. What is the modification request? _____

- c. Does the medical provider and/or certified caseworker support this request? Yes _____ / No _____

3. If applicable, provide additional accommodations/modifications information that may be appropriate for this review.

Part 3: **Agreement Terms**

- Tenant is responsible for damages caused as a result of the granted accommodation (adverse property condition not recorded at move-in, or at the start of the accommodation, less normal wear and tear). This includes, damages and/or pest infestation caused by animals.
- Reasonable Modification:** Landlord will not incur all or any part of these costs unless Landlord agrees to do so in writing before any work is performed. Landlord may require that the Tenant restore the property to its original condition less normal wear and tear, upon move-out. Tenant agrees not to make any alterations, additions, improvements, or changes in the premises, interior or exterior, or to the equipment and fixtures provided by the Landlord or to install any major appliances in the premises without written consent of Landlord, and all such changes will remain the property of Landlord and will remain in the property at the expiration of this agreement.
- Landlord reserves the right to deduct restoration costs from the tenant's Security Deposit on record should the tenant fail to pay cost for the requested alteration/modification upfront.
- The parties acknowledge that they have certain rights and responsibilities under Delaware Agency Law (Title 24 of the Delaware Code, Chapter 29) and may consult with their legal counsel.

Part 4: **Signature Section**

Requestor's Signature: (**Rental Applicant/Tenant**) _____/_____ Date

Name of person (Medical Provider/ADA Coordinator) completing the form: _____

Signature of Provider: _____ / Date _____

Title of person completing form: _____ / Agency Name _____