

Resident Reasonable Accommodation Request Form

We are committed to the letter and spirit of the federal Fair Housing Act, and other state and local fair housing laws, which, among other things, prohibit discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be **necessary** to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it by mail. All information provided in connection with this request will be kept confidential, except as otherwise required by law.

Resident's Name: _____
Address: _____
Person Requesting Accommodation: _____
Email: _____
Phone: _____
Date of Request: _____

Please describe the accommodation (exception to our usual rule or policy) that you are requesting:

1. Do you consider yourself to be disabled?
*The Fair Housing Act defines a person with a disability as a person who has a physical or mental impairment that **substantially** limits one or more major life activities, a person who is regarded as having such impairment, or a person with a record of such impairment. Please circle your response.*

YES NO

2. Please describe your disability-related need for the requested accommodation. How is the accommodation necessary for your use and enjoyment of your apartment community? (If needed, you may write on the back of this form or attach additional sheets of paper.)

Please mail your form to:
NAMI Delaware, Attn: Merton Briggs, 2400 W. 4th Street, Wilmington, DE 19805
or email to:
mbriggs@namide.org

Questions or Concerns Contact:
Merton Briggs, Senior Director of Housing & Facilities: mbriggs@namide.org or (302) 427-0787