



Reasonable Accommodation Request Form

Date: _____

Head of Household Name: _____ Phone: _____

Address: _____ Zip: _____
PO Box or Street City/Town

The following member of my household has a disability: _____

Please let us know how the accommodation will help you to take part in our program and help you to meet other requirements of our program. Please attach a separate sheet if you need more space.

- Do not give us medical information about your disability
- Do not give us the name of your disability or the nature or extent of your disability

Please provide the following reasonable accommodation: _____

I need this reasonable accommodation because: _____

4/2015

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

32 Constitution Drive, Bedford, NH 03110
Mail: PO Box 5087, Manchester, NH 03108

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NHHFA.org

