New Hampshire Housing
Bringing You Home

Assisted Housing
Fax: 472-8729
(800) 439-7247

Home Ownership
Fax: 472-2663
(800) 649-0470

Littleton Office
Fax: 444-7604
(800) 622-5266

Reasonable Accommodation Request Form

The following member of my household has a disability:_____

In the explanation below you need to tell us how the accommodation will help you take part in our program or help you meet other requirements of our program. If you need more space, feel free to use a separate piece of paper.

- ***Do not*** tell us medical information about your disability.
- ***Do not*** tell 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: _____

Name: _____ **Date:** _____

Address: _____
PO Box or Street Address *City or Town* *State* *Zip Code*

Telephone number: ( ) _____

revised **6/2006**