672 S. Waterman Ave., San Bernardino, CA 92408 | Phone: 909.890.9533 TTY: 711
www.hacsb.com

HOUSING AUTHORITY
COUNTY
OF SAN BERNARDINO

VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

Dear Knowledgeable Professional or appropriate party:

The individual listed below considers him or herself to be disabled and has asked for an accommodation from this agency to meet certain needs he or she believes are dictated by the disability. The Housing Authority of the County of San Bernardino (HACSB) grants reasonable accommodation requests based in part by verification of need from a knowledgeable professional or other appropriate party who has direct experience with an individual's disability. You have been authorized to release information to us regarding the need for an accommodation.

Please be aware of the following while completing this request:

- Do not send us the medical records of the individual requesting your verification.
- Do not include any details, which disclose the nature or severity of the individual's disability. This information is not necessary to verify the requested adjustment.

PART I. HOUSEHOLD MEMBER'S INFORMATION – INSERT NAME OF INDIVIDUAL SEEKING VERIFICATION			
Last Name	First Name		Middle Initial
Address			
City	State	Zip Code	Daytime Telephone Number

I, _____ authorize _____
(Applicant/Resident/Participant's Name) Knowledgeable Professional

to disclose relevant information to HACSB regarding the need for a reasonable accommodation for _____. I understand the information that HACSB obtains will be kept confidential and used solely to determine if an accommodation should be provided. I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. (California Penal Code Section 118.)

_____ _____
Signature of Applicant/Resident/Program Participant Date

Please return completed, signed and dated forms to: HACSB
HACSB Representative Name:
HACSB Title:
Address:
Phone:
Fax:

PART II. DISABILITY VERIFICATION

Name of individual seeking verification:_____

A "disability" is defined as a physical or mental impairment, which limits one or more of a person's major life activities, a record of having such an impairment, or being regarded as having such impairment.

1. Does this individual have a disability, as defined above? Yes____ No____
2. If yes, does this individual, because of this disability, need a reasonable accommodation made to either their unit, or other parts of the housing complex, or to house rules, policies, practices, or services of the HACSB to have an equal opportunity to use and enjoy his or her dwelling? Yes___ No___

3. If yes, please describe the accommodation needed (which must directly relate to the accommodation request and disability. Changes must be necessary, NOT only desirable):

_____

_____

_____

Use separate sheet to provide additional information (please print clearly)

1 Major life activities include, but are not limited to performing tasks, caring for oneself, walking, talking, seeing, hearing, breathing, learning, or working.

PART III. ACCOMMODATION VERIFICATION

Patient's disability requires a reasonable accommodation for the following reasons, please complete the below information. Knowledgeable Professional please initial all that apply.

Requesting patient needs their own bedroom _____ Yes ☐ No ☐
Initials

Live in Aid _____ Full time ☐ Part time ☐ Intermittent ☐ Intermittent please explain_____
Initials

Care Provider _____ Full time ☐ Part time ☐
Initials

Additional bedroom for Live in Aid _____ Yes ☐ No ☐
Initials

Additional bedroom for medical equipment/supplies _____ Yes ☐ No ☐ List equipment/supplies: _____
Initials

Downstairs unit _____ Yes ☐ No ☐
Initials

PART IV. VERFICATION STATEMENT

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. (California Penal Code Section 118.)

FRAUD AND FALSE STATEMENTS

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

I understand that I may be contacted by the HACSB to verify the information I have provided or to provide further information/clarification regarding this request. Furthermore, I understand that I may be contacted or otherwise subpoenaed to provide testimony in a court of law, administrative hearing and/or other legal action with respect to the information I have provided within or related to this document. By signing this document, I certify under penalty of perjury that the information and statements I have provided as part of and/or in support of this request for a reasonable accommodation are to the best of my knowledge true and accurate. I also certify that I have reviewed all attached documents pertaining to this request.

Verifying Person's Signature			AGENCY STAMP
Verifying Person's Name (Print)			License or Certificate Number/Issuing State
Title:			
Address			
City	State	Zip Code	Telephone Number