



## REASONABLE ACCOMMODATION VERIFICATION OF NEED

Dear Knowledgeable Professional:

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 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 needed requested adjustment.

PART I. HOUSEHOLD MEMBER'S INFORMATION			
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: Housing Services Specialist  
Address:  
Phone / Fax:

**PART II. THIS SECTION TO BE COMPLETED BY A KNOWLEDGEABLE PROFESSIONAL**

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<sup>1</sup>, 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 requested). **Changes must be necessary**, NOT only desirable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**PART III. KNOWLEDGEABLE PROFESSIONAL INFORMATION**

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.**

Knowledgeable Professional's Signature

AGENCY STAMP

X

Knowledgeable Professional's Name (Print)

License or Certificate Number/Issuing State

Title:

Address

City

State

Zip Code

Telephone Number

( )