



List the name of the health care provider who can verify the disability and the need for the accommodation requested. This should be the individual providing professional services that relate to the disability.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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Print Name	Signature	Date Approved / Denied
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Please return completed, signed and dated forms to:

Attention:  
Section 504 Coordinator  
Housing Programs Office  
672 S. Waterman  
San Bernardino, California 92408

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**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States Government. Making false statements is a felony under California State Law (Penal Code Sections: 115, 118, 487i, and 532) and may result in criminal charges including Perjury, Grand Theft, Filing False Documents with a Public Office and Obtaining Money Under False Pretenses.