



HOUSING AUTHORITY OF THE  
COUNTY OF SAN BERNARDINO

### Request for Reasonable Accommodation

Date of Original Request \_\_\_\_\_  Verbal  Written (check one)

Date Form Completed (If Different From Date of Original Request): \_\_\_\_\_

Family Head of Household: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

Medical Documentation Attached. *You do not have to attach medical documentation to this request to invoke your rights to reasonable accommodation. Verifications may be obtained after you submit your request, but before a decision is made.*

I am requesting the following reasonable accommodation(s):

- \_\_\_\_\_ Live-in Aide
- \_\_\_\_\_ Additional Bedroom
- \_\_\_\_\_ Assistance required completing paperwork
- \_\_\_\_\_ In-home appointment (due to medical condition/age)
- \_\_\_\_\_ Translation service      Language needed: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

(Please feel free to attach further justification)

Requestor's Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**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.

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:  
ADA Coordinator  
Housing Programs Office  
672 S. Waterman Ave.  
San Bernardino, CA 92408

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