

HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO

Project-Based Voucher (PBV) Pre-Application Your name will remain active for 6 months

Instructions: Please print all information and make sure the application is completed in full and is legible. Return the completed application to:
Beacon Property Management, 8181 Redwood Ave., Suite 101J; Fontana, CA 92335

Last Name:	First Name:	Mi:
Address:	City:	State:
Daytime Telephone Number:		

Family Composition: Please complete one line for each member of the household, starting with yourself.

Full name of Household member	Relationship	Date of Birth (MM/DD/YYYY)	SEX (M or F)	Race	Ethnicity	Social Security Number	Sources of income	Amount of income
1 SELF	Head of Household							
2	Co- Head of Household							
3								

Do you have any pets? Yes No If Yes, what kind: _____ How many? _____

Do you have any special needs which would require the Housing Authority to provide a reasonable accommodation in order for you to utilize this program?
 Yes No

Personal References				
Complete Name	Address	Phone	Years Known	Relationship

Address History				
1. Previous Address:		City	State:	Zip:
Date In	Date Out	Owner/Manager Name:	Owner/Manager phone:	
Reason for Moving:				
2. Previous Address:		City	State:	Zip:
Date In	Date Out	Owner/Manager Name:	Owner/Manager phone:	
Reason for Moving:				

Certification: I hereby certify all the information provided on this application is true and correct to the best of my knowledge and hereby authorize verification of the above items including , but not limited to, the obtaining of a credit report. I understand providing false information may be grounds for cancellation of my application. I also understand I will be required to provide the Housing Authority of the County of San Bernardino (HACSB) with verification and/or proof to support any or all of the claims made on this application and it is my responsibility to notify the HACSB in writing of any change in address or family composition. The HACSB has adopted a policy of performing registered sex offender checks on all applicants for the PBV program. List the name, SSN, date of birth and gender for all household members including yourself, spouse/partner, and live-in caretaker (if applicable). I/We hereby authorize the Housing Authority of the County of San Bernardino and its designated agents and representatives to conduct a registered sex offender check.

Signature of Head of Household _____ Date _____ Other Adult _____ Date _____ Other Adult _____ Date _____

Preferences: Please make your apartment community selections from the following list. You may select as many as you wish			
<input type="radio"/> Arrowhead Woods 1650 W. 16th St, San Bernardino	<input type="radio"/> Grand View Towers 707 Grandview Rd, Twin Peaks	<input type="radio"/> Robert O Townsend 9190 Monte Vista Dr, Montclair	<input type="radio"/> Yucaipa Crest 12385 6th St, Yucaipa
<input type="radio"/> Desert Village 14469 Rodeo Dr, Victorville	<input type="radio"/> Redwood Terrace 8181 Redwood Ave, Fontana	<input type="radio"/> Yucaipa Terrace 12435 Sixth St, Yucaipa	