

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 terrace, 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? G Yes G 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?
G Yes G 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 that all the information I have 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 that providing false information may be grounds for cancellation of my application. I also understand that 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 I have made on this application and that it is my responsibility to notify the HACSB in writing of any change of address or family composition. The HACSB has adopted a policy 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			
F Arrowhead Woods 1650 W. 16th St, San Bernardino	F Grand View Towers 707 Grandview Rd, Twin Peaks	F Robert O Townsend 9190 Monte Vista Dr, MontClair	F Yucaipa Crest 12385 6th St, Yucaipa
F Desert Village 14469 Rodeo Dr, Victorville	F Redwood Terrace 8181 Redwood Ave, Fontana	F Yucaipa Terrace 12435 Sixth St, Yucaipa	