HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO

Date Stamp Date/Time Pre-Application Given to Applicant

This document can be provided in a format accessible to persons with disabilities upon request

Barstow Public Housing Community Waiting List Pre-Application

P.O. Box 1787, San Bernardino, CA 92402

Applications are being accepted for all bedroom size (1 through 5) apartment homes located in the City of Barstow. Families are assigned a bedroom size based on two (2) people per bedroom. The head of household is not required to share a bedroom except with a spouse or significant other.

Instructions: Please print all information and make sure the application is complete, legible and signed. Return the completed pre-application to the HACSB Waiting List Unit at the above address. Once your name is placed on the waiting list you will receive a letter as an acknowledgement of receipt, which should be kept for your records. Incomplete applications will be returned to you without being added to the waiting list.

Name:	Date of Birth:
Social Security Number:	Phone Number:
Address: _____ _____	Family Size: Number of Adults: _____ Number of Children: _____
City, State, Zip Code:	Total monthly Household Income: $ _____X 12 $ _____ Type of Income: ☐ TANF ☐ Social Security ☐ SSI ☐ Employment ☐ Other

Please **circle** your answer for all of the following questions:

Are you or your spouse a veteran or currently serving in the military?	YES	NO
Does your family include a spouse or co-head of household?	YES	NO
Are you, your spouse or co-head employed in the county of San Bernardino?	YES	NO
Do you or a member of your family have a disability which would require the Housing Authority to provide a reasonable accommodation in order for you to utilize this program?	YES	NO

Applicants will be placed in order based on the date and time of the applicant's request of the pre-application provided the pre-application is returned to the Housing Authority within 30 days from the date/time stamped in the box above. Pre-applications received after 30 days or printed from our website will be placed in order based on the date and time the pre-application was received. Changes to your mailing address, family composition, and income must be submitted in writing by either: mailing it to the address listed above; faxing it to (909) 890-5333; or emailing to AIB@hacsb.com. You will be contacted by mail when your application is pulled from the waiting list.

Certification: I hereby certify under penalty of perjury, that to the best of my knowledge, all of the information I have provided on this pre-application is true and correct and hereby authorize verification of the above items including, but not limited to, the obtaining of a credit report. The Housing Authority of the county of San Bernardino (HACSB) has adopted a policy performing criminal background checks for all adult household members. I understand that providing false information may be grounds for denial of my application. I also understand that I will be required to provide the (HACSB) with verification and/or proof to support any or all of the claims I have made on this pre-application.

_____

Print Name of Head of Household Signature of Head of Household Date

EQUAL HOUSING OPPORTUNITY