



**Senior (62+) Project-Based Voucher (PBV) Waiting List
Pre-Application**

Instructions: Please print all information and make sure the application is completed in full and is legible. Return the completed application to:
HACSB Waiting List Unit, P.O. Box 1787; San Bernardino, CA 92402, by fax to (909) 890-5333 or by e-mail to aib@hacsb.com

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. **All household members must be 62 years of age or older.**

Full Name of Household Member	Relationship	Date of Birth (MM/DD/YYYY)	Sex (M or F)	Race	Ethnicity	Social Security Number	Source of income	Monthly Amount
1 SELF	Head of Household							
2	Co- Head of Household							
3	Live in Caregiver							
4								

Are you or your spouse a veteran or currently serving in the military? <input type="radio"/> Yes <input type="radio"/> No
Do you have any special needs which would require the Housing Authority to provide a reasonable accommodation for a second bedroom? <input type="radio"/> Yes <input type="radio"/> No (documentation from a medical professional will be required to verify reasonable accommodation request)
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? <input type="radio"/> Yes <input type="radio"/> No
Do you have any pets? <input type="radio"/> Yes <input type="radio"/> No If Yes, what kind: _____ How many? _____

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. 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 _____

Community Preferences: Please make your apartment community selections from the following list. You may select as many as you wish, by marking the circle next to the community name.		
<input type="radio"/> Grand View Towers 707 Grandview Rd., Twin Peaks	<input type="radio"/> Desert Village 14469 Rodeo Dr., Victorville	Note: The waiting lists for Arrowhead Woods, Redwood Terrace, Robert O Townsend, Vista Del Sol, Yucaipa Crest and Yucaipa Terrace are currently closed due to the high volume of applications received to-date.

You will be contacted by mail approximately every 12 months to determine your continued interest in remaining on the waiting list(s).

