



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

### Project Based Program - Colton Housing Community Waiting List Pre-Application

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

Applications are being accepted for households who qualify for five (5) bedroom apartments. The waiting lists for households who qualify for one (1), two (2), three (3) and four (4) bedroom apartments are currently closed. Households 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.

<b>Name:</b> _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Are you or your spouse a veteran or currently serving in the military?</b> YES NO
<b>Social Security Number:</b> _____	<b>Date of Birth:</b> _____	
<b>Address:</b> _____ _____	<b>Family Size:</b> (include yourself) Number of Adults: _____ Number of Children: _____	
<b>City, State, Zip Code:</b> _____ <b>Phone Number:</b> (     ) _____	<b>Does your household include a Spouse/cohead?</b> YES NO	
<b>E-mail address:</b> _____ Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Decline	Total Monthly Household Income: \$ _____ X 12 \$ _____  Type of Income: _____	

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

Do you have a live-in aide?	YES	NO
Are you currently homeless?	YES	NO
Do you have any special needs which would require the Housing Authority to provide a reasonable accommodation for a separate bedroom for a household member?	YES	NO
Do you or a member of your household have a disability which would require the Housing Authority to provide a reasonable accommodation in order for you to utilize this program?	YES	NO
<ul style="list-style-type: none"> <li>If yes, please specify which accommodation you require:  <input type="checkbox"/> Additional bedroom for medical equipment     <input type="checkbox"/> Additional Bedroom for household member     <input type="checkbox"/> Other (please specify): _____ </li> </ul>		
Do you or a member of your household require unit accessibility features in order to utilize this program?	YES	NO
<ul style="list-style-type: none"> <li>If yes, please specify which features you require:  <input type="checkbox"/> Grab Rails in Bathroom     <input type="checkbox"/> Ramp for Wheelchair Accessibility     <input type="checkbox"/> Downstairs Unit     <input type="checkbox"/> Other (please specify): _____ </li> </ul>		

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 of 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 or it's designated representatives 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

Applicants will be placed in order based on the time the pre-application was received and specified preferences. Changes to your mailing address, family composition, and income must be submitted in writing by either: mailing it to the address listed at the top of page 1; or emailing to [AIB@hacsb.com](mailto:AIB@hacsb.com). You will be contacted by mail when your application is pulled from the waiting list.

**Criminal Background Policy:** The Housing Authority encourages all persons in need of housing assistance to apply to our available housing programs. The Housing Authority will run a criminal background check when your application is processed for eligibility. Each person's criminal record is reviewed for policy compliance, however HACSB makes every effort to provide access to its housing programs. Consideration of circumstances and evidence of good faith efforts to address past criminal history will be taken into account on a case by case basis.

**2018 Program Income Limits**

For this program a families' income cannot exceed the amounts reflected below:

<u>Family Size</u>	<u>Income Limit</u>
<u>1 person</u>	<u>\$ 37,750</u>
<u>2 persons</u>	<u>\$ 43,150</u>
<u>3 persons</u>	<u>\$ 48,550</u>
<u>4 persons</u>	<u>\$ 53,900</u>
<u>5 persons</u>	<u>\$ 58,250</u>
<u>6 persons</u>	<u>\$ 62,550</u>
<u>7 persons</u>	<u>\$ 66,850</u>
<u>8 persons</u>	<u>\$ 71,150</u>

**Reasonable Accommodation:** If you or a member of your household have a disability and think you might want or need a reasonable accommodation you may request it at any time.



## **Notice of Right to Reasonable Accommodation**

If you have a disability and as a result of your disability you need . . .

- An exception in the rules/policies or how we do things
- A change or modification in your apartment
- A change or modification to some other part of the buildings or grounds
- A change in the way we communicate with you or give you information

**You may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.**

If you can show that you have a disability and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to make the changes you request.

Your request will be answered within thirty (30) business days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If your request is turned down, we will explain the reasons and you can give us more information if you think that will help us reconsider our decision.

If you need help filling out a **REASONABLE ACCOMMODATION REQUEST FORM** or if you want to give us your request in some other way, we will also help you.

You can get a **REASONABLE ACCOMMODATION REQUEST FORM** at the Management Office.

**Housing Authority of the County of San Bernardino** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs or activities.



*The Housing Authority of the County of San Bernardino is an Equal Opportunity Employer and Housing Provider*