

**Fort Worth Housing Solutions
Project-Based Voucher Referral Form**



PBV Property Name: _____

Client Name: _____

Total Number of Household Members (Including Head of Household): _____

Current Address: _____

Current Phone #: _____ Alternate Phone #: _____

Assigned Unit Address: _____

Date of Referral: _____ Date/Time Applied: _____ Unit Bedroom Size: _____

TO BE COMPLETED BY PBV PROPERTY

I certify that the above named person meets the requirements for Project-Based Voucher as established by Fort Worth Housing Solutions. I further certify that I have verified that the client meets all requirements and regulations.

I understand and have communicated to the above named person that final eligibility will be determined by FWHS staff based on criminal background, income, past participation as a FWHS participant, and other requirements as determined by FWHS and HUD regulations.

SIGNATURE

DATE

PRINTED NAME

TITLE

PHONE NUMBER

EMAIL ADDRESS



Revised February 15, 2018

