

**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

May 2, 2022

1201 E. 13th St. Fort Worth, Texas 76102

817-333-3400

www.FWHS.org

