

# 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



August 30, 2022