

Applicant Portal Tutorial

Step by Step Instructions

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Before You Start

- 1. Establish an email address if you do not have one
 - Go to google or yahoo to set-up a free email account
- 2. Gather information for all household members you wish to include on your application. You will need information about each person: date of birth, social security number, and income details.

Accessing the Applicant Portal

The portal may be accessed in two ways:

- Directly at https://yvportal.hacsb.com or
- Our website at <u>www.hacsb.com</u> and click on the 'Apply for Housing' under the 'Available Housing' menu.

Once you are on the Home page of the applicant portal, click on 'Applicant Login' at the top right corner.



Registering to the Applicant Portal – New Applicants

If you have not created an account AND have never applied with HACSB, click on the link 'Click here to register' or 'Register Now.'

User Name	
Password	
Forgot password? Click here to register Login	

Click on the 'I do NOT have a registration code' Icon if you are a new applicant to HACSB.



Enter Personal Details required.

First Name*	
First Name	
Last Name*	
Last Name	
CCN/#* ur 1 41 000 1	0000)
SSN#* (If you do not have a SSN, please enter 999-99	-9999)
SSN#* (If you do not have a SSN, please enter 999-99	-9999) @
SSN#* (If you do not have a SSN, please enter 999-99 Confirm SSN#* Phone (Home)*	-9999) @

Enter your Account Information to complete your login registration to the portal.

Email Addr	ess* (Your email address is your user name)
YourEmai	@Example.com
Confirm En	nail Address*
YourEmai	@Example.com
Password*	
Password	
Confirm Pa	ssword*
Confirm P	assword

Read the terms and conditions for users and accept, then click Register.

This site is protected by reCAPTCHA and the Google apply. Please read and accept the Terms and Conditions	Privacy Policy and Terms of Service
Register	

• You will receive an email from the applicant portal confirming your registration.

<u>Registering to the Applicant Portal – Current Users</u>

If you have previously applied with HACSB, you will need a Registration Code to complete a new application. Please send an email to <u>techhelp@hacsb.com</u> to receive your registration code.

Once you have your registration code, click on the link 'Click here to register' or 'Register Now.'



Click on the 'I have a registration code' Icon.



Enter your registration code, including any dashes (-), then click 'Go'



Enter Personal Details required. This information must match HACSB records to move forward.

First Name*	
First Name	
Last Name*	
Last Name	
Last Name SSN#* (If you do not have a SSN, please enter 999-99-9999)	٢
Last Name SSN#* (If you do not have a SSN, please enter 999-99-9999) Confirm SSN#*	۲
Last Name SSN#* (If you do not have a SSN, please enter 999-99-9999) Confirm SSN#*	@ @

Enter your Account Information to complete your login registration to the portal.

Email Addro	ess* (Your email address is your user name)
YourEmail	@Example.com
Confirm Err	nail Address*
YourEmail	@Example.com
Password*	
Password	
Confirm Pa	ssword*
Confirm P	assword

Read the terms and conditions for users and accept, then click Register

This site is protected by reCAPTCHA and the Google Privacy Policy and Terms of Service apply.
Please read and accept the Terms and Conditions
Register

• You will receive an email from the applicant portal confirming your registration.

Completing a Waiting List Application

Once logged into your portal account, click on the 'Apply to Waiting Lists' icon.



Click on Apply/Update Application button.



Choose Preferred Language and click 'Next'



Read the Welcome information to receive detailed information about the application process

• Click 'Next'

Welcome to our waiting list application

Please carefully review all information on each pre-application screen before you click 'Save and Continue', especially your contact information. If HACSB is unable to contact you at the mailing address you provide, your pre-application will be removed from the waiting list without further notice.

If at any time during the pre-application entry process you want to review information you have already entered, click the 'Go Back' button.

The Housing Authority of the County of San Bernardino (HACSB) is committed to nondiscrimination in housing and does not discriminate on the basis of race, color, religion, sex, national origin, age, familial status, and disability. HACSB complies with all federal, state, and local nondiscrimination laws, and with rules and regulations governing fair housing and equal opportunity in housing and employment. If you or a member of your family have a disability and think you might need or want a reasonable accommodation you may request it at any time.

Back Next

Read Contact Information

- Enter requested information. A mailing address is required.
- Click 'Next'

Contact Information

Contact morm	ation	
Enter your current mail pre-application will be r	ling address, e-mail address and phone num removed from the waiting list without furt	nber. If HACSB is unable to contact you or mail is returned as undeliverable, your her notice.
It is your responsibility phone number.	to update your contact information, online	e through Rent Café, if you have a change of mailing address, e-mail address, or
Once you have verified	the accuracy of your contact information,	click the 'Next' button.
Mailing Address *		
City*		
State *		~
Zip*		
E-mail	kelly.spam+10@gmail.com	
Mobile	(555) 555-5555	
Home *	(909) 688-9936	
Message	(555) 555-5555	
Back Next		

Read the Household Composition section

Click 'Next'
Household Composition
The Household Composition section will ask for vital information for every household member who will be living with you. This information will
include full name, date of birth, social security number, plus questions regarding other special categories, race, and ethnicity.
Prior to clicking 'Next', make sure to have all of your household's information including income.

Back Next

Read the Family Members section

1. Click on 'More Info Needed' to complete the Head of Household information. (Notice some fields are blank)

Family Memb	ers					
Please review all men button. Once you are	mber information finished adding a	for accuracy. If you need t Il household member data	o Edit any info a, click on the '	ormation or De Next' button.	elete a household member, clic	k on the appropriate
Failure to list all hou	sehold members r	nay result in their disquali	fication.			
Add Family Memb	er					
First Name	Last Name 🏺	Relationship	Age	Gender	Edit	Delete
Daisy	Murillo	Head of Household	(Blank)	(Blank)	More Info Needed	Delete
Showing 1 to 1 of	1 entries					
Back Next						

- Enter the information needed for each field by clicking on the 'drop down' arrow to select an answer. (see next page)
- When entering the date of birth, double-check the year is correct.
- Click 'Save'

First Name*	Ethnicity
Daisy	Hispanic or Latino*
Middle Name	
Last Name*	Race
Murillo	American Indian or Alaska Native*
Date of Birth (If using drop down calendar, please select month and year first or type in MM/DD/YYYY)*	Asian"
enter 999-99-9999)* 999-99-9999	~
Gender*	Native Hawaiian or Other Pacific Islander*
Relationship to the Head of Household* Head of Household	White*
Is this person disabled?*	Is this person a United States citizen by birth, a naturalized citizer or a U.S. national?*

- 2. To add your family members, click 'Add Family Members' and enter the information
 - Enter the individual data for that family member.
 - Click 'Save.'

					Search:		
First Name 🌲	Last Name 🌲	Date of Birth	Relationship	Age	Gender		
Tina	Williams	1/10/1945	Head of Household	73	Female	Edit	Delete

Repeat 'Add Family Member' until all family members have been entered. Click 'Next' when finished.

Read the Household Information section

• Click 'Next'

Household Information
In the next section, you will provide information about income, access requirements, Reasonable Accommodations, and other special categories of all household members.
Back Next

Read the Income information

- Enter the total gross household income before taxes and deductions (no cents).
- Click 'Next'

Income

Income sources include but are not limited to : Employment, self-employment, Social Security and SSI benefits, Unemployment benefits, Cash Aid or TANF (do not include any amount received for food stamps), Child support payments, alimony payments, Contributions from others or and or any organization from whom you are receiving assistance. To calculate household income, count only the gross amount(s) received from all source before any taxes or other deductions.	ì,
Annual Income *	
Back Next	

Read the Access information

- Check all that apply to the household or select None.
- Click 'Next'

Access	
If you need accommodations for access in any application.	of the areas below, please select all that may apply. Otherwise, select 'none' and continue with your
Hearing Access	
Mobility Access	
Sight Access	
None	
Back Next	

Read the Supplemental Questions

- Select the answer from the drop-down by clicking the down arrow. Answer all questions accurately.
- Click 'Next'

Supplemental Questions	
Does anyone in your household require a Reasonable Accommodation in order to access the Housing Program?*	
Do you require more than one Reasonable Accommodation Request? If so, please select second request: *	
Are you or your spouse a current or former member of the United States Armed Forces? *	
Which branch of the United States Armed Forces are you or your spouse a current or former member of?*	
What documentation of current or former military service can you provide?*	
Back Next	

Read Other Special Categories information

- Select all that apply or select None.
- Click 'Next'

Other Special Categories

Please read the following definitions and check the appropriate box if it applies to you or your family.

- Displaced: A family or individual displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized under federal disaster relief laws.
- Homeless: Lacking a fixed or regular nighttime residence, and either having a primary nighttime residence that is a supervised publicly or
 privately-operated shelter designed to provide temporary living accommodations, or residing in a public or private place not designed for, or
 ordinarily used as, a regular sleeping accommodation for human beings.

lf none	apply.	check	None	and	continue.
	opp n	arra are			contentioner

Displaced	
Homeless	
None	
Back Next	

Read Other Information (Optional)

- Select box **ONLY** if it applies.
- If this does not apply, do <u>not</u> check the box.
- Click 'Next'

Other Information (Optional) Is the head of household or spouse: • currently serving in the military • a veteran, or • surviving spouse of a veteran?						
If one of the above is appl	If one of the above is applicable to you, please select the box below. Otherwise, select "Next" to continue.					
Veteran information will veteran information.	be verified at the time of eligibility. Your applicatio	ay be denied or returned to t	ne waiting list for providing false			
		Search:				
Select	Preferences	Description				
	Veterans Preference	Veterans Preference				
Back Next						

Read Waiting List information

- Select the waiting list you qualify for and wish to apply to. Must check a box
- Click 'Next'

VVaiting L Please select a	.IST at least ONE waiting list below t	o apply. If a selection is not made, you will not be added to a waiting list.
Occupancy se		Search:
Select	Waiting list 2022 Housing Services WL	Description 2022 Tenant Based Voucher Waitlist.
Back N	ext	

Read Final Review & Submission information

- Review all information provided by clicking on each tab
- If there are errors, click the 'Back' button and correct them.

Final review & submission						
Failure to submit your application prior to the waiting list closing will result in removal of your incomplete pre-application.						
Please verify that the information you entered is correct. If you want to make changes, click the appropriate menu links on the left side of the screen. The links will allow you to return to previous workflow steps to edit the information. When you have finished reviewing the data, check the box to accept terms and conditions and click 'Next'.						
Family Members	Family Members Income Access Supplemental Questions Other Special Categories Other Information (Optional)					
Waiting List						
First Name	🕈 Last Name 🗍	Relationship	Age	Gender	Citizenship	
Daisy	Murillo	Head of Household	36	Female	Eligible Citizen	
Ginger	Murillo	Adult	22	Female	Eligible Citizen	

Read Terms and Conditions

- Select the 'I accept the above terms and conditions.' box
- Click 'Next'

Terms and Conditions
By submitting a pre-application, you understand:
 Submission of your pre-application does not represent an offer for housing assistance
 Any changes to your e-mail address, mailing address, phone number, income or family composition must be updated through the online Rent Café portal
 My participation in any HACSB housing program is subject to the eligibility requirements as determined by HACSB policy and the
Department of Housing and Urban Development Regulations
 HACSB has adopted a policy of performing criminal background checks for all adult household member
 The verification for the self-declared preference must have existed at the time of applying to any waiting list in order to qualify for the preference
 I will be required to provide verification and/or proof to support any and or all claims made on this application
 Knowingly and willingly providing false or fraudulent information will result in the denial of my application
I hereby certify under penalty of perjury, that to the best of my knowledge, all of the information I have provided through the online Rent
Café Applicant Portal is true and correct and hereby authorize verification of all information including but not limited to a credit report.
accept the above terms and conditions.

Read Application Confirmation information

• Click 'Log Out'
Application Confirmation
Thank you for utilizing the HACSB Applicant Portal. Your pre-application is now complete. Please download the pre-application summary and keep it for your records as it contains your confirmation number. The next step will be for the Waiting List Department to review your pre-application and notify you via email if it was accepted or rejected.
As a reminder, it is your responsibility to update any changes to your contact information or household composition by using the HACSB Applicant Portal.
Download Application as PDF
Back Log Out

You will receive an email confirming your application was submitted.

Within 90 days, you will receive an email confirming their application was reviewed and whether your application was approved or rejected.

After receiving an email that your application is approved, you may log in to the portal and make changes. Remember to keep your email and address up to date.