

The Housing Authority of the County of San Bernardino (HACSB) provides a free rental unit listing service for landlords wanting to list their available units to HACSB program participants. Please note that HACSB does not screen program participants for suitability for tenancy. To list your unit, complete this form and submit via email to vacancylisting@hacsb.com

1. Required Information:

Unit address: _____, City _____ Zip code _____

Number of bedrooms: _____ Number of bathrooms: _____ Date available: _____

Requested rent: \$ _____ Requested security deposit: \$ _____

Unit type: Apartment _____ Single Family Home _____ Mobile home _____ Shared Housing* _____

Owner/Manager Name: _____

Telephone Number(s): _____ Email: _____

- Check here if you currently/previously participated as a landlord in HACSB’s rental assistance programs.
- Check here if you have never participated as a landlord in HACSB’s rental assistance programs.
If you are new to HACSB, submit a copy of your DL/ID and one of the following showing the address of the unit that you are listing: property tax bill, mortgage statement, or Grant Deed.

2. Optional information: It is strongly recommended that you provide as much information as possible about your vacancy to reach tenants seeking the features that you are offering.

Downstairs _____ Upstairs _____ Multi-level _____

List the utilities/appliances provided by the owner: _____

Check if applicable	Unit Feature/Amenity
	Elevator
	Assigned parking
	__Patio __Balcony __Yard
	Gated
	Playground/tot lot
	Pool
	ADA accessible (Describe):
	Air conditioning (circle): __Wall __Central
	Laundry (circle): __Onsite __Hookups in unit
	Pets accepted – if yes, describe any limitations:
	Other – Describe:

I understand that tenant screening is the landlord’s responsibility. Further, listing my unit with HACSB does not imply approval of the requested rent and condition of the unit. The unit will be subject to rent reasonableness and Housing Quality Standards inspection once a tenant is selected, and a completed Request for Tenancy Approval is submitted to HACSB. I agree that the unit listings will be automatically deleted after 20 days unless a new Vacancy Listing Request form is submitted to HACSB.

Print name _____ Signature _____ Date _____

Email (if different from above): _____

Phone No. (if different from above): _____

*Shared housing is renting a private bedroom or bedrooms in a house or apartment shared with another household.