

**WASHINGTON COUNTY COMMUNITY DEVELOPMENT AGENCY
BRIDGES APPLICATION OR RECERTIFICATION**

EFFECTIVE DATE _____

This is important housing information. If you do not understand it have someone translate it for you now.
Información importante acerca de las viviendas. Si usted no lo comprende, pida a alguien que le traduzca ahora.
Qhov no yog lus tseem ceeb heev qhia txog tsev nyob. Yog tias koj tsis tau taub thov hais rau lwm tus pab txhais rau koj.
Это важная информация о жилплощади. Если Вы её не понимаете, попросите кого-нибудь сейчас перевести её Вам.
Kani waa warbixin muhiim ah ee ku saabsan guriyaha. Haddii aadan fahamsaneyn waa in aad heshaa hadeertaan qof kuu tarjuma

NAME _____ DATE _____

ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

LANGUAGE SURVEY:

- Do you or another adult in your household speak English? Yes No
- If **NO**, do you want free interpreter services during the application process? Yes No
- Do you or another adult in your household read English? Yes No
- If **NO**, what language(s) do you read? _____

If you would like interpreter services, please contact your WCCDA worker immediately to make arrangements.

NAMES OF PERSONS WHO COULD BE NOTIFIED IF YOU CANNOT BE REACHED:

Name	Relationship to Family	Address	Phone Number

Name of Case Manager, Agency Name, Address and Phone Number, if applicable:

Name of Crises Assistance Organization (include phone number):

Does the person(s) above know you are on the Bridges program? Yes No

Race of Head of Household (select all that apply)		Ethnicity of Head of Household (select all that apply)	
<input type="checkbox"/> American Indian– Anishinaabe/Ojibwe	<input type="checkbox"/> Black – African American (family has been in the United States for multiple generations)	<input type="checkbox"/> Hispanic/Latinx – Mexican	<input type="checkbox"/> Not Hispanic/Latinx (only select if none of the other ethnicity categories are selected) <input type="checkbox"/> Choose Not to Provide (only select if none of the other ethnicity categories are selected)
<input type="checkbox"/> American Indian – Dakota/Lakota	<input type="checkbox"/> Black – Somali	<input type="checkbox"/> Hispanic/Latinx – Puerto Rican	
<input type="checkbox"/> American Indian – Other North American Origin/Tribal Affiliation	<input type="checkbox"/> Black – Ethiopian	<input type="checkbox"/> Hispanic/Latinx – Cuban	
<input type="checkbox"/> American Indian – Central or South American Origin	<input type="checkbox"/> Black – Other	<input type="checkbox"/> Hispanic/Latinx – South or Central American	
<input type="checkbox"/> American Indian – Other	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic/Latinx – Spanish Origin	
<input type="checkbox"/> Asian – Hmong	<input type="checkbox"/> White – European	<input type="checkbox"/> Hispanic/Latinx – Other	
<input type="checkbox"/> Asian – Indian	<input type="checkbox"/> White – Middle Eastern or North African		

FAMILY COMPOSITION: (LIST ALL PERSONS INCLUDING YOURSELF WHO WILL BE PART OF HOUSEHOLD)

1.	2.	3.	4.	Names of Family Members Last First Middle	Social Security No. Or Alien Reg.No.	Relation to Family Head	Date of Birth	Age	Sex	Birthplace	Legal Citizen
											(Y or N)
						Family Head					

Does anyone live with you who is not listed under Family Composition? YES NO

If YES, explain _____

Do you plan to have anyone living with you in the future who is not listed above? YES NO
If YES, explain _____

Does any member of your household have elevated blood levels due to lead poisoning?
 YES NO NEVER BEEN TESTED

INCOME INFORMATION: Check YES or NO to all the following questions.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Is any member of your household employed, full-time, part-time, or seasonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any members of your household self-employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does any member of your household expect to work for any period during the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does any member of your household work for cash? Such as babysitting, cleaning, selling items, hair care services, Uber, Lyft, gambling, handyman services, social media, income from overseas | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are any members of your household on leave of absence from work due to lay-off, medical, maternity or military leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does any member of your household receive or expect to receive unemployment benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does any member of your household receive or expect to receive workers compensation benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you being paid to provide care to disabled member of the household? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does any member of your household receive or expect to receive cash assistance such as MFIP, Housing Grant Assistance, GA, or MSA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does any member of your household receive or expect to receive Social Security or SSI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does any member of your household receive income from a pension or annuity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does any member of your household receive income from assets including interest on bank accounts, dividends from certificates of deposit, stocks or bonds, or income from rental property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does any member of your household receive or expect to receive child support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is any member of your household entitled to child support they are not receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does any member of your household receive or expect to receive spousal maintenance/alimony payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is any member of your household entitled to spousal maintenance/alimony payments they are not receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does any member of the household receive regular cash contributions from individuals not living in the unit or from agencies? Does anyone outside the household regularly pay for bills or give household money? | <input type="checkbox"/> | <input type="checkbox"/> |

INCOME:

LIST ALL SOURCES OF HOUSEHOLD INCOME CHECKED YES ABOVE

Name of Household Member	Source of Income	Gross Earnings
		\$ per
		\$ per
		\$ per
		\$ per

ASSET INFORMATION: Check YES or NO to all the following questions.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| Does any member of your household: | | |
| 1. Have cash on hand over \$100? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have any banking accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have any certificates of deposit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have life insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have any annuities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have any money market funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have any IRA's or other retirement savings accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any stocks/bonds/mutual funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have a contract for deed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Own any real estate and/or mobile home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Own a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Sold or given away any assets for less than their fair market value in the past two years? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, describe the asset, its fair market value, the amount you received and date of disposal _____

ASSET INCOME: If YES was answered above, complete in detail:

Asset	Approx Value	Name of Financial Institution
Cash on hand over \$100.		
Checking Accounts		
Savings Accounts		
Debit or other Bank Account		
Certificates of Deposit		
Life Insurance (not Term)		
Stocks/Bonds/Mutual Funds		
Annuities		
Money Market Funds		
IRA Accounts		
U.S. Savings Bonds		
Real Estate		
Business		

HOMELESSNESS PRIOR TO PROGRAM INTAKE:

- Not Homeless 1st Time Homeless 2nd or 3rd Time Homeless
 Long Term Homeless (homeless for 12 or more consecutive months or 4 times in the last 3 years)

HOUSING STATUS. Prior to joining Bridges, please indicate which of the following best describes your housing situation prior to Bridges (✓ all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Jail, prison, other correction facility | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Board and Lodge | <input type="checkbox"/> Group home or foster care |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Hotel/Motel without voucher | <input type="checkbox"/> Place not meant for habitation |
| <input type="checkbox"/> Psychiatric Facility or Hospital | <input type="checkbox"/> Living with Family | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Living with friends | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Substance Abuse Treatment or Detox | <input type="checkbox"/> Rental house/apartment | <input type="checkbox"/> Other |

* Rent Burdened Housing means the rent and utilities of the unit you are renting are more than one-half of your monthly income.

**Substandard Housing means housing that lacks workable plumbing, heating, or electrical service or in housing that has been condemned by a government agency.

Barriers to Housing (Select all that apply)

- Low (a score of 600 or below) or no credit
 An eviction or unlawful detainer in the past three years
 A criminal record
 Negative landlord reference
 Outstanding debt to a landlord or utility company
 Unknown or not provided

Assistance through the Bridges program is considered temporary until Housing Choice Voucher (HCV)/Section 8 assistance can be obtained. Completion of this form **does not** place the applicant/participant on the CDA's HCV/Section 8 waiting list. A separate application is required for HCV/Section 8 and participants must apply to the waitlist when it is open.

Have you applied for the HCV/Section 8 program? **YES** (Go to question #1) **NO** (Go to question #2)

1. **IF YES**, please supply the following: the APPLICANT has applied for a Section 8 Housing Choice Voucher at the following Housing Agencies:

HA Name: _____ Date of Application: _____

HA Name: _____ Date of Application: _____

2. **IF NO**, I understand that I must apply when the waiting list opens. If the waiting list is currently closed, I must sign up to HCV/Section 8 as soon as the waiting list opens, or the I will be terminated from the Bridges Program and will no longer receive rental assistance.

YES, I understand I must apply for an HCV/Section 8 voucher when the waitlist opens

CERTIFICATION REGARDING VIOLENT OR DRUG-RELATED CRIMINAL ACTIVITIES AND SEX OFFENDER STATUS:

1. Have you or any household member **EVER** been CHARGED, ARRESTED for, OR CONVICTED of any criminal activity involving physical violence against a person or property?
 Yes No If yes, explain: _____
2. Have you or any household member **EVER** been CHARGED, ARRESTED for, OR CONVICTED of any criminal activity related to the use, sale, distribution, or manufacture of a controlled substance (illegal drugs)?
 Yes No If yes, explain: _____
3. Have you or any member of your household ever been convicted for producing methamphetamine on a federally assisted housing property?
 Yes No If yes, explain: _____
4. Are you or any member of your household a fugitive felon, parole violator or person fleeing to avoid prosecution or confinement after charge, arrest, or conviction of a felony level crime?
 Yes No If yes, explain: _____
5. Have you or any household member **EVER** been EVICTED from a federally subsidized housing program OR FOUND INELIGIBLE for rent assistance by another housing authority because of violent or drug-related criminal activity?
 Yes No If yes, explain: _____
6. Are you or is any member of your household REQUIRED TO REGISTER under any state's SEX OFFENDER LIFETIME REGISTRATION program?
 Yes No If yes, which family member(s)? _____
If yes, which state(s) are you required to register as a sex offender? _____

Failure to answer the question above regarding sex offender registration could jeopardize you and your household from receiving rental assistance. All adult members will be subject to a sexual offender database search.

WARNING: SECTION 1001 OF THE TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

APPLICANT CERTIFICATION:

I/We certify that the information given to the Washington County CDA is true and complete. I/We certify that the information given to the Washington County CDA on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and State law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We also understand that fraud may be punishable with fines up to \$10,000, a sentence of 5 years in prison or both.

SIGNATURE AND DATE OF ALL HOUSEHOLD MEMBERS 18 AND OVER

1. _____ Date _____
2. _____ Date _____
3. _____ Date _____
4. _____ Date _____

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-765-9372.

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Interviewed By: _____ Date: _____
The Washington County CDA does not discriminate in admission or access to, or treatment or employment in, its federally assisted programs and activities on the basis of race, color, religion, sex, national origin, age, familial status, gender, gender-identity or disability. The Washington County CDA's 504 Coordinator is responsible for coordinating efforts to comply with the non-discrimination provisions set forth in 24 CFR Part 8. If you have a disability and require a reasonable accommodation, please contact your worker.