

Instructions: Please read through each section, include additional contact information (optional), and sign and date this form.

Participant Name:	
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Eligibility

I am **eligible** to continue to receive the Bridges rental assistance as long as all of the following conditions are met:

- Thirty percent (30%) of my household gross monthly income is less than the full rent for my rental unit
- I report all required household composition and income changes
- The Minnesota Legislature continues to appropriate funds for the Bridges Program

Ineligibility

I understand that if I do any of the following, I may become **ineligible** for the rental assistance:

- Refuse to apply for the Section 8 Program when the waiting list becomes open for applications
- Refuse to accept a Section 8 Housing Choice Voucher when my name comes to the top of the list
- Do not use a Section 8 Housing Choice Voucher that is issued to me
- Do not provide required documentation and access to my rental unit to complete the annual recertification process in a timely manner (income information and housing inspection)
- Do not follow a recommended treatment plan after my behavior has placed me in danger of being evicted or has caused me to be evicted from my Bridges housing unit
- Engage in illegal drug-related or violent criminal activity
- Vacate my rental housing unit without giving proper notice to the landlord and the local Housing Agency, per the signed lease agreement
- Commit fraud by not reporting all of my household's income
- Commit fraud by not reporting an additional adult in my household
- Commit fraud by not reporting a decrease in household size

If the Housing Agency determines that I am no longer eligible to participate in the Bridges program, they will issue a notice of termination. I have 10 days to request a hearing to appeal the decision. In case the Housing Agency is unable to reach me regarding one of the items listed above, I authorize them to provide information to my additional contact listed below.

Additional Contact Information (optional)			
Name:		Phone:	
Relationship:		Email:	

By signing below, I acknowledge the above terms are required for continued participation in the Bridges program.

Signature of Participant	Date
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