Bridges Program
Request for Lease Approval

The program participant identified below has located a dwelling unit at:

Address	Unit Number	City	Zip

he/she wishes to rent. The owner identified below is interested in renting the unit to the participant. The participant and owner are requesting that the Housing Agency review the information below in order to determine if this property is eligible to participate in the Bridges Program funded by the Minnesota Housing Finance Agency and administered by the Housing Agency. The requested beginning date of the lease is:

Lease Beginning Date:	

1.	**Type of Property (Check one):**		
	Single Family Home		**Duplex/Townhouse**
	Mobile Home		**Single Family Occupancy**
	Three to six-unit building		**Building with more than six units**

2.	**Number of bedrooms:**		**Year Built:**	

3.	**Total monthly rent to be charged:**	
	Security Deposit:	

4.	**Utilities and Appliances:** (Mark **O** for those furnished by the owner and **T** for those furnished or paid for by the tenant. Indicate the fuel source, where appropriate.)						
	Electricity (lights)						
	Heating		**Gas**		**Electric**		**Other**
	Cooking		**Gas**		**Electric**		
	Hot Water		**Gas**		**Electric**		
	Water/sewer						
	Trash Collection						
	Range						

	Refrigerator
	Air Conditioner

5. **Owner and Participant must complete Owner's lease**
(Note: The program requires that the form "Lease Addendum" be made part of an owner's lease.)

6. **Housing Agency Review**: The participant and owner understand that the Housing Agency will review the above information and the proposed lease form, and will inspect the dwelling unit/property for compliance with the program's Housing Quality Standards. The Housing Agency will notify the participant and owner whether or not the lease and property are acceptable for participation in the program. The Housing Agency is not obligated to pay any part of the rent on behalf of the participant until the owner executes a Bridges Contract with the Housing Agency and the unit passes the Housing Quality Standards inspection.

7. By executing this Request for Lease Approval, the owner certifies that the unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, disability, familial status, marital status, and status with regard to public assistance.

SIGNATURES

Household Signatures:	
Head of Participant Household Signature	
Date	
Household Member Signature	
Date	
Household Telephone Number	

Owner Signature:	
Owner, or authorized representative	
Date	
Address	
Household Telephone Number	