

PARTICIPANT AGREEMENT
For Requirements of Continue Eligibility

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

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

My Bridges subsidy will terminate if:

1. Refuse to apply for the Housing Choice Voucher/Section 8 Program.
2. Refuse to accept a Housing Choice Voucher/Section 8 voucher
3. Do not use a Housing Choice Voucher/Section 8 voucher that is issued to me.

My Bridges subsidy may be terminated if:

4. Commit fraud by not reporting all my household income, not reporting an additional adult in my household, not reporting a decrease in household size or I commit any other corrupt or criminal act in connection with Bridges housing assistance program.
5. Do not provide required documentation and/or access to my rental unit to complete the annual recertification process in a timely manner (income information and housing inspection).
6. If I 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.
7. If any family member or visitor engages in illegal drug-related or violent criminal activity.
8. Vacate my Bridges housing unit without minimum of 60 days' notice to the landlord and the Housing Agency.
9. If the family has engaged in or threatened abusive or violent behavior toward CDA personnel.
10. If the family is under contract and 90 days have elapsed since the CDA's last housing assistance payment was made.
11. If a family member reports zero income and does not cooperate with interim income update requests.

I understand that by signing the Participant Agreement, I acknowledge that I have received a copy of the Participant Agreement for requirements of continued eligibility.

SIGNATURE AND DATE OF ALL HOUSEHOLD MEMBERS 18 AND OVER

1. _____ Date _____
2. _____ Date _____