



BRIDGE HOUSING GRANT APPLICATION

APPLICANT'S NAME

PRIMARY PHONE

EMAIL

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EMAIL

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PRIMARY PHONE

EMAIL

CURRENT STREET ADDRESS

CITY, STATE, ZIP

GROSS MONTHLY INCOME¹

CURRENT STREET ADDRESS

CITY, STATE, ZIP

GROSS MONTHLY INCOME

CURRENT STREET ADDRESS

CITY, STATE, ZIP

GROSS MONTHLY INCOME

Total number of individuals in household: Adults _____ Children _____

Have you had ownership interest in a residential property in the last three years? Yes No

Have you attended Homebuyer Education? Yes No

For Internal Purposes Only
Verbally verified household income does not exceed HUD Income Limitations: <input type="checkbox"/> Y <input type="checkbox"/> N
Determined and confirmed Majority Minority Census Tract status: <input type="checkbox"/> Y <input type="checkbox"/> N _____%
Verbally verified length of residency is greater than 6-months, if applicable: <input type="checkbox"/> Y <input type="checkbox"/> N _____Years _____Months

¹ Income is being requested only to determine household income and grant eligibility; this is not a loan application.

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For demographic reporting purposes, please account for each income earning individual in the household by placing the number of individuals next to each applicable Race or Ethnicity category.

Race

- _____ American Indian/Alaskan Native
- _____ Asian
- _____ Black/African American
- _____ Hawaiian/Other Pacific Islander
- _____ Multiple Races
- _____ White

Ethnicity

- _____ Hispanic/Latino
- _____ Not Hispanic/Latino

Required with grant application:**Primary Documents, provide at least two of the following:**

- Lease Agreement
- Mortgage Statement
- Utility Bill

OR**Secondary Documents, provide at least three of the following:**

- Driver's License
- Cell Phone Bill
- Internet Bill
- Cable Bill
- Car Insurance Policy, Statement, or ID Card
- Proof of Health Insurance
 - Private Insurance Coverage
 - Medicaid, Medicare, or SoonerCare
- Proof of any Federal or State Benefits
 - SNAP, TANF, or WIC
 - SSI or SSA
 - VA
- Voter Registration
- Government or other Court Documentation
- School Transcripts
- Notarized Affidavit of Residency
- Military Documentation



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Please list the zip code where the property is located that you want to move to: _____

Why would you like to move to this area? _____

Please describe why you would like this grant: _____

I/we authorize Urban Bridge to obtain documentation to determine grant eligibility for the **Bridge Housing Grant**.

All information provided is truthful and accurate. Private information will be kept confidential.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date