Rental Bridge Program Application

Lake Norman CDC Rental Bridge Program Application
19837 S. Main Street, Cornelius, NC 28031
Phone: 704-897-7340 | Email: kfountain@lakenormancdc.org

Section 1: Applicant Information

- Applicant Name: _____
- Co-Applicant Name (if any): _____
- Date of Birth: ._____
- Social Security Number: _____
- Phone (Home): _____
- Phone (Cell): _____
- Email: _____
- Alternate Email: _____
- Can you be contacted during the day? ☐ Yes ☐ No

Section 2: Current & Proposed Address

- Current Address: _____
- City: _____ State: ___ Zip: _____
- County: _____
- How long at current address? _____
- Current Rent Amount: $_____
- Proposed Address (if moving): _____
- Proposed Rent Amount: $_____ ☐ N/A

Section 3: Demographics

- Ethnicity: ☐ African American ☐ Asian ☐ Hispanic ☐ Native American ☐ White ☐ Hawaiian/Pacific Islander ☐ Other: _____ ☐ I prefer not to answer: _____
- Gender: _____ ☐ I prefer not to answer: _____
- Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed
- Citizenship: ☐ US Citizen ☐ DACA ☐ Permanent Resident ☐ Other: _____
- Preferred Language: _____
- Highest Level of Education: _____

Section 4: Household Members

Name	Age	Relationship

Section 5: Special Status

- Are you disabled? ☐ Yes ☐ No
- Are you a veteran or currently in the military? ☐ Yes ☐ No

Section 6: Employment & Income (for each employed adult):

- Employer/Income Source: _____
- Position/Title: _____
- Start Date: _____ End Date: _____ (if applicable)
- Pay Frequency: ☐ Weekly ☐ Biweekly ☐ Monthly
- Gross Income per Pay Period: $_____
- Hours per Week: _____
- Are you currently on an employment probationary period if employed for less than 90 days? ☐ Yes ☐ No ☐ Not Applicable

  _____
- Previous Employer/Income Source (if employed for less than two years with current employer): _____
- Position/Title: _____
- Previous Employment Start Date: _____ End Date: _____
- Pay Frequency: ☐ Weekly ☐ Biweekly ☐ Monthly
- Gross Income per Pay Period: $_____
- Hours per Week: _____

Other Income (SSI, SSDI, Pension, etc.):

Source	Amount	Frequency

Section 7: Expenses & Financial Status

To help us better understand you financial situation, please answer all the following questions either YES or NO or N/A (not applicable):

Question	YES	NO	N/A
Have you filed for bankruptcy (Chapter 7 or 13) in the last seven (7) years?			
Do you have a judgment or lien?			
Are you current on			
Rent			
Electricity			
Water			
Phone			
Cable/Internet			
Renter's Insurance			
Auto Payment			
Personal Loan Payment			
Credit Cards Payment			
Auto Insurance Payment			
Child Support Payment			
Alimony Payment			
IRS or State Tax Repayment			

If you answer "YES" to any of the above, then please provide monthly payment amount and the past due balance for each:

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

Section 8: Program Commitment

- I agree to participate in the required Financial Coaching Program and pay the $50 non-refundable enrollment fee. ☐ Yes ☐ No

Section 9: Required Rental Bridge Application, Attachments & Documents

☐ Signed and completed application by person age 21 or older whose name is on the lease
☐ Proof of Current Rent (all pages of lease)
☐ Proof of income for each adult on lease in household (last 2 months of paystubs for each adult, SSI, SSDI, Alimony, Child Support, Retirement Distribution, etc.)
☐ Bank Statements (last 3 months for all accounts for each adult)
☐ RBP Property Provider or Manager Agreement form (Must be completed by Property Manager or Property Provider-see attached)
☐ Copy of Valid ID for each employed adult household member on lease whose income is included in the application (front and back copies of the valid I.D.)
☐ Completed & signed LKNCDC Monthly Income/Debt form (see attached)
☐ Completed & signed Credit Report Authorization & Privacy Disclosure form (see attached)
☐ Completed & signed Collaborative Partnership (Privacy Policy) Form (see attached)
☐ Completed & signed Authorization to Release Information Form (see attached)

Section 10: Certification & Signature

I/we certify that all information provided is true and complete. I/we understand that providing false information may result in denial or termination of assistance.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

How did you hear about Lake Norman CDC's Rental Bridge Program?
☐ LKNCDC Website ☐ Community Organization ☐ Housing Event ☐ Brochure
☐ Social Media (Facebook, Twitter) ☐ Friend/Relative ☐ Other: _____

Lake Norman CDC
Monthly Income/Debt Form
Include with Application

Anyone whose name is on the lease and whose income will be included to qualify, please fill in as COMPLETELY AS POSSIBLE. If form includes entries for 2 people, please note the person's name on the subject line.

Monthly Income Source – Put in zero (0) if N/A	Current Monthly Income
Gross Monthly Income Person 1 (before taxes, Social Security, Medicare, & other deductions) Name:	
Gross Income Person No. 2 Name:	
Net Income Part Time Job: (from here below note name of person receiving the income)	
Child Support Received :	
Spousal Support (Alimony) Received	
Military Retirement	
Other Retirement	
Social Security Received (after taxes)	
Self-Employment	
Other Income (list source)	
Total Monthly Income	
Monthly Debt Payments (Fixed Expenses)	
Rent Payment (current)	
Auto Loan/Lease Person No. 1	
Auto Loan/Lease Person No. 2	
Debt Consolidation/ Other Loan(s) Person No 1	
Student Loan(s) Person No 1	
Student Loan(s) Person No 2	
Renter's Insurance Person No 1	
Renter's Insurance Person No 2	
Credit Card Payments Person No 1	
Credit Card Payments Person No 2	
Child Support Payment Person No 1	
Child Support Payment Person No 2	
Alimony Payment Person No 1	
Alimony Payment Person No 2	
Personal Loan payment Person No 1	

Personal Loan payment Person No 2	
Other Person No 1	
Other Person No 2	
Other:	
Total Debt Expenses	

Applicant Certification and Disclosure Statement

I/We hereby certify that all information provided in this application for assistance is true, accurate, and complete to the best of my/our knowledge. No relevant information has been knowingly withheld. I/We understand that the accuracy and completeness of this information are essential for the proper evaluation and processing of this application.

I/We further acknowledge and agree to promptly provide any additional documentation or clarification requested by Lake Norman Community Development Corporation (LKNCDC) staff to support and complete this application.

I/We understand that any intentional misrepresentation, omission of material facts, or failure to cooperate in a timely manner with requests for information may result in the denial of assistance, closure of our application file, and formal withdrawal from the application process.

_____ _____

Applicant (A) Signature *Date*

_____ _____

Co-applicant (B) Signature *Date*