

Bridging Rental Assistance Program Household Composition Form

Name of Participant: _____

Number of Individuals in Household: _____

Household Members

Name	Relationship	DOB	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Income Sources:
Sources:

Monthly Amount:

B. Other Assistance

No financial resources

None

Supplemental Security Income (SSI) \$ _____

Food Stamps

Supplemental Security Disability Income (SSDI) \$ _____

MaineCare

Social Security \$ _____

Medicaid

Employment income \$ _____

Other. Specify: _____

General Public Assistance \$ _____

Unemployment benefits \$ _____

TANF \$ _____

Other \$ _____

Total \$ _____

1. Is anyone in the household (including participant) receiving the following?

SSDI SSI VA Pension No

If yes, please provide names: _____

2. Is anyone in the household receiving TANF benefits?

Yes No

If yes, provide name(s) of person(s): _____

Please provide the names of the children if they are not listed on the front page.

3. Is anyone in the household receiving child support?

Yes No

If yes, provide name(s) of person(s): _____

Please provide the names of the children if they are not listed on the front page.

4a. Is anyone in the household who is 18 years or older currently employed?*

Yes No

If yes, please provide the name(s) of the person(s) working:

- **For each person in the household who is working, please submit 4 most recent pay stubs or IRS form , i.e., 4506 tax form or signed employee verification letter including salary information to the Housing Office.**

4b. **If no**, is anyone in the household who is 18 years or older currently looking for work?

Yes No

4c **If yes**, how many hours are you working? _____ Hours

Employment type: ___ Permanent
 ___ Temporary
 ___ Seasonal

5. Is anyone in the household receiving subsidized housing assistance other than participant?

Yes No

If yes, please indicate the subsidy program: _____

Tenant's Certification: I/We certify the information contained in this form is true and complete to the best of my/our knowledge and belief. I/We understand that I/We may be subject to legal action and/or eviction and/or immediate termination from the subsidy program if I/We furnish false, misleading, and/or incomplete information. Intentionally submitting false or incomplete information may be punishable by up to 10 years imprisonment.

Participant Signature

Date

Participant Signature

Date