



BRIDGE HOUSING COMMUNITIES APPLICATION CHECKLIST
MABURY SITE: 1410 MABURY RD, SAN JOSE CA 95133
EMAIL APPLICATIONS TO: BHCapplications@homefirstsc.org
BHC PROGRAM MANAGER 408-510-7661
THIS FORM TO BE SUBMITTED AS A COVER SHEET

DATE OF APPLICATION: _____	
APPLICANT NAME: _____	HMIS # _____

Required Documents- Completed by RRH Case Manager

- 1. Application checklist **(COVER SHEET)**
- 2. Application short form
- 3. Current and valid identification (i.e. UPLIFT pass with picture, valid California ID/License, Passport)
- 4. Consent for the release of credit and criminal conviction records

Review Process- Completed by BHC Program Manager

Date Application Received: _____ Date Application Packet Completed: _____

- Confirmation of applicant RRH status from SCC or CSJ:
 - o Email sent on: _____ Confirmed on: _____
- Background request
 - o Submitted on: _____ Received on: _____
- Participant Program Fees
 - o \$20 monthly

Application Decision - Completed by BHC Program Manager

Date: _____

Applicant Status: APPROVED or DENIED



Bridge Housing Communities Application Short Form

Please complete entire application as thoroughly and accurately as possible.

Complete and attach all documents as listed on the Bridge Housing Communities Application Checklist prior to submitting BHC application packet.

I. Applicant Information- Short Form

Applicant's Full name: _____ DOB: _____

Current address, **if homeless please list the most recent address:**

HMIS # _____

Cell Phone#: _____ Social Security # _____

Email Address: _____

RRH Case Manager Name: _____ Phone #: _____

RRH Agency: _____

1. Does Applicant receive attendant care? Yes No If yes, is the attendant live in? Yes No

2. Do you need any special accommodations or accessibility requests? Yes No

a. If yes, please describe: _____

3. Are you a local resident of the City of San Jose: Yes No

4. Certification:

To the best of my knowledge and belief, I certify that the foregoing information is true, complete, and correct. I understand that false statements or omissions are grounds for disqualifications and/or prosecution under the full extent of applicable California law.

Applicant Signature: _____ Date: _____



BHC CONSENT FOR THE RELEASE OF CREDIT AND CRIMINAL CONVICTION RECORDS

Applicant Full Name		Applicant Full Social Security Number
Street:		
City:	State:	Zip Code:

Applicant Address: MUST LIST A MINIMUM OF ONE ADDRESS OF REIDENCE WITHIN THE PAST 7 YEARS

CONSENT: I authorize and direct any Federal, State, or Local agency or organization, business or individual to release to HomeFirst any information or material needed to complete and verify my application for participation, and/or to maintain my continued assistance under any housing assistance programs administered by HomeFirst. I understand and agree that this authorization or the information obtained with its use may be given to and used by HomeFirst in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and Inquiries that may be requested include, but are not limited to, Identity and Marital status; Residence and Rental Activity; Credit and Criminal Activity; employment, Income and Assets; and Medical or Child Care Allowances.

I understand that this authorization cannot be used to obtain any information about me that is nor pertinent to my eligibility or continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individual(s) that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- | | |
|--|--------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers |
| Court and Post Offices | Welfare Agencies |
| Banks and other Financial Institutions | Social Security Administration |
| Credit Providers | Veterans Administration |
| Law Enforcement Agencies | Retirement Systems |
| State Employment Agencies | Support and Alimony Providers |
| Credit Bureaus | Medical/Child Care Providers |
| Utility Companies | Schools and Colleges |

Other _____

SOCIAL SECURITY NUMBER CERTIFICATION (ONLY INITIAL ONE)

_____ I certify, under penalty of perjury, that the social security number disclosed for the Applicant is correct and assigned to me.

OR

_____ I certify, under penalty of perjury that I have not been assigned a social security number.

CONDITIONS:

I have read this entire form and find no objection to its contents. A photocopy of this authorization may be used for the purpose stated above for one year and one month from the date signed below.

Applicant Signature _____

Date _____



BHC Consent for Release of Information

I understand that HomeFirst has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow HomeFirst to release some of my personal information to certain individuals or agencies.

I, _____, authorize HomeFirst to share information as directed below.
 (Name)

SSN: _____ DOB: _____ HMIS Number: _____

Who I want to have my information:	Name: HomeFirst, City of San José Housing Department, & Office of Supportive Housing
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The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared: <i>List as specifically as possible. Leaving this section blank indicates that all information may be shared.</i>	<i>Information to confirm Rapid Rehousing Program status, eligibility into BHC program and communications supporting a successful stay at HomeFirst BHC .</i> <i>Examples include: Rapid Rehousing Status, VISPDAT score, BHC management and participant concerns, mediation request, etc.</i>
Why I want my info shared: (purpose) <i>List as specifically as possible.</i>	<i>To achieve goals related to interim housing at HomeFirst BHC.</i>

I understand:

- That I do not have to allow HomeFirst to share my information, signing a release form is voluntary, and this release is limited to what I write above. If I would like HomeFirst to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from HomeFirst.
- That HomeFirst and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on: _____ (mm/dd/yyyy)
 (If no date is given, this release will expire 1 year from the date of signature.)

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time by notifying HomeFirst in writing.

Print Name: _____ Signature: _____ Date: _____