



# **CAMBRIDGE ECONOMIC DEVELOPMENT AUTHORITY**

121 South Fern, Cambridge, MN 55008-1454

Phone: 763-552-3278 Fax: 763-689-9148 MN Relay 1-800-627-3529 E mail:

[HousingDivision@ci.cambridge.mn.us](mailto:HousingDivision@ci.cambridge.mn.us)

Bridge Park Apartments Equal Opportunity Providers: Complaints of discrimination should be sent to:  
Office of Civil Rights, Washington, D.C. 20250-9410



*Dear Applicant:*

*Thank you for your inquiry about Bridge Park Apartments. Bridge Park Apartments is a non-smoking public housing building. Your rent is based on 30 percent of your adjusted income, or a flat rent of \$1180.00. You must be within certain income limits to qualify. We give preference to elderly, Veterans and Veterans widows, handicapped, and disabled; however, anyone can apply. **Bridge Park Apartments is an independent living complex.***

*Bridge Park Apartments is a 45, 1 bedroom unit facility. Our complex offers controlled entries, assigned parking, laundry room (coin-op machines) and paid utilities (excluding phone & cable).*

***Please complete the enclosed application. After receiving your application, you will be added to the waiting list. The Cambridge EDA/Bridge Park will contact you when your name approaches the top of the waiting list.***

*If you have any questions, call us at 763-552-3278. You may drop your application in the EDA box in the entrance of our building, email it to the EDA at [HousingDivision@ci.cambridge.mn.us](mailto:HousingDivision@ci.cambridge.mn.us) or mail it to:*

*Cambridge Economic Development Authority*

*Bridge Park Apartments*

*121 South Fern Street*

*Cambridge, MN 55008*

*Thank you,*

*Bridge Park Management*

Bridge Park Apartments  
Cambridge Housing and Redevelopment Authority  
**Application for Waiting List**

Applying for: **\$1180 Flat Rent** 30% adjusted income

**Applicant Information:**

Date/Time of Application: \_\_\_\_\_ Race: ☐ White ☐ Black ☐ Asian/Pacific Islander  
 Name: \_\_\_\_\_ ☐ American Indian/Alaska Native ☐ Other  
 Mailing Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Friend/Relative to contact if we are unable to reach you:  
 Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Name: \_\_\_\_\_  
 Present Rent Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

**Household Composition: List the head of the household and all other persons who will live in the rental unit.**

First, Middle I., Last name	Relationship to Head	Date of Birth	Birth Place (City/State)	Age/Sex	Social Security Number	Student (y/n)
	<b>HEAD</b>					

**INCOME:** List all income from household members. Include full and part time employment, unemployment benefits, Social Security, SSI, pension, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental property, earned income tax credits, Armed Forces Reserves income, scholarships and/or grants, net income from operation of a business, etc.

Household Member:	Source of Income (complete name and address)	Gross Income:
		Per:
		Per:
		Per:
		Per:
		Per:

**ASSETS:** Check "yes" or "no" on all of the following boxes. If "yes," enter the amount of the asset and the current annual income from the asset.

	YES	NO	Bank Name and Complete Address	Balance/Value
Cash on Hand over \$100				
Checking Accounts				
Savings Accounts				
Savings Accounts				
Burial Fund				
Certificate of Deposit				
<i>(Assets Continued)</i>	YES	NO	Bank Name and Address	Balance/Value
Annuities				

Money Market Fund				
IRA Accounts				
Stocks/Bonds/Mutual Funds				
U.S. Savings Bond				
Contract for Deed				
Real Estate				
Business Assets				
Other (specify):				

Have you disposed of any assets for less than Fair market Value in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Disposal:

**RENTAL HISTORY:** List the following information on your last two rental units. (Most recent first)

Address of Unit	Owner Name and Telephone #	Owners complete address	From	To

Have you had utility service in your name at previous address? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL EXPENSE:** Complete this section only if the head-of- household or spouse is elderly, handicapped or disabled.

	YES	NO
Do you receive Medical benefits?		
Do you receive Medical Assistance through Welfare?		
Do you pay for additional medical insurance (i.e.: Blue cross, AARP, etc.)?		
If “yes,” list name address of insurance company: Name: _____ Address: _____		

Are all of your medical expenses covered by insurance or outside sources?

Do you have a "Spend Down" for Medical Assistance? List Amount:

**CRIMINAL HISTORY:** Please answer the following questions:

Have you or anyone in your household ever been convicted of any crime other than a traffic violation?

Period of Time: From: _____ To: _____ Location: City: _____ State: _____					
Are you or anyone in your household "subject to a lifetime registration requirement under a State Sex Offender Program?" Location: City: _____ State: _____					
Do you require a specific accommodation to fully utilize our services? (such as Braille, a language other than English, Sign Language/Interpreter, etc.) Yes _____ No _____					
PERSONAL REFERENCES: Please list two personal references of someone not related to you:					
Name of Reference	Address	Phone Number	Relation to you		
<b>APPLICANT(S), TENANT(S) STATEMENT:</b> I/We certify that the information given to the Cambridge Housing and Redevelopment Authority on household composition, income, family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Housing Assistance and termination of Tenancy.					
_____ Signature of Head of Household			_____ Date		
_____ Signature of Spouse or Other Adult			_____ Date		
If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity toll-free hot line at 1-800-765-9372.					
After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form. See the Federal Privacy Act Statement for more Information about its use.					

**All areas of this form must be properly completed and signed, or the form will be returned for completion. Waiting lists for assistance are based on the date and time of application. Incomplete applications may delay your name being added to the waiting list.**