

CHOICE BRIDGE RENTAL ASSISTANCE PROGRAM

Participant Commitment Form

I, _____, agree to participate in the CHOICE Bridge Rental Assistance Program.
(Client Name)

1. I agree to follow the rules and guidelines of the Program.
2. I understand that my participation in the Program is voluntary, and that I will lose my ability to participate in the Program and receive the CHOICE Bridge rental assistance if I do not follow the Program rules, the guidelines set forth in my lease agreement, or if the information I provided to determine eligibility is not true or correct.
3. If I am terminated from the Program, I understand that I have rights to appeal.
4. I understand that my eligibility for the Program was determined by the Community Mental Health Center providing my services using the information I provided, MS Department of Mental Health, and MS Home Corporation.
5. I understand that to remain in the Program the facts as stated must be true.
6. I understand that if I receive government sponsored supplemental income (Social Security, Disability, etc.), I will pay 15% of my gross income toward rent.
7. I understand that if I become employed within 12 months, I will pay 15% of my gross income toward rent.
8. I understand that when 15% of my income is sufficient to cover the full rent, CHOICE assistance will end.
9. I understand that CHOICE assistance ends after the 12th month.
10. I understand that upon recommendation of my Service Provider, and based on my progress on my individual service plan, CHOICE assistance may be extended at the discretion of MHC.
11. I understand that mental health services are available to me, and if a crisis situation is reported to my service provider, and crisis person will place a visit to my residence.
12. I understand that my participation in the program will terminate if:
 - I fail to abide by the terms of my Service Plan
 - I take personal actions, such as criminal activity, that cause me to no longer qualify for permanent housing assistance; OR
 - I no longer meet the definition of having *Serious Mental Illness*.
 - I am negligent in abiding by the guidelines of my lease agreement.

Signed: _____ Date _____

Witness: _____
(MOU signatory or service provider)