



Jefferson Parish

Department of Community Development

Cynthia Lee Sheng
Parish President

Nicole A. M. Fontenot
Director

Jefferson Parish ERA COVID Rental/Utility Assistance Program Application and Intake Form

Last Name: _____ MI: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Cell #: _____ Email: _____
Number of bedrooms in unit listed above: _____

Section 1: Assistance Information

Jefferson Parish's Rental/Utility Assistance Program serves eligible persons who, because of the COVID-19 emergency, now lack sufficient Income or resources to pay rent and/or utilities. Please indicate what circumstance applies by checking the applicable box below:

- Required to be quarantined based on a diagnosis of COVID-19.
- Required to self-quarantine based on a Directive of the Governor, the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or have reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity.
- Required to self-quarantine based on age over 65 or health condition that places him/her at enhanced risk for COVID-19.
- Suffered a substantial loss of Income from COVID-19, including:
 - Job loss;
 - Reduction in compensation;
 - Closure of place of employment;
- Obligation to be absent from work to care for home-bound school-aged child; or
- Other pertinent circumstances: _____
- Experienced a large unexpected medical cost related to COVID-19.

Briefly explain or clarify your reduction of Income or unexpected medical costs. If suffering a reduction of Income due to reduced employment income, list the name(s) of employer or other source(s) of lost / reduced Income:



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Required Documentation: Attach a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of Income due to COVID-19. If you are unable to pay your rent due to an unexpected medical cost, attach the medical bill.

Please check the type of assistance you need help with:

Rental/Utility Assistance - Amount: _____ Rental Arrears - Amount: _____

List any permanent or temporary Rental/Utility Assistance that you currently receive, such as a Housing Choice Voucher (Section 8) or other Rental/Utility Assistance. If your Rental/Utility Assistance is based on Income such as a Section 8 Housing Choice Voucher, please state whether you have let the provider know that your Income has changed by asking for an adjustment of your rent (interim recertification) and the outcome of that application (whether your rent was adjusted).

Please list any **emergency** Rental/Utility Assistance that you have applied for and the outcome of that application (whether you received assistance).

Section 2: Household Information

Please list all the persons residing in your household. The first line is for the Head of Household (HoH).

	#	Last Name	First Name & Middle Initial	Gender	How Related to HoH	Date of Birth	Full SSN*	Race Code	Ethnicity Code
HoH					Self				
	2								
	3								
	4								
	5								
	6								
	7								
	8								

*If this person does not know their social security number or refuses to share, please indicate "don't know" or "refuse" in this field. Choosing not to share a social security number will in no way impact eligibility for assistance.

Race Codes:

- 1 - White or Caucasian
- 2- Black or African American
- 3- Asian
- 4 – American Indian/Alaskan Native
- 5 – Native Hawaiian or Other - Pacific Islander
- 6 – Multi-Racial
- 9 - Unknown



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Section 3: Household Income (Monthly)

Please list the GROSS (pre-tax) income for ALL household members ages 18 and older. The first line is for the Head of Household (HoH).

#	A) Employment or Wages (including overtime, bonuses, commissions & tips)	(B) Social Security, Retirement or Disability Benefits	(C) Unemployment, TANF or other Public Assistance	(D) Other Income
(HoH).				
2				
3				
4				
Total				
Add totals from (A) through (D) above. Total Income:				
Required Documentation: Attach the last 30 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income. If you are self-employed, please complete the Self-Employment Certification form. If you have zero Income, please complete the Zero Income Certification form.				

Section 4: Landlord Information

Please provide Landlord name and contact information.

Landlord Name: _____
 Landlord Email: _____
 Landlord Phone: _____
 Property Name: _____

I certify that the information presented in this application is true and accurate to the best of my knowledge. I certify that I have not already been provided rental assistance, through the Jefferson Parish Rental Assistance provider or any other program, that covers the costs requested in this application. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. As a person or entity receiving TREASURY DEPARTMENT assistance, I agree to repay assistance that is determined to be duplicative. By signing below, this constitutes an agreement and compliance with Jefferson Parish's Duplication of Benefits policy attached herein.

Signature of Applicant / Head of Household

Date

Signature of Additional Adult Household Member (if applicable)

Date