

**Jefferson Parish
DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD REDUCTION GRANT PROGRAM**

ADDRESS OF PROPERTY

Street Address _____ City _____ Zip code _____

OCCUPANT INFORMATION: (print full name, and maiden name if applicable)

Applicant Name	
Home Phone	
Cell Phone/Work Phone	

ALTERNATE CONTACT INFORMATION

Alternate Contact	
Relationship	
Primary Phone	

PROPERTY INFORMATION

Is the property your primary residence? (check one) Yes No

What is the current status of the property?

- Occupied Occupied by child under 6 years of age
 Vacant Visited by child under 6 years of age

What year was the dwelling built? _____

How long have you lived at the property? _____

No. of Floors: _____ No. of Bedrooms: _____ No. of Bathrooms: _____

HOUSEHOLD COMPOSTION

Number of Household Members: _____

Adults: _____ Children: _____

All occupants living in the home must be listed (use back of application if necessary):

Name: _____ DOB: _____ Sex: _____

Name: _____ DOB: _____ Sex: _____

Name: _____ DOB: _____ Sex: _____

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Name: _____ DOB: _____ Sex: _____

Name: _____ DOB: _____ Sex: _____

Name: _____ DOB: _____ Sex: _____

Name: _____ DOB: _____ Sex: _____

If applicable, please list all children less than six years of age that visit the residence:

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Total hours per week: _____

Total weeks per year: _____

PLEASE ALSO PROVIDE A COPY OF EACH CHILD'S BIRTH CERTIFICATE

EMPLOYMENT

APPLICANT	
Name of Employer	
Address of Employer	
Phone Number	
Type of Business	
Position/Title	
Date of Employment	

CO-APPLICANT	
Name of Employer	
Address of Employer	
Phone Number	
Type of Business	
Position/Title	
Date of Employment	

Do you own a business, or are you self-employed: Yes No

If yes, please provide a brief description:

INCOME

Provide household income for all members of household over age 18. List names and relationships for income of all household members. LIST INCOME FROM ALL SOURCES, which includes, but is not limited to: Public or general assistance, all wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. As applicable, include: income from the operation of a business or profession, income from interest and/or dividends, all gross payments received from Social Security, Supplemental Social Security benefits, VA Benefits, unemployment compensation, cash gifts, annuities, insurance policies, retirement funds, pensions, disability awards, prizes, alimony, child support, and any income from rental property.

Name (Including Applicant)	Relationship	Date of Birth	Income Source	Income Amount per Month

TOTAL HOUSEHOLD MEMBERS	
TOTAL MONTHLY GROSS INCOME	\$

Have you previously applied any assistance from Jefferson Parish Community Development and been denied assistance in the past? Yes No

If yes, please explain why (use back of application if necessary)

No. in Household	1	2	3	4	5	6	7	8
*Max Income	\$39,300	\$44,900	\$50,500	\$56,100	\$60,600	\$65,100	\$69,600	\$74,100

ASSETS

GIVE THE FOLLOWING INFORMATION FOR ALL MEMBERS OF YOUR HOUSEHOLD, INCLUDING YOURSELF.

Asset Type	Description	Amounts
Primary Residence Value		\$
Other Real Estate (total)		\$
Automobile (if only held as an investment)		\$
RVs/Boats		\$
Checking Acct (Company)		\$
Savings Acct (Company)		\$
Other Acct (Company)		\$
IRA Account		\$
Vested Retirement		\$
Stocks & Bonds		\$
Cash Value of Life Insurance (only on policies available to the individual before death)		\$
Other Assets		\$
Total Assets		\$

ZERO INCOME STATEMENT

If any household member’s income is zero, please list their name(s) and briefly explain:

PREVIOUS ASSISTANCE

Did you receive previous assistance for the repairs for which you are requesting funding for in this application? Yes No

If yes, please indicate which Did you receive funds from:

FEMA: Amount \$ _____

ROAD HOME: Amount \$ _____

Insurance: Amount \$ _____

SBA: Amount \$ _____

If denied assistance, please provide letter of denial from the above (your response will be verified)



INFORMATION FOR GOVERNMENT MONITORING PROCESS

SEX: Female Male

Ethnicity: (select only one)

Hispanic or Latino Not Hispanic or Latino

Race: (select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

CHECK IF APPLICABLE

- Physically Disabled Family Member
- Chronically Mentally Ill Family Member
- Developmentally Disabled Family Member
- Single Parent Family with minor children

I/We authorize the Community Development to obtain information for the purpose of evaluating this application and disclosure of this same information to local agencies participating in the program. _____ (Please initial here.)

I/We authorize the Jefferson HOME Consortium to perform a Lead Inspection/Risk Assessment at above address provided above. _____ (Please initial here.)

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above information as applicable under the provision of Title 18, United States Code, Section 1014. _____ (Please initial here.)

I/We fully understand that the completion of an application does not guarantee assistance by the department. All funds that may be awarded as a result of this application by the Parish to an applicant or for a project are subject to all applicable federal, state and local laws, regulations, ordinances, policies, procedures and other assurances. The Director has the sole discretion to cancel an award of funds when the department determines that an award of funds may cause the parish to be in non-compliance with any applicable legal authority including the policies contained herein and the appendices attached hereto. The Parish is not liable for any loss incurred as a result of a reduction, cancellation, termination or rescission of an award and is under no obligation to fund the applicant or project under such circumstances. _____ (Please initial here.)

_____ DATE: _____

Applicant Signature

_____ DATE: _____

CO-Applicant Signature

PLEASE RETURN TO:
Jefferson Parish Department of Community Development
1221 Elmwood Park Boulevard, Suite 605
Jefferson, Louisiana 70123

FOR OFFICIAL OFFICE USE ONLY:

ID # _____



JEFFERSON PARISH - DEPARTMENT OF COMMUNITY DEVELOPMENT

LEAD HAZARD REDUCTION GRANT PROGRAM

PROPERTY OWNER INTERVIEW QUESTIONNAIRE

Name: _____ Email: _____

Primary Phone: _____ Other phone: _____

Property Address:

Property Owner's Address:

How long have you owned this property? _____ No. of housing units in structure: _____

What year was the house built: _____

Property Tax Paid: Yes _____ No _____

If NO, is there a payment arrangement: Yes _____ No _____ Copy of arrangement provided: Yes _____ No _____

Are you delinquent on your Mortgage Note? Yes _____ No _____ If Yes, No. of Months: _____

Are you in foreclosure? Yes _____ No _____

Have you previously applied any assistance from Jefferson Parish Community Development and been denied assistance in the past? Yes _____ No _____

If yes, please explain why (use back of application if necessary) _____

I certify that all information in the application and all information furnished in support of the application are true and complete to the best of my knowledge and belief.

ANY APPLICANT THAT INTENTIONALLY SUPPLIES FALSE OR MISLEADING INFORMATION SHALL BE PERMANENTLY BARRED FROM PARTICIPATION IN THE LEAD HAZARD REDUCTION GRANT PROGRAM.

Signature

Date



JEFFERSON PARISH GOVERNMENT
DEPARTMENT OF COMMUNITY DEVELOPMENT

Required Documents for Application
Lead Hazard Reduction Grant Program

IDENTIFICATION/PROOF OF RESIDENCY:

	Copy of Driver's License/ Picture I.D. for applicant and each household member
	Copies of Birth Certificates for all children under 6 years of age

INCOME/INFORMATION REQUIRED:

	Copy of tax returns for previous year
	W-2 Form and last two months of paycheck stubs for each wage earner in household
	Proof of other income (Social Security, V.A. benefits, pension, retirement, SSI Benefit Letter, child support payments [paid or received], gift donations, unemployment benefits, or workmen's compensation)
	Copy of SNAP (food stamp program) or TANF record (if applicable)
	Summary Statement of Deposits (savings and checking accounts) for last two months
	Disclosure of any liquidated assets (i.e. stocks, bonds, IRA, real property, etc.) (if applicable)
	Copy of Whole Life Insurance Policy (entire policy or Annual Summary Report)
	Disclosure of any funds received from Insurance Company, FEMA, or Road Home
	Other: Completed enclosed Occupant Application

PROPERTY OWNER INFORMATION:

	Proof of property ownership (e.g. Deed/Act of Sale, Community Property, Settlement, Succession, Act of Donation, Wills)
	Copy of Homestead Exemption Receipt and/or Property Tax Receipt
	Copy of Homeowner (Fire) & Flood (if applicable) insurances
	Copy of most recent mortgage statement
	Completed Property Owner Interview Questionnaire

OTHER:
