



COMMUNITY SERVICE BLOCK GRANT (CSBG) EMERGENCY RENT / MORTGAGE ASSISTANCE PROGRAM

OFFICE USE ONLY

DATE: _____
CASE#: _____
VENDOR#: _____
LOCATION: _____
☐ MORTGAGE ASSISTANCE
☐ RENTAL ASSISTANCE

**Client
Name:**

Last

First

Middle

Social Security Number:

Date of Birth:

Address

Street Address

Apartment/Unit #

City

State

Zip Code

Home Telephone Number:

Cell Telephone Number:

Email Address:

Gender	Marital Status	Race	Age	Highest Grade Completed	Are you Employed?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Female HoH			<input type="checkbox"/> No Diploma <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Deg. / Vocational. Lic. <input type="checkbox"/> BS or BA Deg. <input type="checkbox"/> Master's Deg. <input type="checkbox"/> PhD	<input type="checkbox"/> Yes <input type="checkbox"/> No

Military Status	Disabled?	No. in Household	Monthly Rental/Mortgage Amount	Past Due?	Total Household Income
<input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Retired Veteran <input type="checkbox"/> Spouse of Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes Amount: _____ <input type="checkbox"/> No	

Landlord/ Lender Information

Landlord or Lender Name: _____

Contact Telephone Number:

Loan Number (if Applicable):

Email Address:

DEPENDENTS

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Sex: M/F	Disabled	Insurance	Highest Grade Completed
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	

ADDITIONAL DEPENDENTS

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Sex: M/F	Disabled	Insurance	Highest Grade Completed
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	



In order to complete **YOUR** application for Emergency Rent/Mortgage you will need to bring in **copies** of the following documents listed below. **Please check off each document, as it relates to your household.** These documents **must be** received by the Agency when you apply for rental/mortgage assistance. **If copies of the listed documents are not received then your application will be determined incomplete and cannot be processed**

CHECK	ITEMS NEEDED
	Social Security Cards for <u>ALL</u> persons in your household
	Designated Authorized Representative Form (Unable to apply for Rent services for self)
INCOME FOR ALL PERSONS IN YOUR HOUSEHOLD	
	<u>(4)</u> Most recent consecutive check stubs
	<u>2020</u> Social Security Income <u>ALL PAGES OF YOUR AWARD LETTER</u>
	<u>2020</u> Social Security Supplemental Income/SSI <u>ALL PAGES OF YOUR AWARD LETTER</u>
	Bank Statement can be used for SSA/SSI Income <u>ONLY</u> (Must be within 30 days of appt.)
	<u>2020</u> Pension/ Retirement (<u>GROSS</u>)
	<u>2020</u> Veteran's Benefits
	<u>Current</u> Unemployment Benefits Letter
	Separation Letter or Letter from employer on employer's letterhead
	<u>Current Kinship Care (KCSP) Letter (Must be within 30 days of appt.)</u>
	<u>Current FITAP (formerly TANF) Letter (Must be within 30 days of appt.)</u>
	Self-Employed <u>must</u> bring in most recent copy of tax return and all schedules. <u>WE DO NOT COPY FOR YOU</u>
	<u>Current</u> Workers Compensation Benefits
	Insurance or annuity payments/Dividends & interest statement
	Net rental income
	Royalties/ Net game winnings
	Periodic Receipts from estates or trusts
	Contributions (Contribution letter(s)) <u>MUST BE</u> picked up and completed before appointment and a <u>copy of the contributor's driver's license or identification card is needed at appointment time</u>
	Wage Verification Form
	<u>Current</u> Child Support (Must be within 30 days of appt.)
	Alimony
	18 yrs. old and older without income <u>MUST</u> complete a Zero Income Form
PROOF OF RESIDENCY	
	<u>Current</u> lease (ALL PAGES)
IDENTIFICATION	
	<u>CURRENT/VALID LOUISIANA</u> Driver's License/Identification Card or School ID for <u>ALL</u> persons in household 18 yrs. old and older
HOUSING INFORMATION	
*****	<u>SECTION 8 AND/OR SUBSIDIZED HOUSING RECIPIENTS DO NOT QUALIFY</u>
*****	<u>YOU DO NOT QUALIFY IF YOU RECEIVED RENTAL/MORTGAGE ASSISTANC IN 2019</u>

The Agency reserves the right to request additional documents or clarifying information for any reason deemed necessary. Thank you for your interest in the Emergency Rent/Mortgage Program. Please remember that Emergency Rent/Mortgage assistance is based on a first come; first serve until funds are depleted.



Jefferson Community Action Programs Housing Counseling Program

Enter your estimated monthly income and expenses to better understand what changes you should make to live within a budget that works best for you.

Gross Wages 1 (Before Taxes & Deductions)*	\$
Gross Wages 2 (Before Taxes & Deductions)*	\$
Child Support	\$
Alimony*	\$
Section 8/ Housing	\$
SNAP (Food Stamps) / TANF / FITTAP*	\$
SSA/SSI*	\$
Self-Employment*	\$
Unemployment Benefits*	\$
Pensions*	\$
Contributions*	\$
Other: (Any income that is not on this chart)	\$
Other: (Any income that is not on this chart)	\$
TOTAL Monthly Income	\$

Listing Monthly Expenses. What expenses do you have to pay each month?

Rent / Mortgage	\$
Home / Rental Insurance	\$
Electricity	\$
Water	\$
Gas (Heating)	\$
Phone / Mobile Phone Bill(s)	\$
Internet/Cable	\$
Groceries	\$
Transportation (Gas, Car payment, & Car insurance)	\$
Tuition/Daycare	\$
Insurance (Health/Life/Flood)	\$
Child Support / Alimony	\$
Credit Cards	\$
Other	\$
Other	\$
TOTAL Monthly Expenses	\$



Client Disclosure Statement

You have applied for assistance through the Community Service Block Grant (CSBG) with Jefferson Community Action Programs CSBG Services. In order to determine your eligibility, qualifying information must be verified. After your eligibility is verified you will receive notification of your eligibility.

In addition to meeting mandatory CSBG Income Guidelines and proving Jefferson Parish residency, applicants must agree to follow-up services for 90 days. Households *MUST* meet ALL eligibility and submit required documentation to qualify for assistance.

This assistance is limited and may be available to all clients on a **first-come, first-served basis**. Assistance is dependent on available funding at the time of the individual's application.

I understand that the personal information furnished by me to process my CSBG application for assistance is confidential information. I understand that providing authorization to release information is not required for me to obtain services under CSBG and is strictly voluntary.

I authorize Jefferson Community Action Programs to release or disclose all or parts of the information in my client file to outside sources for the purposes of statistical research only.

By signing this form, I certify that I have read and understand the above Client Disclosure Statement and the terms of the assistance. I also certify that the information contained within the application is true and correct.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____