

# JEFFCAP CSBG EMERGENCY RENT & MORTGAGE PROGRAM

## REQUIRED DOCUMENT CHECKLIST

In order to complete **YOUR** JeffCAP CSBG application you will need to bring in **copies** of the following documents listed below and the completed application. **The documents listed below are required.** These documents **must be** received by the agency when your application is submitted. **If all of your documentation is not received, your application will be determined incomplete and will not be processed.** Copies must be legible!

### IDENTIFICATION

	<b><u>CURRENT/VALID LOUISIANA</u></b> Driver's License/Identification Card for <b>ALL</b> persons in household 18 yrs. old and older
	Social Security Cards for <b>ALL</b> persons in your household
	Must be a Jefferson Parish Resident
<b>Notes</b>	
If your current identification <b>does not</b> have your <b>current address</b> , please provide additional proof of residency. <b>Examples: current Entergy/Atmos Bill, official mailed notice (no junk mail), etc.</b>	

### PROOF OF INCOME

	If you or any household member are <b>employed...please provide <u>four (4) most recent, consecutive pay stubs</u></b>
	If you or any household member <b>do not have four (4) pay stubs...please download and complete a <u>Wage Verification form</u></b>
	If you or any household member are <b>self-employed...please provide copies of your <u>current Income Tax return, in its entirety (ALL Pages)</u></b>
	If you or any household member are <b>receiving contributions</b> from someone outside of your household <b>...please download and complete a <u>Contribution Form</u></b>
	If you or any household member have been recently <b>terminated or loss employment...</b> <b>*Please provide a <u>Separation/Termination Letter and/or Current Unemployment Benefit Printout</u></b>
	If you or any household member have <b>no income...please download and complete a <u>Zero Income Form</u></b>
	If you or any household member receive <b><u>Social Security, Disability, Pensions, Annuities</u></b> , or any other benefits... <b>please provide your <u>current benefit award letter or printout for each separate source of income (ALL Pages)</u></b>
<b>Notes</b>	
<b>Current bank statements may only be accepted in cases to prove SSA/SSI Benefits.</b>	
Most documents must not be older than thirty (30) days from the date of submission, unless they are annual documents (i.e. tax returns, SSA award letter)	

### PROOF OF RESIDENCY

	<b>Current, signed</b> lease ( <b>ALL PAGES</b> )
	Official Notice from landlord or property manager proving past due status and amount ( <b><u>RENTERS ONLY</u></b> )
	Current mortgage statement, proving past due status and amount ( <b><u>HOMEOWNERS ONLY</u></b> )

### RESTRICTIONS

	<b><u>2019 recipients of CSBG Emergency Rent &amp; Mortgage Assistance are NOT ELIGBLE</u></b>
	<b><u>Individuals receiving Section 8 ARE NOT ELIGBLE for this assistance</u></b>

JeffCAP reserves the right to request additional documents or clarifying information for any reason deemed necessary. Thank you for your interest in the program. Please remember that this assistance is on a first come, first serve basis and requires your landlord/mortgage company to complete and submit the Landlord/Mortgage Company Packet to receive this assistance. Please allow **30 – 45 business days** for application to be processed.

**Community Service Block Grant  
Emergency Rent & Mortgage Assistance  
Application  
(CSBG)  
Client Profile**



<b>OFFICE USE ONLY</b>	
DATE:	_____
CASE/CAP60#:	_____
CENTER:	_____
STAFF INITIALS:	_____
ELIGIBILITY:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
	<input type="checkbox"/> MORTGAGE ASSISTANCE <input type="checkbox"/> RENTAL ASSISTANCE
BENEFIT AMOUNT:	_____

<b>Client Name:</b>							
Last		First			Middle		
<b>Social Security Number:</b>				<b>Date of Birth:</b>			
<b>Address</b>							
Street Address						Apartment/Unit #	
City		State		Zip Code			
<b>Home Telephone Number:</b>			<b>Cell Telephone Number:</b>			<b>Email Address:</b>	
<b>Gender</b>	<b>Marital Status</b>		<b>Race</b>	<b>Age</b>	<b>Highest Grade Completed</b>		<b>Total in Household</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower			<input type="checkbox"/> No Diploma <input type="checkbox"/> Some College	<input type="checkbox"/> GED <input type="checkbox"/> Post-secondary Degree/certification	<input type="checkbox"/> HS Diploma
<b>Do you own your home?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you employed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is your rent/mortgage past due?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you medically disabled?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you facing eviction or foreclosure?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you receive SSI or SSA Benefits?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section 8 or Subsidized Housing?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you a Registered Voter?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are any of the utilities that you pay past due? Check all that apply.</b>			<input type="checkbox"/> Electric <input type="checkbox"/> Water	<input type="checkbox"/> Gas <input type="checkbox"/> None	<b>Do you have Medical Insurance?</b>		<input type="checkbox"/> Medicaid <input type="checkbox"/> Private
						<input type="checkbox"/> Medicare <input type="checkbox"/> None	
<b>Landlord/ Lender Information</b>							
<b>Landlord or Lender Name:</b>				<b>Contact Telephone Number:</b>			
<b>Monthly Rental or Mortgage Amount:</b>			<b>Loan Number (If Applicable):</b>			<b>Contact Email Address:</b>	

**DEPENDENTS**

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Gender	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	



# Jefferson Community Action Programs Housing Counseling Program

## RENTAL / MORTGAGE: CLIENT & COUNSELOR AGREEMENT

Jefferson Community Action Housing Program and its Housing Counselors agree to provide the following services:

- Development of a budgetary spending plan.
- Assistance client with communicating with their mortgage server or landlord/property mortgage.
- Analysis of the mortgage/ rental default, including the amount and cause of the default.
- Development of an action plan to help the client complete their primary objective.

Initial (s) \_\_\_\_\_

## CLIENT DISCLOSURE STATEMENT

**No Client Obligation:** It is your right and responsibility to decide whether to engage in any course of counseling with **Jefferson Community Action Program** and to determine whether the counseling is suitable for you. Please understand that you are free to choose whether to accept rental or mortgage financial assistance products or agency's counselor recommendations. The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. You have the option to terminate the counseling program at any time.

By initialing, I certify that I read and understand the above Client Disclosure Statement. Any questions I may have had were previously discussed in this disclosure statement. I also certify that the information contained in the application is true and correct.

Initial(s) \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

Client: \_\_\_\_\_ Last Four of the Social Security Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Loan Type (If Applicable):  Conventional  FHA  VA Servicer: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Certified HUD Agency: **Jefferson Community Action Programs**

### *Authorization Terms:*

I authorize Jefferson Community Action Programs (JeffCAP) and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan or rental property and to provide to such parties documentation on my/our behalf regarding my/our loan.

I also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with JeffCAP, including notification of loan modification status or future default or delinquency.

I am aware of the privacy act of 1974, JeffCAP agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize JeffCAP and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation, monitoring, and verification.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date



## Jefferson Community Action Programs Housing Counseling Program

### Rental / Mortgage Client Action Plan

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Goal:  Prevent rental property eviction.

Bring mortgage account out of default and current.

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Client agrees to perform the following actions:

- Attend and complete Financial Literacy Class with Jeff CAP within three months. *I acknowledge and understand that I if I fail to attend and complete the Financial Literacy may not qualify for future rental/ mortgage assistance with Jeff CAP.*
- Secure stable employment or second job.
- Search for more affordable or income-based housing options.
- Adjust budget, reduce expenses, and maintain on-time payments on all bills.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Counselor Actions:

1. Follow-up with the client within 30 days

Housing Counselor Signature: \_\_\_\_\_

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OUTCOME/HUD HOUSEHOLD IMPACTS:

- The client gained access to resources to help them improve their housing situation (e.g. down payment assistance, rental assistance, utility assistance, etc.) after receiving Housing Counseling Services.
- The client received information on fair housing, fair lending and/or accessibility rights.
- The client received rental counseling and avoided eviction after receiving Housing Counseling Services.
- The client rental counseling and improved living conditions after receiving Housing Counseling Services.
- The client gained access to resources to help them improve their housing situation (e.g. down payment assistance, rental assistance, utility assistance, etc.) after receiving Housing Counseling Services.
- The client prevented or resolved a mortgage default after receiving Housing Counseling Services.



## 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)	\$
<b>TOTAL Monthly Income</b>	<b>\$</b>

**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	\$
<b>TOTAL Monthly Expenses</b>	<b>\$</b>