




RENTER/AT RISK OF HOMELESSNESS APPLICATION

FOR OFFICE USE ONLY: CDBG CSBG

**Terrebonne Parish Consolidated Government
Department of Housing & Human Services
COVID-19 Application for Assistance**

- Is your residence located in Terrebonne Parish? Yes No
- Do you have a signed and dated lease agreement? Yes No
- Are you listed as the Tenant on the Lease Agreement? Yes No
- Are utilities established in your name or household members name? Yes No
- Do you have a reduction of primary income as a result of COVID-19? Yes No
- Has your electricity, gas or water been disconnected?  Yes No
- Do you have a disconnect notice?  Yes No
- Do you have an eviction notice?  Yes No
- If you receive a housing subsidy, has a rent decrease been denied? Yes No N/A

(USDA, Section 8, TBRA, PSH, Housing Authority, etc.)

Applicant Name _____
First MI Maiden (if applicable) Last

Address _____
Street City State Zip

Number of Bedrooms _____ **Monthly Rental Amount \$** _____

Home Phone (_____) _____ **Cell Phone** (_____) _____

Do you give TPCG permission to send text messages to your cell phone? yes No

E-Mail Address _____

Marital Status Single Married Divorced Separated Widow

Primary Race American-Indian/ Native Alaskan Asian Black White

Native Hawaiian/Pacific Islander **Ethnicity** Hispanic/Latino Non-Hispanic/Non-Latino

Veteran Yes No

Highest Grade Completed _____ **Type of Medical Insurance** _____
(Medicare, Medicaid, Private, None)

Emergency Contact Name _____ **Relationship** _____

Home Phone (_____) _____ **Cell Phone** (_____) _____

Property Owner of record/Landlord Name _____

Electricity Provider TPCG Entergy SLECA Account # _____

Gas Provider TPCG Entergy ATMOS Account # _____

Household Members (all persons currently residing at address must be listed)

	First Name	MI	Last Name	Relationship	Date of Birth	Last 4 Digits SS#
Member 1				Self		
Member 2						
Member 3						
Member 4						
Member 5						
Member 6						

Household Income Data (all members receiving income)

Income includes, but is not limited to gross wages, salaries, overtime pay, commissions, fees, tips, bonuses, net income from operation of a business, public assistance or general assistance payments, supplemental security, social security, railroad retirement, VA benefits, unemployment compensation, strike benefits, cash benefits, awards and prizes, dividends and interest, earnings from employment training, annuities and pensions, alimony, child support, income from rental property and regular cash contributions from a non-household member.

Household Member#	Source of Income	Gross Monthly Amount

****All adult members (18 years of age and older) with zero income must sign a certification form****

Household Non-cash benefits received in past 30 days

SNAP/food stamps WIC Rent Subsidy Medicaid TANF child care Kinship Care Other _____

Household Assets Data (assets held by all members)

Assets include, but are not limited to cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc; cash value of revocable trusts, equity in rental property or other capital investments; cash value of stocks, bonds, Treasury bills, certificates of deposit, and other money market accounts; individual retirement accounts; retirement and pension funds; cash value of life insurance policies; personal investment property such as gems, jewelry, coin collections, antique cars, etc.; lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, and insurance settlements; mortgages or deeds of trust.

Household Member#	Asset Description	Current Cash Value

Applicant Certification

The applicant certifies that all information in this application and all information furnished in support of this application, is given for the purpose of obtaining a grant under the US Department of Housing and Urban Development and/or the US Department of Health and Human Services and/or the Federal Emergency Management Agency and/or the Louisiana Housing Corporation is true and complete to the best of the applicant's knowledge and belief.

Section 1001 of Title 18 of the United States Federal Code of Regulations makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction. Offenders shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

Verification of any of the information contained in this application may be obtained from any source named herein. The applicant agrees to provide any changes in the information provided in this application, which could affect eligibility.

Applicant Signature

Date

TO BE COMPLETED BY TPCG STAFF ONLY



Eligible

Ineligible The applicant has been found ineligible due to the following: _____

Signature

Date