



2023 Blue Tarp Fund Roofing Repair Program Application

Applicants must submit complete applications to LHC for their applications to be considered for this Program. An application is considered complete when the applicant has filled out the entire application, signed the application, and provided all documentation required to prove their income and property ownership.

Please check boxes below to ensure all required information is submitted.

- ☐ 1. Completed application with all household required signatures.
- ☐ 2. Copy of picture ID for ALL household members 18 years & older.
- ☐ 3. Copy of Social Security cards for ALL household members.
- ☐ 4. Proof of Income for ALL household members 18 years & older.

The following documents may be supplied to provide proof of income:

- Copy of Social Security check stubs or award letter, Retirement check stubs or tax forms showing retirement/SSI income
- Unemployment Award Letter
- Last four (4) consecutive pay check stubs
- Past two (2) years of tax returns or two (2) months of bank statements (if self-employed)
- Zero-Income Affidavit – Complete attached form for ALL unemployed household members 18 years & older

- ☐ 5. Proof of Property Ownership

The following documents may be supplied to provide proof of ownership:

- Bill of Sale
- Title/Deed
- Property Tax Statement
- Mortgage Statement

To submit your completed application for the Blue Tarp Fund Roofing Repair Program, please email the application and required supporting documents to: bluetarp@lhc.la.gov. Completed applications and required documentation may also be mailed to the following address:

Louisiana Housing Corporation
Disaster Housing Department - Blue Tarp Fund Program
2415 Quail Drive
Baton Rouge, LA 70808

LHC Blue Tarp Fund Roofing Repair Program Application

In order to qualify for assistance under the Blue Tarp Fund Program, applicants must be the legal owner and primary resident of the property that is subject to roof repair and the property must be located in one of the parishes listed below. The property cannot be used as rental property and must be owner occupied. Applicants must also meet the income thresholds listed below. If the applicant is not the legal owner and primary resident of the property or if the property is not located in an eligible parish or if the applicant's income exceeds the listed amounts, the applicant will not be eligible for assistance in this Program.

Eligible parishes: 1) Ascension, 2) East Baton Rouge, 3) Iberville, 4) Livingston, and 5) West Baton Rouge

HUD FY 2022 Household Income Limits								
	Persons in Household							
Parish	1	2	3	4	5	6	7	8
Ascension	\$49,700	\$56,800	\$63,900	\$70,950	\$76,650	\$82,350	\$88,000	\$93,700
East Baton Rouge	\$49,700	\$56,800	\$63,900	\$70,950	\$76,650	\$82,350	\$88,000	\$93,700
Iberville	\$35,650	\$40,750	\$45,850	\$50,900	\$55,000	\$59,050	\$63,150	\$67,200
Livingston	\$49,700	\$56,800	\$63,900	\$70,950	\$76,650	\$82,350	\$88,000	\$93,700
West Baton Rouge	\$49,700	\$56,800	\$63,900	\$70,950	\$76,650	\$82,350	\$88,000	\$93,700

1. Applicant Information:

Date: _____ **Parish:** _____

Applicant Name: _____

Street Address: _____

City, State, and Zip Code: _____

Phone: _____ **Alternate Phone:** _____

Email: _____

2. Type of property:

- ☐ Single Family House – Owner Occupied
☐ Mobile Home – Owner Occupied
☐ Other _____

3. What year was the property built? _____

4. When was the property purchased? _____

5. Household Information:

Name	SSN	Disabled (Y/N)	Race	Sex (M/F)	Date of Birth (Month/Day/Year)	Age

6. Family Income Information:

Name	Income Type	Employer Name	Monthly Income
Total Family Income			

***Applicant must provide proof of identification, income, and property ownership as listed on page 1 of this application.**

LHC Blue Tarp Fund Roofing Repair Program

AUTHORIZATION TO RELEASE INFORMATION

I understand that the personal information furnished by me to process my Blue Tarp Roofing Repair Program application is confidential information. Due to the source of funding for this Program, my personal information may be released to third parties for grant reporting purposes. My information also may be released to any contractor that may be assigned to complete the roofing repairs on my property.

I hereby authorize LHC to release or disclose all or parts of the information in my applicant file to third-party sources for the sole purposes of grant reporting and/or to complete roofing repairs on my property.

Applicant Signature

Date

LHC Blue Tarp Fund Roofing Repair Program

APPLICANT CERTIFICATIONS

By signing and completing this application, I certify the following:

- * I understand completing and submitting an application for the Blue Tarp Roofing Program does not guarantee that my property will be accepted into the Program or receive any type of assistance. Applications shall be processed on a first come, first served basis. Applications must meet all minimum administrative requirements of the Program and may be denied for failure to meet the administrative requirements or the grant limit for funding repairs on an individual property.
- * I have furnished true and correct information (both verbally and in writing) regarding the individuals in my household and the income of all members of my household. I agree to promptly report any changes in the household income or number of individuals living at the listed address.
- * I grant the LHC full permission to verify any and all information provided in this application, with public and private sources or any federal or state entity.
- * I understand that failure to provide complete and accurate information may result in my application being denied.
- * I understand that, if I receive services for which I am ineligible because of false information, I may be required to repay the funds expended by LHC on the roof repair.
- * I understand that I have a right to request a fair hearing from LHC if I feel that my application has been denied for a reason that violates my civil rights.
- * I am the legal owner of the property listed in the application.
- * The property listed in the application is my primary residence. I live in the property and it is not rental property.
- * I am the sole owner of the property listed. If there are other owners listed on the mortgage or deed, those owners and their required information have been included in this application.
- * I have not received any funds to repair the roof at the property listed from any other source, including but not limited to: homeowner's insurance, FEMA, or any other federal, state, or non-profit entity or organization.
- * The property listed in this application is not scheduled for acquisition, sale, or clearance of any kind, including but not limited to: foreclosure, tax sale, short sale, etc.
- * I understand that, as part of the inspection process to approve my property for the services under this Program, my property may be photographed and/or video recorded for assessment and documentation purposes. I hereby grant permission for the LHC or its' representatives to take such photographs and/or video recording.
- * I understand that, if my property is approved for the Program, I will receive a copy of the Program's Policies and Procedures which shall include a waiver of liability for the roofing repair services and other required terms and conditions.

Applicant Signature

Date

LHC Representative Signature

Date

LHC Blue Tarp Fund Roofing Repair Program

INCOME REPORTING FORM

***Please fill out this form in its entirety for every member of the household 18 years or older.**

Date: _____

I, (Print Full Name) _____, (DOB) _____ - _____ - _____

do hereby certify my income as the following:

	<u>Classification</u>	<u>Supporting documentation required</u>
<input type="checkbox"/>	I am employed.	Last four (4) consecutive check stubs.
<input type="checkbox"/>	I am retired and/or on Social Security/SSDI/SSI.	Copy of retirement benefits letter and/or Social Security benefits letter or tax forms showing retirement/SSI income.
<input type="checkbox"/>	I am unemployed.	Copy of Unemployment Award letter.
<input type="checkbox"/>	I am self-employed.	Past two (2) years of tax returns or two (2) months of bank statements.
<input type="checkbox"/>	I have zero income.	Complete Zero-Income Affidavit below.

Zero-income affidavit: I certify that I currently do not have income from ANY source. Please provide a brief summary describing your circumstances or how you support yourself.

***I understand that if my income changes, I must notify LHC immediately. I understand that if I deliberately give incomplete, inaccurate, or incorrect information: I may be denied assistance under this Program; I may be required to repay any funds expended for services under this Program; and, I may be prosecuted under applicable state and federal statutes.**

Signature: _____

Applicant Signature

Signature

LHC Representative Signature

Blue Tarp Fund Roofing Repair Program

OCCUPANCY VERIFICATION FORM

In order to qualify for assistance under the Blue Tarp Fund Program, applicants must be the legal owner and primary resident of the property that is subject to roof repair and the property must be located in one of the following eligible parishes: Ascension, East Baton Rouge, Iberville, Livingston, and West Baton Rouge. The property cannot be used as rental property and must be owner occupied. If the applicant is approved for the Blue Tarp Fund Program and receives roofing repairs, the applicant cannot sell the property for a period of two (2) years after repairs are completed.

***Please complete out the form below and sign. If the property is co-owned, all owners must be included in the household information and must sign this form**

Owner Information	
Owner(s) First Name	
Owner(s) Last Name	
Property Information	
Property Address	
Property City	
Property State	
Property Zip Code	
Household Information	
Total Number of People in the Household Currently	

I, _____ (insert name), do solemnly swear/affirm that I am the current legal owner of the listed property. I understand that any misrepresentation or fraud related to services provided under Blue Tarp Fund program will be pursued to the fullest extent authorized under the law. I am willing to accept services provided under the Blue Tarp Fund program for the repair or rehabilitation of the property listed above. I understand that, in accordance with the Blue Tarp Fund Program eligibility requirements, an Applicant who receives Blue Tarp Fund Program services to repair or rehabilitate their property must be the legal owner and primary resident of the property for a period of two (2) years after repairs are completed. I will provide proof of continued ownership of the property listed above to LHC for a period of two (2) full years from the date of repair completion. The following documents may be submitted as the required proof of ownership: Bill of Sale, Title/Deed, Property Tax Statement, Mortgage Statement.

Signature:

Applicant Signature

Date