



TENANT REQUIRED DOCUMENTATION PACKET

Please return documents to the following email:

LaRentHelpMyDocs@lhc.la.gov

Insert your name and application number in the subject box.

Or

Louisiana Housing Corporation
Louisiana Emergency Rental Assistance Program
2415 Quail Drive
Baton Rouge, LA 70808

Or

Return documents to the following fax number:

(225) 763-8705

Please include your name and application number on a cover page.

Louisiana Emergency Rental Assistance Program Required Documentation Checklist

	DOCUMENT	COMPLETED BY
Part 1: Eligibility & Benefits Determination		
	1. Program Application	Tenant
	2. Authorization for Release of Information	Tenant
	3. Louisiana Services Network Data Consortium Release of Information	Tenant
	4. Annual Income Self Certification	Tenant
	5. Disclosure of Identity of Interest	Tenant
	6. Lease*	Tenant and Landlord
Part 2: Rental Assistance Confirmation		
	7. Owners Breach of Rental Assistance Contract	Landlord
	8. Rental Assistance Contract	Landlord
	9. W9	Landlord
	10. Direct Deposit	Landlord
	11. <i>HQS Inspection (Owner's Self Certification or Waiver)</i>	LHC

NOTE: Lease agreement will be provided by Landlord and signed by Tenant.

Louisiana Emergency Rental Assistance Program Application

SECTION I: APPLICATION INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____ Age: _____ Gender: Male Female

Email Address: _____

Preferred Contact Method: Phone Email

Race:

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian and White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Indian/Alaskan Native and Black | | |

Ethnicity: Hispanic: Yes No

Veteran Status (If yes, please explain) Yes No

CASE MANAGEMENT Contact Information

Case Manager: _____ Phone Number: _____

Emergency Contact Information

Please provide two (2) alternative contacts in the event we are unable to reach you.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

SECTION II: HOUSEHOLD COMPOSITION

Is applicant seeking housing for additional family members? Yes No

If Yes, how many in family/household? _____

Please provide the following information for each person in the household, including the head of household.

NAME	SOCIAL SECURITY NUMBER	DOB	AGE	SEX	RELATIONSHIP

SECTION III: HOUSING

Current Living Situation:

Please note where the applicant has been sleeping in the week prior to referral:

- | | |
|---|--|
| <input type="checkbox"/> Non-housing (street, park, car, bus station, etc.) | <input type="checkbox"/> *Psychiatric facility |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> *Substance abuse treatment facility |
| <input type="checkbox"/> *Transitional housing for homeless persons | <input type="checkbox"/> *Jail/prison |
| <input type="checkbox"/> *Hospital | <input type="checkbox"/> Other, specify: _____ |

Explain Living Situation:

Depending upon your current housing circumstances, you may qualify for a preference under this program. Please review the housing situations listed below and check any boxes that describe your personal situation. (This information is voluntary and will not impact your overall eligibility.)

Homeless: Yes No **Elderly:** Yes No **Disabled:** Yes No

Accessibility: Does a member of your household require the special design features of a particular unit? (ex. wheelchair access or access for person who is hearing or vision impaired) Yes No

Please explain:

SECTION IV: INCOME

Please list the amount of income received for each Household Member.
 Note: Income verification **must** be attached.

Source	Who Receives	Amount	How Often
Supplemental Security Income (SSI)			
Social Security Disability Income (SSDI)			
Social Security			
Temporary Aid to Needy Families (TANF)			
Child Support			
Veteran's Benefit			
Employment Income (Please list information below)			
Unemployment Benefits			
Pension			
Food Stamps			
Other (please specify source)			
Total Monthly Income			

Employment Information

Place of Employment: _____

Address: _____

Phone Number: _____ Supervisor: _____

Rate of Pay: _____ Hours per Week: _____ Frequency: _____

Tips/Commission? Yes No If yes, how much? _____ How often? _____

Overtime? Yes No If yes, how often? _____

SECTION V: ASSETS

Household Asset Information

Please provide two (2) alternative contacts in the event we are unable to reach you.

Has anyone in the household given away anything of value within the last two years?
(if a home was released due to foreclosure, bankruptcy or divorce, answer no) Yes No

If yes, who? _____

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal):

Has anyone in the household owned a home in the last two years? Yes No

If yes, who? _____

Do they currently own it? Yes No

If No, when was it disposed of? _____

If Yes, is it being rented? Yes No

Is it sitting vacant? Yes No

Is it in the process of being sold? Yes No

Louisiana Emergency Rental Assistance Program

Authorization for Release of Information

READ FIRST: Before you decide whether or not to let **Louisiana Housing Corporation** share some of your confidential information with another agency or person, an advocate at **Louisiana Housing Corporation** will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want **Louisiana Housing Corporation** to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that Louisiana Housing Corporation has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Louisiana Housing Corporation to release some of my personal information to certain individuals or agencies.

I, _____, authorize Louisiana Housing Corporation to share the following specific information with:

Who I want to have my information:

Name: _____ Phone Number: _____

The information may be shared: in person by phone by fax by mail by e-mail

I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	Individual and income information required for the administration and provision of the Department of Justice Program rental subsidy
Why I want my info shared: (purpose)	Housing

Please Note: There is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Louisiana Housing Corporation.

I understand:

- That I do not have to sign a release form. I do not have to allow Louisiana Housing Corporation to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Louisiana Housing Corporation to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Louisiana Housing Corporation.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Louisiana Housing Corporation.

This release expires on (Date): _____

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: _____ Date: _____ Time: _____

Witness: _____

Witness signature is only required if mark made by a signer with a physical disability and cannot write his or her name.*Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)**

I confirm that this release is still valid, and I would like to extend the release until:

New Date: _____ New Time: _____

Signed: _____**Date:** _____ **Witness:** _____

Louisiana Emergency Rental Assistance Program

Louisiana Services Network Data Consortium Release of Information

When you request or receive services from the **Louisiana Housing Corporation**, we collect information about you and your household and enter it into the computerized Louisiana Services Network Data Consortium (LSNDC) System. This program helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. LSNDC System is used by over one hundred social service agencies throughout the state that provide services to homeless and low-income persons. Collectively, data on the homeless population in Louisiana (but not personal identifying information) is used in statewide reports on homelessness.

What information is collected? Depending on your situation, you may be asked for some or all of the following:

- **Basic identifying information** (name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status)
- **Housing information** (address, type of housing, homeless status, reason for homelessness)
- **Income information** (sources and amounts of household income, employment information, work skills)
- **Legal history/information** (US Citizenship, immigration status and sponsorship, arrest/conviction/parole records, domestic violence/sexual assault offender)
- **Medical information** (disability and general health status, pregnancy, immunizations, health care provider/physician, medical problems/allergies, hospitalizations, insurance, HIV/AIDS, Tuberculosis, dental 1yr)
- **Services** needed and provided; outcomes of services provided

Why should you agree to have your information shared with other agencies that use the LSNDC System?

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Except for domestic violence, unaccompanied youth, physical health, mental health, substance abuse and HIV/AIDS status information, you have my consent to share all other information about me with other LSNDC Partner Agencies unless specified otherwise below. These items require my signature on a separate form named Confidential Release.

My information should **not** be shared with the following program/agencies:

My information may **only** be shared with authorized personnel in the following program/agencies:

Information about me may **only** be shared with authorized personnel within this agency.

My Rights:

I may see and request a copy of any information used/disclosed (as permitted by federal or state law).

I understand that I can refuse to sign this authorization and my refusal will not affect my ability to obtain services, payment of services, or my eligibility for benefits.

I can cancel this authorization in writing, at any time, but if I do, it won't affect actions taken before _____ (agency name) receives the cancellation. I can send the notification to cancel authorization to _____ (agency address).

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

Your release of information authorization is valid to a maximum of three years from the date of this document. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive. Signing this form does not waive non-disclosure rights.

Signature of Client or Guardian

Date

Signature of Agency Witness

Date

Louisiana Emergency Rental Assistance Program Self-Certification of Annual Income Form

ADMISSIONS TO EMERGENCY TBRA PROGRAMS/HOME-ASSISTED UNIT

PURPOSE:

In an April 10, 2020 memorandum, HUD waived the HOME regulations at 24 CFR 92.203(a)(2) which requires Participating Jurisdictions (PJs) to determine annual household income by examining at least two months of source documentation. The waiver permits PJs to follow the regulations at 24 CFR 92.203(a)(1)(ii) and obtain a written statement of the amount of the family's anticipated annual income and household size, along with a certification that the information is complete and accurate in lieu of requiring a review of source documentation. If a PJ chooses to use this waiver, the PJ must ensure that self-certified income takes into consideration all income.

APPLICABILITY:

This sample self-certification of income form may be used by PJs to document annual income of (a) individuals and families that have lost employment or income either permanently or temporarily due to the COVID-19 pandemic and (b) homeless individuals and families who are **applying for admission to a HOME rental unit or a HOME funded emergency Tenant-Based Rental Assistance (TBRA) program**. This form must accompany the application for assistance and be kept as a record in the tenant/project file.

TIMEFRAME:

The sample form is valid for use between **April 10, 2020 and December 31, 2020**, the HOME COVID 19 waiver period.

DISCLOSURE:

The sample form is provided as a guide and should be adapted to include the PJ's policy and procedures regarding income eligibility requirements for emergency TBRA/rental assistance. Depending upon the PJ's application intake process, this form may be filled out between the PJ and the applicant, or by the applicant. Applicants can complete the form using current income and asset information available to them; however, if information is unknown, applicants may obtain it from the financial institution that holds the asset. The PJ should ensure the instructions are clear in each section when they adapt the form for its program. In addition, the form may be adapted if the PJ will base the amount of emergency TBRA on the adjusted income of the family in accordance with 24 CFR 5.611. The income sources listed on the form reflect annual income as defined by 24 CFR 5.609 (a)-(c) (Part 5) which is commonly used in HUD's rental and TBRA programs. PJs must update this form if they use the IRS 1040 adjusted gross income definition for its TBRA/rental programs.

INSTRUCTIONS:

Please complete one form and include the requested information for all persons in the household. Complete an additional form if the applicant needs more space. The adult head of household must sign and date the form. This form is valid for use between **April 10, 2020 - December 31, 2020.**

PART I: ELIGIBILITY

HOME funded emergency rental assistance is limited to income eligible families whose annual income does not exceed 30 percent of the area median income, [as determined by HUD](#). Assistance is limited to (a) applicants who have lost employment or income either permanently or temporarily due to the COVID-19 pandemic and to (b) homeless individuals or families.

INSERT APPLICABLE HOME INCOME LIMITS

To comply with HOME program guidelines, the applicant must indicate which eligibility category applies to their household. **Do not complete the rest of this form if the household does not meet the program's income limits and one of the categories below.**

Check all that apply: Homeless Experiencing financial hardship

If the applicant has experienced financial hardship as a result of the COVID-19 pandemic, the applicant must describe how the household's financial situation has changed (e.g., lost employment or reduced income either temporarily or permanently).

PART II: HOUSEHOLD INFORMATION

Enter legal address (where the applicant currently lives) and contact information below. If household is experiencing homelessness or is in temporary housing, provide a mailing address (where the applicant currently receives mail).

	Legal Address	Mailing Address (if different from legal)
Street, Apt./Unit #		
State, City, Zip Code		
Phone Number(s)		
Email(s)		

Louisiana Emergency Rental Assistance Program

Disclosure of Identify of Interest

The undersigned hereby certifies that, except as the relationship noted below, there is not now, nor does the undersigned contemplate that there will be, any identity of interest between the owner/lessor and /or property manager and any members of the **Louisiana Housing Corporation** or their families, it's staff, a member of Congress, or an office of the employee of the Congress.

All references to "**identity of interest**" herein are made in the context of the definition below, which has been read by the undersigned.

Identity of interest between the owner/lessor or property manager as parties of the first part and the members of the **Louisiana Housing Corporation** or their families, it's staff, a member of Congress, or an office of the employee of the Congress as the parties of the second part will be construed as existing under any of the following conditions:

- When there is any financial interest in or family relationship between the party of the first part in the party of the second part.
- When one or more of the officers, directors or stockholders of the party of the first part is also an officer, director, or stockholder of or has financial interest in the party of the second part.
- When the party of the second party advances any funds of the party of the first part.
- When the party of the second part takes stock or any interest in the party of the first part as payment.
- When any of the above stated interrelationships exist between the parties of the second part.
- When there exist or come into being any side deals, agreements, amending, or undertakings entered into or contemplated, thereby altering, amending, or any of the cost related to amounts used to calculate contract rent.
- When any relationship exists, which would give the owner/lessor or manager, control or influence over the contract rents of the contract.

Exceptions to certification (if "None", So state)

Name: _____

Relationship to Second Part: _____

Name: _____

Relationship to Second Part: _____

By: _____

Date: _____