

ISLE DE JEAN CHARLES (IDJC) RESETTLEMENT
PERMANENT RELOCATION & HOUSING INCENTIVE PROGRAM

APPLICATION

This application is non-binding for participation in the program

1. _____
Applicant's Name [First, Middle, Last] [Suffix]

2. _____
Island Rd. Property Address of Current or Past Residence* City State Zip Code
**House number of Island Road address must be 300 or above*

3. _____
Current Mailing Address [if different] City State Zip Code

4. _____ _____ _____
Daytime Phone Number **Mobile Phone Number** **E-Mail Address**
Please circle the preferred method of communication

5. _____ - _____ - _____ _____ / _____ / _____
Social Security Number **Date of Birth**

6. **Are you a current permanent primary resident on IDJC?**
 YES NO

7. **Do you own property on IDJC?**
 YES [If YES, provide address and complete 7a- 7b] NO

_____ **IDJC Island Property Address** [Owned by applicant] City State Zip Code

7a. **IDJC Property Structure Type:**
 Land Only Single Family Home Single Family Home & Land Mobile Home Only
 Mobile Home & Land

7b. **How many bedrooms do you have in your IDJC Home?** _____

8. **When did you live on IDJC?**
From: (M/D/Y) _____

To: (M/D/Y)** _____

** If prior to 8/28/2012 complete 8a-8d below

8a. _____
Parish of residency prior to 8/28/2012 [after you left IDJC]

8b. _____
Parish of current residency

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8c. Do you currently own a home off IDJC?

- YES NO

8d. Do you currently reside in the home off IDJC?

- YES NO

9. Are you currently participating in the *Optional Relocation Assistance [ORA]* program?

- YES NO

9a. Are you currently homeless or at risk of being homeless?

- YES NO

10. Marital Status:

- Single Married Divorced Widowed Separated

11. Does anyone in the household have a disability?

- YES NO

Accessibility: *Does a member of your household require any of the following in your home? (Check all that apply – response is optional)*

- Wheelchair Handicapped Accessible Parking Grab bars and Handrails
 No steps Few Steps Hearing impaired
 Roll in shower Other Modification for vision or hearing impairment

12. If you are a past permanent primary IDJC resident: List all individuals that previously lived with you.

| Name (First, Middle, Last) (Suffix) | DOB | Phone Number | Relationship to Applicant | Email Address/Social Media Account |
|----------------------------------------|-----|-----------------|------------------------------|---------------------------------------|
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13. If you are a current permanent primary IDJC resident: List all individuals* that live in your home.**

| Name (First, Middle, Last) (Suffix) | DOB | Phone Number | Relationship to Applicant | Email Address/Social Media Account |
|----------------------------------------|-----|-----------------|------------------------------|---------------------------------------|
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*****A copy of government-issued identification must be provided for every household member 18 years of age or older. *****

14. If you are planning to move into a home in the new IDJC Community who do you anticipate living in your house?

| Name (First, Middle, Last) (Suffix) | DOB | SSN | Phone Number | Relationship to Applicant | Email address/Social Media Account |
|----------------------------------------|-----|-----|-----------------|------------------------------|---------------------------------------|
| | | | | | |
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15. If you are planning to move to a home apart from the new IDJC Community within Louisiana who do you anticipate living in your home?

| Name (First, Middle, Last) (Suffix) | DOB | SSN | Phone Number | Relationship to Applicant | Email address/Social Media Account |
|----------------------------------------|-----|-----|-----------------|------------------------------|---------------------------------------|
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16. The Program is required to track income levels of all recipients of HUD funded programs. Please indicate the combined income of all household members 18 years or older on the *Household LMI Form* provided [Attachment A]. Proof of Income will be required.

17. Have you received any other relocation funding? If so, please list below.

| Source | Amount | Purpose |
|---------------------------|--------|---------|
| SBA Relocation Assistance | | |
| Nonprofit Assistance | | |
| Other: | | |

18. Would you like to designate a person to have permission to speak to a program representative concerning your application?

Yes No Code word _____

If yes, applicant will need to complete a ***Communication Designee Form*** [Attachment B]

19. Do you have a Power of Attorney who will be representing you in the program?

Yes No

If yes, applicant will need to complete a ***Limited Power of Attorney Form*** [Attachment C]

20. Do you know of anyone that may be interested in learning more about this program?

| Name (First, Middle, Last) (Suffix) | Relationship to Applicant | Phone Number | E-Mail Address | Social Media Account |
|-------------------------------------|---------------------------|--------------|----------------|----------------------|
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Certification:

Privacy Act Statement: The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished.

Penalty for False or Fraudulent Statement: The undersigned agrees and acknowledges that the information provided in this application is true and correct as the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in this application may result in Civil Liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties, but not limited to, fine, imprisonment or both under the provision of Title 18 United States Code Section 1001.

I certify that, to the best of my knowledge and belief, all the information on and attached to this application is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on or attached to, this application may be grounds for not making a grant and/or loan and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated (Louisiana Criminal Code: R.S. 14:67, Identify Theft; and or R.S. 14:72, Forgery).

Acknowledgements:

To verify a household's income, the applicant will provide a signed 4506T IRS Form(s) or, alternate program eligible income document, for the current year. This requirement applies to all household members 18 years of age or older.

I understand that additional information will be required to move forward with this program.

I hereby certify that all the information provided herein is true and correct.

Applicant Signature

Date

Printed Name of Applicant