



Rent/Mortgage Assistance Application (CSBG/FEMA)

Documentation Needed:

- A valid picture of identification for the head of the household
- Social Security cards for every household member
- Proof of income for every household member. Household reporting zero income must provide additional documentation.
- Copy of FULL lease and late rent/eviction letter.
- Copies of proof of payment of all bills that you pay on a monthly basis (rent/mortgage, electricity, water, phone, cable, car note/insurance, gas, credit card bill(s)).
- Proof of Hardship documentation.
- Proof of household expenses and receipts for expenses paid in the last 30 days.
- Household members unemployed over the age of 18 Zero Income Form. See website (brla.gov/OSS) for form.

If all required documents are not included, your application will be determined incomplete and you will need to re-apply.

Applicant Information:

CSBG

FEMA

First name(required)		Last name(required)	
Gender(required) <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Male <input type="checkbox"/> Trans Male (FTM)		Date of Birth(required)	SSN(required)
Race(required) <input type="checkbox"/> Black, African American <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____		Primary Language(required) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____	Citizen(required) <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity(required) <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins			Veteran(required) <input type="checkbox"/> Yes <input type="checkbox"/> No
Street address (This is where you receive energy/water service) (required)		Apartment/Unit(if applicable)	
City(required)	State(required)	Zip code(required)	
Phone Number(one # required)		Email Address(optional)	
<input type="checkbox"/> Mobile _____ <input type="checkbox"/> Home _____			
Disability(required)	Marital Status(required)	Employed(required)	Housing(required)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Health Insurance(required)	Education Level(required)		
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> No Insurance	<input type="checkbox"/> Grade 0 -8 <input type="checkbox"/> Grades 9 – 12/Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED/Equivalency	<input type="checkbox"/> 12 Grade + Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate or other post-secondary <input type="checkbox"/> Unknown	

Additional Household Members

(1) First name (required)		Last name (required)			
Gender (required) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM)		Date of Birth (required)		SSN (required)	
Relationship to HOH (required) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Guardian <input type="checkbox"/> Foster child <input type="checkbox"/> Other Relative _____					
Race (required) <input type="checkbox"/> Black, African American <input type="checkbox"/> White <input type="checkbox"/> Other _____		Primary Language (required) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____		Citizen (required) <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Veteran (required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity (required) <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Disability (required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status (required) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Never Married		Employed (required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing (required) <input type="checkbox"/> Rent <input type="checkbox"/> Own					
Health Insurance (required) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> No Insurance		Education Level (required) <input type="checkbox"/> Grade 0 -8 <input type="checkbox"/> Grades 9 – 12/Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED/Equivalency <input type="checkbox"/> 12 Grade + Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate or other post-secondary <input type="checkbox"/> Unknown			
(2) First name (required)		Last name (required)			
Gender (required) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM)		Date of Birth (required)		SSN (required)	
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Ethnicity (required) <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Disability (required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status (required) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Never Married		Employed (required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing (required) <input type="checkbox"/> Rent <input type="checkbox"/> Own					
Health Insurance (required) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> No Insurance		Education Level (required) <input type="checkbox"/> Grade 0 -8 <input type="checkbox"/> Grades 9 – 12/Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED/Equivalency <input type="checkbox"/> 12 Grade + Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate or other post-secondary <input type="checkbox"/> Unknown			

Additional Household Members

(3) First name (required)		Last name (required)			
Gender (required) <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM)		Date of Birth (required)	SSN (required)
Relationship to HOH (required) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Guardian <input type="checkbox"/> Foster child <input type="checkbox"/> Other Relative _____					
Race (required) <input type="checkbox"/> Black, African American <input type="checkbox"/> White <input type="checkbox"/> Other _____		<input type="checkbox"/> Asian or Asian American <input type="checkbox"/> American Indian		Primary Language (required) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____	
Ethnicity (required) <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins				Citizen (required) <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran (required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability (required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status (required) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		Employed (required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Housing (required) <input type="checkbox"/> Rent <input type="checkbox"/> Own	
Health Insurance (required) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> No Insurance		Education Level (required) <input type="checkbox"/> Grade 0 -8 <input type="checkbox"/> Grades 9 – 12/Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED/Equivalency			
				<input type="checkbox"/> 12 Grade + Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate or other post-secondary <input type="checkbox"/> Unknown	
(4) First name (required)		Last name (required)			
Gender (required) <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM)		Date of Birth (required)	SSN (required)
Relationship to HOH (required) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Guardian <input type="checkbox"/> Foster child <input type="checkbox"/> Other Relative _____					
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				<input type="checkbox"/> 12 Grade + Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate or other post-secondary <input type="checkbox"/> Unknown	

HOUSEHOLD INCOME:

HOUSEHOLD TOTAL INCOME (Below list income information for applicant and all household members). Use additional paper if more space is needed

Name	Relationship to Applicant	Source of Income		FT / PT Employment	Gross Monthly Income
		Employment ● SS/SSI/VA ● Child Support Unemployment ● Pension ● Other			

SOURCES OF INCOME:

NOTE: YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN HOUSEHOLD

CSBG STATEMENT OF NEED: Please tell us why you need assistance on the line below: (please print)

Please tell us how you plan to address your situation going forward, what are your goals?

Landlord/ Lender Information

Landlord or Lender Name:

Contact Telephone Number:

Landlord/Lenders Address:

Monthly Rental or Mortgage Amount:

Loan Number(If Applicable):

Contact Email Address:

Applicant Assurance Statement:

- I have furnished true and correct information regarding household income and agree to promptly report changes in the household income or number of individuals living at the listed address.
- I grant the Agency and the Office of Social Services full permission to verify any and all information on this application both public and private sources and any entity which may have furnished me services.
- I understand that if knowingly give incomplete, inaccurate, or incorrect information, I am subject to criminal prosecution under Title 18 of the U.S. code.

Verification of Information/Privacy Release

My signature confirms the accuracy of the above information. I understand that the City of Baton Rouge/East Baton Rouge Parish, Division of Human Development & Services, Office of Social Services is a City Parish Agency and I give my consent for this agency to verify my information as well as release information to other City/Parish, State, as well as Federal agencies for the purpose of providing services.

Primary Applicant Signature

Family Service Worker

Date (Valid for 30 days)

Date



Monthly Expense Form

Attach/submit proof of all household expenses

Housing	Monthly Payment	Flexible Expense	Monthly Payment
Mortgage or rent		Medical Expenses	
Phone		Prescription	
Electricity		Clothing	
Natural Gas		School Expenses	
Water and sewer		Child Care	
Cable		Food Expense	
Internet		Credit Card #1	
Home repairs		Credit Card #2	
Supplies		Other_____	
Other_____		Other_____	
Transportation	Monthly Payment	Insurance	Monthly Payment
Vehicle payment		Home	
Bus/taxi/ride sharing		Health	
Vehicle Insurance		Life	
Vehicle Repair		Burial Insurance	
Fuel Expense		Other_____	
Other_____		Other_____	
Other_____			
Total		Total	

Total Expense _____



Office of the Mayor-President

City of Baton Rouge
Parish of East Baton Rouge

Division of Human Development and Services

4523 Plank Road
Baton Rouge, Louisiana 70805

Phone: (225) 358-4583

Fax: (225) 356-7868

Dr. Leander S. Zanders Sr.

DHDS Director

Dr. Melanie Washington, LCSW-BACS

Executive Program Administrator

This is to certify that _____ has received information on Support Enforcement Services regarding Child Support payments in an attempt to place responsibility for the support of the child/children on a non-custodial parent. This is an attempt to increase the emotional, financial, and medical support for the child/children.

Applicant Signature

Case Manager Signature

Date

**“Equal Opportunity Employer/Program”
“Auxiliary Aids and Services are available upon request to individuals with disabilities”**



CERTIFICATION FORM

For
Community Services Block Grant
Program Participants

ACKNOWLEDGING RECEIPT OF NOTICE ABOUT WHERE TO OBTAIN INFORMATION ON CSBG DISCRIMINATION COMPLAINT AND GRIEVANCE PROCEDURES.

I certify that I have been advised of my rights under Department of Health and Human Services' Regulations at 45 CFR 80, Title VI of the Civil Rights Act of 1964, and 45 CFR 84, Nondiscrimination on basis of handicap in Programs and Activities Receiving Federal Financial Assistance and understand these rights as they have been explained to me. Additionally, I have been provided a copy of the notice that includes information on where to file a CSBG discrimination complaint and/or grievance procedure.

PROGRAM(S) (CSBG FUNDED INDIRECTLY OR DIRECTLY)

Program Participant Name (Print)

Program Participant Signature

Date

"Equal Opportunity Employer/Program"
"Auxiliary Aids and Services are available upon request to individuals with disabilities"