



**APPLICATION FORM FOR RENTAL AND UTILITY ASSISTANCE FOR PERSONS
WHO EXPERIENCE LOSS OF OR REDUCED INCOME IN RESPECT TO THE COVID-
19 VIRUS**

GUIDELINES: To qualify for this assistance, you must be a resident of Terrebonne Parish ,have been Terminated or experienced a Reduction in Income on or after March 1st, 2020. To ensure that the application is processed speedily, please enclose copies of the following documents with the completed application form:

1. Driver's License/ Identification-Expired ID will not be accepted.
2. Letter from previous or current employer as proof of retrenchment, termination or reduced income. If the employer is unavailable, a recommender can certify retrenchment, termination or reduced income.
3. Where there are employed members of the family, apart from the applicant, proof of actual earnings must be submitted such as a pay slip or job letter.
4. For rental assistance (Residential ONLY), applicants are required to submit proof of ownership of property LEASE/rental agreement or most recent rent receipt and information for the landlord or property manager phone contact.
5. For utility assistance past due bill is required for proof

Please note the following: Only one application per family; Employers are encouraged to assist employees in the completion and submission of application forms.

The completed application form along with the supporting documents shall be submitted via e-mail only to info@liftedbylove.org . If you do not have access to the internet please call to arrange drop off.

Please note applications are processed in the order received and funds will be distributed directly to the entity in which payment is owed.*

APPLICATION FORM A-EMPLOYER/EMPLOYEE SECTION 1- GENERAL INFORMATION

TO BE COMPLETED BY ALL APPLICANTS

APPLICANT					
Name					
Gender	Male Female				
Social Security Number					
Telephone Number :					
Employment Classification	TERMINATED INCOME REDUCED				
Assistance being sought	EFFECTIVE DATE: UTILITY ASSISTANCE RENTAL ASSISTANCE GRANT				
Job Title					
Contact No.					
Email Address					
Home Address					
Proof of Residence					
Landlord/ Management company	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Name</td> <td></td> </tr> <tr> <td>Contact #</td> <td></td> </tr> </table>	Name		Contact #	
Name					
Contact #					
Household Information					

	Name	Gender	Relationship to Applicant	Date of Birth	Age	Employment Status	Total Income
App							
2							
3							

SECTION 2 – DECLARATION OF TRUTH (MUST be completed by Applicant)

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF THE SOCIAL SERVICES.

I _____ (full name), swear that with effect.....

I was REDUCED/TERMINATED/INCOME REDUCED while in the employ of _____ (Business Name). I have read and understood all of the questions in this application and that all of the information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. I recognize that the information submitted in this application is for the purpose of social services support by a social service agency. I understand that the agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any certifying agencies for the purpose of verifying the information supplied and determining the named applicants' eligibility. I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change.

I acknowledge and agree that any misrepresentations in this application will be grounds for denial or immediate revocation of benefits. I declare, under penalty of perjury, that the information provided in this application and supporting documents is true and correct.

Signature: _____ Date: _____