

**CITY OF NEW ORLEANS – MAYOR LATOYA CANTRELL
 NEW ORLEANS EMERGENCY RENTAL ASSISTANCE PROGRAM
 TENANT APPLICATION
 ORLEANS PARISH RESIDENTS ONLY**

APPLICANT’S NAME

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FIRST NAME

LAST NAME

HOUSEHOLD MEMBERS (including yourself)

NAME(S)	AGE(ES)	GENDER	RACE/ ETHNICITY	JOB STATUS	INCOME (MONTHLY)

**Demographic information is only used to evaluate the equitable distribution of funds.*

***U.S. Citizenship is not an eligibility requirement.*

HOME ADDRESS: (Street Number and Street Name)

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Apartment Number (if applicable)

City

State

Zip Code

	New Orleans	Louisiana	
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Phone Number

Email Address

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INCOME INFORMATION:

What is your current monthly household income from all sources as of today?

\$

What was your household monthly income from all sources prior to March 16, 2020?

\$

Amount of monthly rental payment

\$

How many months are you behind on your rent?

How much is past due?

	\$ <input style="width: 350px; height: 25px;" type="text"/>
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Landlord's Name

Landlord's Phone Number

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Employer's Name/Address/Phone Number (if employed)

Have you filed for unemployment?

Are you receiving unemployment? ___ Yes ___ No

___ Yes ___ No

If yes how much? \$ _____

What other sources of income do you have?

If you receive rental subsidy such as Project Based Rental Assistance, Housing Choice Voucher, VASH Voucher or USDA 521 Rental Assistance; have you requested an income recertification to reduce your rental portion? _____

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If yes, what was the outcome of the recertification request?

PROOF OF HARDSHIP

PLEASE PROVIDE BELOW A BRIEF STATEMENT EXPLAINING THE CAUSE OF YOUR HARDSHIP. THE EXPLANATION SHOULD INCLUDE HOW YOU HAVE BEEN IMPACTED FINANCIALLY BY COVID-19.

By signing below, I am certifying to the following:

- ✓ ***I understand that submitting false information at anytime during the application process will cause my application to be disqualified.***
- ✓ ***I understand that documentation evidencing hardship and proof of identification will be required prior to issuance of payment.***
- ✓ ***I understand that priority will be given to the lowest income earning households, households at risk for homelessness and individuals that previously applied for funding through the State's Louisiana Emergency Rental Assistance Program (LERAP).***
- ✓ ***I understand that submitting this application does not entitle me to assistance through New Orleans Emergency Rental Assistance Program (NOERAP).***

Signature: _____

Date: _____