

THE ROAD HOME

RENTAL PROPERTY OWNER APPLICATION

The information collected below will be used to determine whether you qualify for *The Road Home* Small Rental Property program. It will not be disclosed other than to the state of Louisiana or its agents without your consent except for verification of information or as required and permitted by law.

All fields marked with an asterisk (*) must be accurately completed. Incomplete and/or late applications will not be considered in Round 2. You should only submit one application for each rental property and print legibly in blue or black ink. Completing an online application is the fastest way to submit an application and assure completion.

If you have questions about the information requested in this application, or need assistance completing it call 1.888.762.3252. TTY callers use 711 relay or 1.800.846.5277. Reasonable accommodation such as alternative application formats may also be requested by calling these numbers. You may also view an online application assistance guide at www.road2la.com/rental.

Mail your application to: <i>Road Home</i> Rental Applications PO Box 4729 Baton Rouge, LA 70821	Courier or hand deliver your application to: <i>Road Home</i> Rental Applications 7850 Anselmo Lane Baton Rouge, LA 70810
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Your answers to the following questions will be used to determine your eligibility for Round 2 of the Small Rental Property program.

- *1. Is the property located in Acadia, Calcasieu, Cameron, Iberia, Jefferson, Orleans, Plaquemines, St. Bernard, St. Tammany, Tangipahoa, Terrebonne, Vermilion, or Washington Parish? Yes No
- *2. Did the property sustain damages of at least \$5,200 from Hurricane Katrina or Rita? Yes No
- *3. Did the property contain between one and four dwelling units prior to Hurricane Katrina or Rita? Yes No
- *4. Was at least one property owner a Louisiana resident or Louisiana-based business or nonprofit at the time of Hurricane Katrina or Rita? Yes No
- *5. Did at least one property owner own 100 or fewer rental units at the time of Hurricane Katrina or Rita? Yes No
- *6. Was this a residential rental property at the date of Hurricane Katrina or Rita? Yes No

PRIMARY CONTACT INFORMATION

Prefix: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	*First Name	Middle Name	*Last Name
Suffix: <input type="checkbox"/> Esq. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> MD <input type="checkbox"/> Ph.D.			
*Current Address	*Mailing Address <input type="checkbox"/> Same as current address		
*City	*City		
*State	*State		
*Zip Code	*Zip Code		
*Parish (if in Louisiana)	*Parish (if in Louisiana)		
*Daytime Telephone/TTY: () _____	*Evening Telephone/TTY: () _____		
Email Address:			

OWNER INFORMATION

OWNER #1

* How many total rental units does this owner own? 1 to 20 21 to 100 101 to 200 201+

*Owner Entity Type: Individual Owner Co-Owner Partnership Corporation Nonprofit Organization

Prefix: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	*First Name	Middle Name	*Last Name
Suffix: <input type="checkbox"/> Esq. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> MD <input type="checkbox"/> Ph.D.			
*Current Address		*Mailing Address <input type="checkbox"/> Same as current address	
*City		*City	
*State		*State	
*Parish (if in Louisiana)		*Parish (if in Louisiana)	
*Daytime Telephone/TTY: () _____		Evening Telephone/TTY: () _____	
*Social Security No.	*Date of Birth (mm/dd/yyyy)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	
Email Address:			

FOR INDIVIDUAL OWNERS & CO-OWNERS ONLY

The Road Home program is required to request demographic information for purposes of reporting to the federal government. You are not required to provide this information, but are encouraged to do so.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Household Size: _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Race: <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African American and White		
<input type="checkbox"/> American Indian/Alaska Native and White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
<input type="checkbox"/> American Indian/Alaska Native/Black-African American	<input type="checkbox"/> Other Multi-Racial		
<input type="checkbox"/> Asian	<input type="checkbox"/> White		
<input type="checkbox"/> Asian and White	<input type="checkbox"/> I choose not to provide this information.		

FOR BUSINESS ENTITIES ONLY

*Organization Name		Name Continuation	
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Individual Joint Venture		<input type="checkbox"/> Local Government <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Other <input type="checkbox"/> Publicly Owned	
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women's Business Enterprise	
*Federal Tax ID#		*Louisiana Tax ID#	
*Current Address		*Mailing Address <input type="checkbox"/> Same as current address	
*City		*City	
*State		*State	
*Zip Code		*Zip Code	
*Parish (if in Louisiana)		*Parish (if in Louisiana)	

OWNER #2

* How many total rental units does this owner own? 1 to 20 21 to 100 101 to 200 201+

* Owner Entity Type: Individual Owner Co-Owner Partnership Corporation Nonprofit Organization

Prefix: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	*First Name	Middle Name	*Last Name
Suffix: <input type="checkbox"/> Esq. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> MD <input type="checkbox"/> Ph.D.			
*Current Address		*Mailing Address <input type="checkbox"/> Same as current address	
*City		*City	
*State		*State	
*Parish (if in Louisiana)		*Parish (if in Louisiana)	
*Daytime Telephone/TTY: () _____		Evening Telephone/TTY: () _____	
*Social Security No.	*Date of Birth (mm/dd/yyyy)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	
Email Address:			

FOR INDIVIDUAL OWNERS & CO-OWNERS ONLY

The Road Home program is required to request demographic information for purposes of reporting to the federal government. You are not required to provide this information, but are encouraged to do so.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Household Size: _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Race: <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African American and White	
<input type="checkbox"/> American Indian/Alaska Native and White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> American Indian/Alaska Native/Black-African American	<input type="checkbox"/> Other Multi-Racial	
<input type="checkbox"/> Asian	<input type="checkbox"/> White	
<input type="checkbox"/> Asian and White	<input type="checkbox"/> I choose not to provide this information.	

FOR BUSINESS ENTITIES ONLY

*Organization Name	Name Continuation
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Individual Joint Venture <input type="checkbox"/> Local Government <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Other <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Sole Proprietor	
<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Women's Business Enterprise
*Federal Tax ID#	*Louisiana Tax ID#
*Current Address	*Mailing Address <input type="checkbox"/> Same as current address
*City	*City
*State	*State
*Zip Code	*Zip Code
*Parish (if in Louisiana)	*Parish (if in Louisiana)

OWNER #3

* How many total rental units does this owner own? 1 to 20 21 to 100 101 to 200 201+

*Owner Entity Type: Individual Owner Co-Owner Partnership Corporation Nonprofit Organization

Prefix: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	*First Name	Middle Name	*Last Name
Suffix: <input type="checkbox"/> Esq. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> MD <input type="checkbox"/> Ph.D.			
*Current Address		*Mailing Address <input type="checkbox"/> Same as current address	
*City		*City	
*State		*State	
*Parish (if in Louisiana)		*Parish (if in Louisiana)	
*Daytime Telephone/TTY: () _____		Evening Telephone/TTY: () _____	
*Social Security No.	*Date of Birth (mm/dd/yyyy)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	
Email Address:			

FOR INDIVIDUAL OWNERS & CO-OWNERS ONLY

The Road Home program is required to request demographic information for purposes of reporting to the federal government. You are not required to provide this information, but are encouraged to do so.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Household Size: _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American and White		
<input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
<input type="checkbox"/> American Indian/Alaska Native/Black-African American <input type="checkbox"/> Other Multi-Racial		
<input type="checkbox"/> Asian <input type="checkbox"/> White		
<input type="checkbox"/> Asian and White <input type="checkbox"/> I choose not to provide this information.		

FOR BUSINESS ENTITIES ONLY

*Organization Name	Name Continuation
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Individual Joint Venture	
<input type="checkbox"/> Local Government <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Other <input type="checkbox"/> Publicly Owned	
<input type="checkbox"/> Sole Proprietor	
<input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women's Business Enterprise	
*Federal Tax ID#	*Louisiana Tax ID#
*Current Address	*Mailing Address <input type="checkbox"/> Same as current address
*City	*City
*State	*State
*Zip Code	*Zip Code
*Parish (if in Louisiana)	*Parish (if in Louisiana)

OWNER #4

* How many total rental units does this owner own? 1 to 20 21 to 100 101 to 200 201+

*Owner Entity Type: Individual Owner Co-Owner Partnership Corporation Nonprofit Organization

Prefix: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	*First Name	Middle Name	*Last Name
Suffix: <input type="checkbox"/> Esq. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> MD <input type="checkbox"/> Ph.D.			
*Current Address		*Mailing Address <input type="checkbox"/> Same as current address	
*City		*City	
*State		*State	
*Parish (if in Louisiana)		*Parish (if in Louisiana)	
*Daytime Telephone/TTY: () _____		Evening Telephone/TTY: () _____	
*Social Security No.	*Date of Birth (mm/dd/yyyy)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	
Email Address:			

FOR INDIVIDUAL OWNERS & CO-OWNERS ONLY

The Road Home program is required to request demographic information for purposes of reporting to the federal government. You are not required to provide this information, but are encouraged to do so.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Household Size: _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native/Black-African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Asian and White <input type="checkbox"/> <i>I choose not to provide this information.</i>		

FOR BUSINESS ENTITIES ONLY

*Organization Name	Name Continuation
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Individual Joint Venture <input type="checkbox"/> Local Government <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Other <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Sole Proprietor	
<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Women's Business Enterprise
*Federal Tax ID#	*Louisiana Tax ID#
*Current Address	*Mailing Address <input type="checkbox"/> Same as current address
*City	*City
*State	*State
*Zip Code	*Zip Code
*Parish (if in Louisiana)	*Parish (if in Louisiana)

***If your property is owned by more individual owners, please copy this sheet and provide information on all additional owners. Otherwise, please continue to the Rental Property Information section.

RENTAL PROPERTY INFORMATION

Primary Property Address (as listed with the Parish Assessor's Office)

*House Number	*Street Name	Street Direction	*Street Type (e.g. Ave., St., Blvd.)
*City		*State	*Zip Code
*Parish		Parish Tax Parcel Number	

Reimbursement for Storm-Related Loss on Real Estate

SBA#	SBA Amount \$	
FEMA#	FEMA Amount \$	
Insurance Policy Number	Insurance Provider Name	Insurance Compensation Amount \$

Questions About the Property

For the following requested information, estimated dates are acceptable.

*Year Built	*Date of Purchase (mm/dd/yyyy)	*Date of Most Recent Appraisal
*Estimated Cost of Construction \$	*Estimated Construction Start Date	*Estimated Construction Completion Date
*Estimate Percentage of Construction Complete: <input type="checkbox"/> 0-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50-74% <input type="checkbox"/> 75-99% <input type="checkbox"/> 100%		

- *1. Are there any outstanding real estate taxes, loans, liens, or judgments against the property? Yes No Don't Know
- *2. Do you have title insurance? Yes No Don't Know
- *3. Is the property located in a floodplain? Yes No Don't Know
- *4. Is the property in a local historic district or a nominated or designated landmark? Yes No Don't Know
- *5. Is the property in a National Register District or a National Register Eligible District? Yes No Don't Know
- *6. Have you purchased the property since Hurricane Katrina or Rita? Yes No
- *7. Has a certificate of occupancy or certificate of substantial completion been issued by the local authority for this property? Yes No
 If YES, date issued: _____
 (mm/dd/yyyy)

PROPERTY CHARACTERISTICS BEFORE REPAIR

Building Type Before Repairs: 1 Unit 2 Units 3 Units 4 Units

Unit #1

*House Number		*Street Name		
Street Direction		*Street Type		*Unit Number
*Number of Bedrooms <input type="checkbox"/> 0 – Efficiency <input type="checkbox"/> 1 – One Bedroom <input type="checkbox"/> 2 – Two Bedrooms <input type="checkbox"/> 3 – Three Bedrooms <input type="checkbox"/> 4 – Four or More Bedrooms			*Occupancy Type <input type="checkbox"/> Business <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
*Has the unit been occupied by a tenant at any time since November 1, 2006? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, provide information for all tenants over the age of 18 who occupied this unit.				
TENANT #1	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #2	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #3	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #4	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	

If there are more than four tenants over the age of 18 who have occupied the unit since November 1, 2006, please attach additional sheets and provide all required tenant information.

Unit #2

*House Number	*Street Name			
Street Direction	*Street Type	*Unit Number		
*Number of Bedrooms <input type="checkbox"/> 0 – Efficiency <input type="checkbox"/> 1 – One Bedroom <input type="checkbox"/> 2 – Two Bedrooms <input type="checkbox"/> 3 – Three Bedrooms <input type="checkbox"/> 4 – Four or More Bedrooms		*Occupancy Type <input type="checkbox"/> Business <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		
*Has the unit been occupied by a tenant at any time since November 1, 2006? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, provide information for all tenants over the age of 18 who occupied this unit.				
TENANT #1	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #2	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #3	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #4	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	

If there are more than four tenants over the age of 18 who have occupied the unit since November 1, 2006, please attach additional sheets and provide all required tenant information.

Unit #3

*House Number		*Street Name		
Street Direction		*Street Type		*Unit Number
*Number of Bedrooms <input type="checkbox"/> 0 – Efficiency <input type="checkbox"/> 1 – One Bedroom <input type="checkbox"/> 2 – Two Bedrooms <input type="checkbox"/> 3 – Three Bedrooms <input type="checkbox"/> 4 – Four or More Bedrooms			*Occupancy Type <input type="checkbox"/> Business <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
*Has the unit been occupied by a tenant at any time since November 1, 2006? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, provide information for all tenants over the age of 18 who occupied this unit.				
TENANT #1	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #2	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #3	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #4	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	

If there are more than four tenants over the age of 18 who have occupied the unit since November 1, 2006, please attach additional sheets and provide all required tenant information.

Unit #4

*House Number		*Street Name		
Street Direction		*Street Type		*Unit Number
*Number of Bedrooms <input type="checkbox"/> 0 – Efficiency <input type="checkbox"/> 1 – One Bedroom <input type="checkbox"/> 2 – Two Bedrooms <input type="checkbox"/> 3 – Three Bedrooms <input type="checkbox"/> 4 – Four or More Bedrooms			*Occupancy Type <input type="checkbox"/> Business <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
*Has the unit been occupied by a tenant at any time since November 1, 2006? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, provide information for all tenants over the age of 18 who occupied this unit.				
TENANT #1	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #2	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Current Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #3	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	
TENANT #4	*Move-In Date (mm/dd/yyyy)	*First Name	*Last Name	Estimated Tenant Annual Income
				\$
*Is this unit currently occupied by this tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, provide tenant's current address below</i>				
*Tenant's Mailing Address (including City, State and Zip)			*Move-Out Date (mm/dd/yyyy)	

If there are more than four tenants over the age of 18 who have occupied the unit since November 1, 2006, please attach additional sheets and provide all required tenant information.

PROPERTY CHARACTERISTICS AFTER REPAIR

The following section asks questions about your plans for renting units *after repair or reconstruction* of the rental property. Your answers to the following questions will determine the maximum award you are eligible to receive for this property.

Unit #1

Check here if this unit will not be rebuilt.

*House Number		*Street Name	
Street Direction		*Street Type	*Unit Number
Number of Bedrooms <input type="checkbox"/> 0 – Efficiency <input type="checkbox"/> 1 – One Bedroom <input type="checkbox"/> 2 – Two Bedrooms <input type="checkbox"/> 3 – Three Bedrooms <input type="checkbox"/> 4 – Four or More Bedrooms			
*Occupancy Type		*Affordable Rent Tier (for affordable tenant units only)	
<input type="checkbox"/> Owner <input type="checkbox"/> Market-Rate Tenant <input type="checkbox"/> Business <input type="checkbox"/> <i>Affordable Tenant***</i>		<input type="checkbox"/> 80% AMI Tier <input type="checkbox"/> 65% AMI Tier <input type="checkbox"/> 50% AMI Tier	

Unit #2

Check here if this unit will not be rebuilt.

Check here if this unit is a new unit that did not exist prior to the storms.

*House Number		*Street Name	
Street Direction		*Street Type	*Unit Number
Number of Bedrooms <input type="checkbox"/> 0 – Efficiency <input type="checkbox"/> 1 – One Bedroom <input type="checkbox"/> 2 – Two Bedrooms <input type="checkbox"/> 3 – Three Bedrooms <input type="checkbox"/> 4 – Four or More Bedrooms			
*Occupancy Type		*Affordable Rent Tier (for affordable tenant units only)	
<input type="checkbox"/> Owner <input type="checkbox"/> Market-Rate Tenant <input type="checkbox"/> Business <input type="checkbox"/> <i>Affordable Tenant***</i>		<input type="checkbox"/> 80% AMI Tier <input type="checkbox"/> 65% AMI Tier <input type="checkbox"/> 50% AMI Tier	

Unit #3

Check here if this unit will not be rebuilt.

Check here if this unit is a new unit that did not exist prior to the storms.

*House Number		*Street Name	
Street Direction		*Street Type	*Unit Number
Number of Bedrooms <input type="checkbox"/> 0 – Efficiency <input type="checkbox"/> 1 – One Bedroom <input type="checkbox"/> 2 – Two Bedrooms <input type="checkbox"/> 3 – Three Bedrooms <input type="checkbox"/> 4 – Four or More Bedrooms			
*Occupancy Type <input type="checkbox"/> Owner <input type="checkbox"/> Market-Rate Tenant <input type="checkbox"/> Business <input type="checkbox"/> <i>Affordable Tenant***</i>		*Affordable Rent Tier (for affordable tenant units only) <input type="checkbox"/> 80% AMI Tier <input type="checkbox"/> 65% AMI Tier <input type="checkbox"/> 50% AMI Tier	

Unit #4

Check here if this unit will not be rebuilt.

Check here if this unit is a new unit that did not exist prior to the storms.

*House Number		*Street Name	
Street Direction		*Street Type	*Unit Number
Number of Bedrooms <input type="checkbox"/> 0 – Efficiency <input type="checkbox"/> 1 – One Bedroom <input type="checkbox"/> 2 – Two Bedrooms <input type="checkbox"/> 3 – Three Bedrooms <input type="checkbox"/> 4 – Four or More Bedrooms			
*Occupancy Type <input type="checkbox"/> Owner <input type="checkbox"/> Market-Rate Tenant <input type="checkbox"/> Business <input type="checkbox"/> <i>Affordable Tenant***</i>		*Affordable Rent Tier (for affordable tenant units only) <input type="checkbox"/> 80% AMI Tier <input type="checkbox"/> 65% AMI Tier <input type="checkbox"/> 50% AMI Tier	

NONPROFIT ORGANIZATIONS ONLY

Nonprofit organizations may choose to participate in the general pool or the special funding set-aside. Nonprofit organizations that do not wish to participate in the nonprofit set-aside are still eligible to provide special needs housing or PSH. Please answer YES or NO to questions 1–3 and provide all requested information in the table below.

- *1. Would you like to participate in a special funding set-aside for nonprofit organizations that requires a 20-year commitment to offering affordable rental units? Yes No
****If NO, SKIP questions 2 and 3 and continue to the table below if you wish to offer Special Needs or PSH units.*

- *2. If yes, did the nonprofit organization applying through the set-aside own the property at the time of the storms? Yes No

- *3. Do you agree to make a 15-year commitment to offer at least 50 percent of the property for PSH occupants referred by the state, with wraparound services funded through the Louisiana Supportive Services Program? Yes No
If YES, please indicate which units will be PSH below.
By choosing this option, units must be at the 50 percent of AMI affordable rent tier.

*House Number	*Unit Number	Special Needs/Permanent Supportive Housing	Additional Rent Subsidy for Permanent Supportive Housing (ONLY if answered YES to Question 3)
		<input type="checkbox"/> Special Needs <input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Funded by Owner <input type="checkbox"/> State Project-Based Rental Assistance
		<input type="checkbox"/> Special Needs <input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Funded by Owner <input type="checkbox"/> State Project-Based Rental Assistance
		<input type="checkbox"/> Special Needs <input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Funded by Owner <input type="checkbox"/> State Project-Based Rental Assistance
		<input type="checkbox"/> Special Needs <input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Funded by Owner <input type="checkbox"/> State Project-Based Rental Assistance

PRIORITY SCORING CRITERIA

The following criteria were developed by the Office of Community Development and Louisiana Recovery Authority for use in Round 2 of the Small Rental Property program. These criteria will be used to score your application. Please respond YES or NO to each question by checking the appropriate box. ONLY check the statements that apply to this rental property, property owner(s), or to your repair or reconstruction plans.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property is located within two (2) miles of at least three (3) the following amenities: elementary school, hospital/doctor's office, recreational facility, place of worship, fire station, post office, grocery or convenience store, childcare services, public transportation, public library, bank/credit union
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	The property owner is not applying through the nonprofit set-aside and agrees to a ten (10)-year term of affordability, with the entire loan forgiven at the end of 10 years.
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	At least one property owner receives greater than thirty (30) percent of his/her annual income from rental revenue.
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property has received at least one bid from Louisiana-licensed contractor or registered home improvement contractor prior to the date of application.
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property will be built with at least three (3) of following hazard mitigation measures: stronger exterior doors, bracing on garage doors, tying down or anchoring of propane and heating fuel tanks, elevation of washers and dryers, elevation of furnaces and water heaters, elevation of electrical panels and air conditioning units, window protection hurricane straps or clips, walls bolted to the foundation, or backflow valves.
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property has received a building permit prior to the date of application.
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain a garbage disposal.
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain a tankless water heater that serves the entire rental unit.
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain an ENERGY STAR® efficient refrigerator.
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain a conventional dishwasher.
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain an ENERGY STAR® efficient dishwasher.
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain a washer/dryer hook-up.
13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain an ENERGY STAR® efficient clothes washer.
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain a clothes dryer.
15.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain ceiling fans in all sleeping and living rooms.
16.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain conventional central heating and air conditioning systems.
17.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will contain energy-efficient central heating and air conditioning systems with ratings not less than 14 SEER or 95 percent AFUE.

PRIORITY SCORING CRITERIA		
18.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will be built to one of the following nationally recognized green building standards: National Association of Home Builders Silver or Gold standards, Leadership in Energy and Environmental Design standards, or Green Communities standards. This criterion will require the owner to have a certified construction consultant document the building's compliance with the selected standards.
19.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will be built in excess of the following kitchen dimensions: 1-bedroom unit with 6 lineal feet of cabinetry and 100 total square feet (SF) 2-bedroom units with 10 lineal feet of cabinetry and 120 total SF 3-bedroom units with 14 lineal feet of cabinetry and 160 total SF 4 or more bedroom units with 22 lineal feet of cabinetry and 180 total SF
20.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will be built in excess of the following total unit dimensions: 600 SF for studios, 720 SF for 1-bedroom units, 960 SF for 2-bedroom units, 1,080 SF for 3-bedroom units, 1,440 SF for 4 or more bedroom units
21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will be built to visitability standards, which include at least one no-step entrance, doors and hallways wide enough for a wheelchair to navigate, and at least one handicapped-accessible bathroom located on the first floor of the unit.
22.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All affordable units will be built to Universal Design standards, which include visitability standards and the following requirements: installing a sidelight for the main entrance door, ensuring that all main floor interior doors have 32–36 inches of clear passage space, ensuring there are no changes in interior floor levels, providing 42-inch-wide hallways, creating bathrooms with sinks that have clear floor space of 30 x 48 inches in front, and bathing facilities that are accessible to disabled tenants. You cannot receive points for both Universal Design and visitability standards.

PLEASE READ AND SIGN
 THE LAST PAGE TO COMPLETE THE APPLICATION

The undersigned agrees and acknowledges that the information provided in this application is true and correct as of 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 including, but not limited to, fine, imprisonment or both under the provision of Title 18 United States Code Section 1001.

I certify that a Small Rental Application Notice has been provided to all persons who have occupied this property since November 1, 2006.

I further 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 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, Theft; R.S. 14:67, Identity Theft; and/or R.S. 14:72, Forgery)

Print Applicant Name: _____

Applicant Signature: _____

Date: _____



Equal Housing Opportunity
We Do Business in Accordance With the Fair Housing Act
(The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988)

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN), OR NATIONAL ORIGIN.

Anyone who feels he or she has been discriminated against should send a complaint to: U.S. Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410.