

Isle de Jean Charles (IDJC) Resettlement Optional Relocation Assistance Program Application  
Louisiana Housing Authority (LHA)

**Head of Household Information:**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

List **all** other persons who will be living in the unit and their relationship to the Head of Household. Complete the information in the chart for all members of the household. (This can include unrelated people.) Other persons should be listed in the chart, with relationship as “roommate.”

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security #
		Head				

All household members are currently full-time residents of Isle de Jean Charles

All household members were full-time residents of Isle de Jean Charles before August 28, 2012, but no longer reside there

**Demographic Information:**

**Race:** (Please select one or more):

- |   |   |
|---|---|
| <input type="checkbox"/> White                                    | <input type="checkbox"/> Black or African American              |
| <input type="checkbox"/> American Indian/Alaskan Native           | <input type="checkbox"/> Asian                                  |
| <input type="checkbox"/> Asian and White                          | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native and Black | <input type="checkbox"/> Black/African American and White       |
| <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Prefer not to say                        |   |

**Sex:**  Male  Female  Transgender  Prefer not to say

**Veteran:**  Yes  No **Ethnicity:**  Non-Hispanic  Hispanic  Prefer not to say

Current address: \_\_\_\_\_

Previous IDJC address if no longer a full-time resident of Isle de Jean Charles:

\_\_\_\_\_  
Currently renting home  Homeowner

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Optional Information:**

(You may provide an alternative contact in the event that your contact information changes and we cannot locate you.)

**Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Other Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Disability:**

**Accessibility:** *Does a member of your household require any of the following? (If so, please check yes and below which accommodation(s) you need)*  Yes  No

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

In order to help you access any needed support, it is helpful for us to know what type of disability you have. Please check all that apply.

- Developmental Disability – defined as a disability that occurred before the age of 22.
  - Acquired age birth – 3 years
  - Acquired age 3 – 21 years
- Serious Mental Illness;
  - Mental Illness
  - Mental Illness with Substance Abuse
- Disability Acquired after the age of 22 (e.g., physical disability, sensory disability, disability caused by chronic illness, disability caused by HIV/AIDS); or
- Age-related disability (i.e., “frail elderly”).
- Other

**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 statements:** U.S.C. Title 18, Sec 1001, provides that “Whoever, in any matter within the jurisdiction of any of department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

**Applicant(s) Statement:** I understand that false statements or information are punishable under federal law.

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Applicant Signature

Date

**\*\*\*Please make sure you follow the checklist below to make sure you have ALL necessary documents before submitting your Isle de Jean Charles Resettlement Optional Relocation Assistance Program Application.**

Application Checklist:

- Isle de Jean Charles Resettlement Optional Relocation Assistance Program Application (fully completed).
- Isle de Jean Charles Resettlement Optional Relocation Assistance Authorization for Release of Information (fully completed).
- Isle de Jean Charles Resettlement Optional Relocation Assistance Program Participation Agreement as Administered by the Louisiana Housing Authority (LHA) (fully completed).
- Copy of Identification card (For each household member).

\*This Program was updated on December 4, 2017.

