

(OFFICE USE ONLY)

APPLICATION DATE: _____ **RSL CASE MANAGER:** _____

REBUILD SOUTH LAFOURCHE - INITIAL APPLICATION SUMMARY UPDATED 8/25/2023

Applicant Name:		Phone Number:																												
Address of Damaged Property:																														
Address of Current Residence:		Is this your Primary Residence? Yes No																												
Do you own the Title to the Property: YES NO If not, whose name is on the Title?		Is there a mortgage balance on the property? If so, please provide the balance amount. \$																												
Please list all members of the household living at the address of damaged property:																														
<table><thead><tr><th></th><th>Name</th><th>Age</th><th>Employer or School, If Applicable</th></tr></thead><tbody><tr><td>1.</td><td>_____ / _____ / _____</td><td></td><td></td></tr><tr><td>2.</td><td>_____ / _____ / _____</td><td></td><td></td></tr><tr><td>3.</td><td>_____ / _____ / _____</td><td></td><td></td></tr><tr><td>4.</td><td>_____ / _____ / _____</td><td></td><td></td></tr><tr><td>5.</td><td>_____ / _____ / _____</td><td></td><td></td></tr><tr><td>6.</td><td>_____ / _____ / _____</td><td></td><td></td></tr></tbody></table>				Name	Age	Employer or School, If Applicable	1.	_____ / _____ / _____			2.	_____ / _____ / _____			3.	_____ / _____ / _____			4.	_____ / _____ / _____			5.	_____ / _____ / _____			6.	_____ / _____ / _____		
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6.	_____ / _____ / _____																													
Employment Status Prior to Disaster:		Annual Household Income Prior to Disaster:																												
Current Employment Status:		Current Annual Income of Household:																												
Please list any special needs/health conditions of household residents:																														

RETURN COMPLETED FORM BY EMAIL TO: Kati@BayouCF.org
Subject: Rebuild South Lafourche Application

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Is the damaged property current on all utility bills? Yes No			
Did you receive Hurricane Ida insurance payments? Yes No If yes, please provide the total amount and date received. \$		If denied, please explain the reason for denial.	
Insurance Coverage Breakdown Prior to Disaster: Dwelling \$ Flood \$ Wind \$	Insurance Loss Awarded: Dwelling Award \$ Flood Award \$ Wind Award \$	Total Amount of Insurance Award Remaining: \$	
Did you receive Hurricane Ida FEMA payments? Yes No If yes, please provide the amount and date received: \$ Total Amount of FEMA Payment Remaining: \$		If denied by FEMA, please explain the reason for denial.	
Have you applied for assistance with any of the following? Please circle all that apply. Catholic Charities SBA Loan Workforce Group (DCMP) RESTORE LA Please list the date and amount received for each (if applicable). If denied, list reason(s):			
Did you receive family/other assistance? Yes, Amount Received \$ No		Do you have any savings/other financial resources? Yes, Amount Received \$ No	

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