



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

# Initial Application

Date: \_\_\_\_\_

Applicant Name:		Home Phone Number:
Email Address:		Cell Phone Number:
Co-Applicant or Alternative Contact Name (If Applicable):		Home Phone Number:
Relationship to Applicant:		Cell Phone Number:
Email Address:		Co-Applicant will serve as Proxy: Yes      No
Address of residential property damaged by Hurricane Ida?		Is/was this your Primary Residence August 29, 2021?  Yes      No
Address of Current Residence if Different from Above:	How would you describe your current living situation:  Living in Damaged Property      Rental  Staying with Family/Friends      FEMA/State Trailer	
Do you own the Title to the damaged 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.  \$

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*Subject: Rebuild South Lafourche Application*



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

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Please list all members of the household living at property at time of storm, including applicant:

Name	Age	Relation to Applicant / Employment Status
1. _____	/ ____ /	_____
2. _____	/ ____ /	_____
3. _____	/ ____ /	_____
4. _____	/ ____ /	_____
5. _____	/ ____ /	_____
6. _____	/ ____ /	_____

Will all of these residents live in household after new construction or repairs?

Will any new residents live in household after new construction or repairs?

How many individuals in the household fall into the following categories (in relation to the applicant):

Spouse/Partner \_\_\_\_\_ Dependent Child (Under 18) \_\_\_\_\_ Dependent Adult (18+) \_\_\_\_\_ Other Adult \_\_\_\_\_

Applicant Employment Status Prior to Disaster:

Annual Household Income Prior to Disaster (all residents):

Current Applicant Employment Status:

Current Annual Income of Household (all residents):

Please list any special needs/health conditions of household residents:

Is the homeowner current on all utility bills?

Yes      No

If not current, which utilities are delinquent?

Approximate amount delinquent:  
\$

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<p><b>Did you receive Hurricane Ida insurance payments?</b></p> <p style="text-align: center;">Yes                  No</p> <p><b>If yes, please provide the total amount and date received.</b> \$</p>	<p><b>If denied, please explain the reason for denial.</b></p> <hr/> <p><b>Total amount of insurance payments remaining:</b> \$</p>
<p><b>Did you receive Hurricane Ida FEMA payments?</b></p> <p style="text-align: center;">Yes                  No</p> <p><b>If yes, please provide the amount and date received:</b> \$</p>	<p><b>If denied by FEMA, please explain the reason for denial.</b></p> <hr/> <p><b>Total Amount of FEMA Payment Remaining:</b> \$</p>
<p><b>Have you applied for assistance with any of the following? Please circle all that apply.</b></p> <p style="text-align: center;"> <span style="margin-right: 40px;">Catholic Charities</span> <span style="margin-right: 40px;">SBA Loan</span> <span style="margin-right: 40px;">Workforce Group - DCMP</span> <span>RESTORE LA</span> </p> <p><b>Please list the date and amount received for each (if applicable). If denied, list reason(s):</b></p>   	
<p><b>Did you receive family/other assistance?</b></p> <p>Yes, Amount Received \$                          No</p>	<p><b>Do you have any savings/other financial resources?</b></p> <p>Yes, Amount \$    No</p>
<p><b>If you have spent any FEMA or Insurance payment, explain expenditures and amounts:</b></p>   	

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<p><b>Total amount from all payments and savings remaining to contribute to build of new home/repairs of property:</b></p> <p>\$</p>	<p><b>Needs:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Housing Reconstruction (New Build)</li> <li><input type="radio"/> Housing Repair</li> <li><input type="radio"/> Mold Remediation</li> <li><input type="radio"/> Residential Clean-out / Debris Removal</li> </ul>
<p><b>Explanation of Extent of Dwelling Damage / Home Repairs Needed:</b></p>          	
<p><b>Have your received a repair or rebuild estimate from a contractor for property damage? If yes, list date and amount:</b></p>	<p><b>Any Other Information Relevant to Application:</b></p>

<p><b>Applicant Signature:</b></p>	<p><b>Date:</b></p>
<p><b>Co-Applicant Signature:</b></p>	<p><b>Date:</b></p>

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Please be prepared to provide copies of the following documentation when/if contacted by Rebuild South Lafourche staff or volunteer.

1. Valid Driver's License or State Issued ID
2. Proof of Residency Prior to the Disaster
3. Title/Deed to Property
4. Mortgage Documents, if applicable
5. Proof of Income, including any benefit payments such as SSI and Disability
6. Current Utility Bills
7. Insurance Settlement letter, if applicable
8. FEMA Settlement letter, if applicable
9. Catholic Charities, DCMP, SBA or Restore LA benefit letters, if applicable
10. Contractor estimates, if applicable

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# FEMA Written Consent Release

**To: FEMA, Federal Emergency Management Agency**  
**RE: Voluntary Consent to Release Confidential Information**

**FEMA Registration Number:** \_\_\_\_\_

<b>Applicant Information</b>	
First and Last Name of Applicant	
Current Address of Applicant	
Current Phone Number of Applicant	

I \_\_\_\_\_ born on \_\_\_\_\_  
 and born in the city of \_\_\_\_\_, whose damaged property  
 address is: \_\_\_\_\_

hereby consent to the disclosure of any and all information collected by FEMA under my applicant  
 number above to BAYOU COMMUNITY FOUNDATION, in care of my disaster case manager or another  
 representative of the organization acting on behalf of the applicant, whose address and contact  
 information is:

**BAYOU COMMUNITY FOUNDATION**  
**JULIE LAFOSSE**  
**P.O. BOX 582, HOUMA, LA 70361**

I specifically consent to have my entire case file disclosed to the organization, including, but not limited  
 to **FEMA VERIFIED LOSS, INSPECTION REPORT, AMOUNT OF ASSISTANCE GRANTED, SBA APPLICATION**  
**STATUS AND PROPERTY DAMAGE ASSESSEMENT**. Additionally, I consent to have the above-named  
 organization and/or individual(s) speak on my behalf and represent me before FEMA.

This consent is made pursuant to and consistent with 28 U.S.C.1746. I hereby declare under penalty of  
 perjury that the foregoing is true and correct.

\_\_\_\_\_  
 Signature of Applicant Providing Consent

\_\_\_\_\_  
 Date



**Rebuild South Lafourche**

A BAYOU COMMUNITY  
FOUNDATION PROJECT

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

## Release of Confidential Information

Bayou Community Foundation is committed to respecting your privacy. It is necessary at times for organizations to share personal information gained during your partnership to coordinate and provide disaster relief assistance. Therefore, your written consent to share and receive information for disaster-related services is necessary. By initialing next to each statement below, you affirm the organization can share or receive your household's information appropriately to advocate on your behalf and avoid duplication of services.

Please Initial Next to Each Statement:	
	I authorize my disaster case management organization to share and receive my personal information, including, but not limited to, name, address, assistance received for disaster recovery, in order to coordinate available resources and services.
	I understand I may revoke this consent at any time by contacting my disaster case management organization in writing.
	I have had the opportunity to ask clarifying questions.
	I understand this release will no longer valid 90 days after the closure of the disaster recovery project.
	Bayou Community Foundation has my permission to use my name and/or images in print publications, presentations, websites, social media, and other print/digital formats.

Are there organizations with whom you would *not* want information share? \_\_\_\_\_ NO \_\_\_\_\_ YES

If YES, list below:

### Client Affirmation

I/We affirm that my/our household lacks resources necessary to recover from this disaster and would like to partner with a disaster case manager who would assist in accessing disaster recovery resources necessary from my/our recovery.

**Please sign and date below:**

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Co-Homeowner / Co-Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Disaster Case Manager Signature

\_\_\_\_\_  
Date Signed