



Application Instructions



2010 HOUSING & UTILITY ASSISTANCE PROGRAM

To apply for assistance you must income eligible, a resident of Kenner for at least six months, be faced with an eviction and/or have utility bills past due and a disconnect notice.

Please complete the attached application(including a signed Asset and Certification statement) and return to one of the Community Development Department Resource Centers listed on the application. **YOUR COMPLETE APPLICATION MUST BE TURNED IN WITH COPIES OF ALL YOUR REQUIRED DOCUMENTS.**

Required documents include:

- **DISCONNECT NOTICES ON PAST DUE UTILITIES**
- **COURT ORDERED EVICTION NOTICES FOR RENT THAT ARE SIGNED BY A JUDGE**
- **LANDLORD'S NAME, ADDRESS, PHONE NUMBERS**
(LANDLORD WILL BE REQUIRED TO provide a SS # or Federal TAX ID and COMPLETE A W-9 FORM to receive rental payment on behalf of applicant/lessee)
- **COMPLETE AND SIGNED LEASE / RENTAL AGREEMENTS**
- **DRIVER'S LICENSE OR PICTURE STATE I.D.**
- **COPY OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN**
- **TWO (2) COPIES OF MOST RECENT PAYCHECK STUBS FOR ALL WORKING HOUSEHOLD MEMBERS**
- **OTHER UTILITY OR TELEPHONE BILLS TO PROVE RESIDENCY. (NO TELEPHONE BILLS WILL BE PAID)**
- **FOOD STAMPS AWARD LETTER/ CHILD SUPPORT**
- **SOCIAL SECURITY / SSI / AFDC / VA / PENSIONS / RETIREMENT OR UNEMPLOYMENT AWARD LETTERS MUST BE PRESENTED. (IF APPLICABLE)**

NOTE: Households/Applicants currently receiving any form of rental assistance are ineligible for this program (Example: Section 8, FEMA, Dhap, CTC, Public Housing, etc.)

Thank you for your attention and cooperation! We hope we can be of assistance to you.

*Arleeta O. Terrell, Director
City of Kenner, Community Development Department*



CITY OF KENNER
DEPARTMENT OF COMMUNITY DEVELOPMENT
2010 Housing & Utility Assistance Program
APPLICATION



*Please complete all information requested and return along with copies of all required documents.
The staff of the Community Development Department will not make copies of your documents.*

Name (Applicant) Social Security No. _____ DOB _____

Name (Applicant) Social Security No. _____ DOB _____

Street Address City Zip Code

Applicant phone Number: HOME: _____ WORK: _____

Alternate contact person: _____
Name/Relationship Phone no.

Type of assistance you are applying for: _____ Rent _____ Utilities

If applying for rental assistance please answer the following:

Name of Landlord/Property manager: _____

Contact number: _____ Alternate # _____

Landlord mailing address: _____

City _____ State _____ Zip code _____

HOUSEHOLD INFORMATION

Number of persons currently living in the home: _____ ADULTS: _____ CHILDREN: _____

MARITAL STATUS: (Check one)

Single Married Separated Divorced Widowed

Members of Household	Relationship to Applicant	Age	Sex	Employed Yes// No

APPLICANT EMPLOYMENT INFORMATION:

Name of Employer: _____

Employer's Address: _____

Type of Business: _____ Phone: _____

Position/Title: _____ Start Date of Employment: _____

Annual Salary: _____

NOTE: If you or any members of your household work more than one job, **each** should be itemized in the table below)

HOUSEHOLD INCOME You are required to provide proof of your household income.

Acceptable documents for each person living in the home include (as applicable) copies of

- a. Two (2) most recent paycheck stubs for all household members
- b. Copy of current Benefit Letter from Social Security, VA, Pension/Retirement, Child Support, Unemployment, Workmen's Compensation, etc. (if applicable)
- c. Copy of Food Stamp Program Record (AFDC/Welfare) (If applicable)

List below the income(s) of the Head of household and all household members who live in the home.

List income from all sources. Income includes, but is not limited to:

- Public or general assistance, all wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
- Income from the operation of a business or profession.
- Income from interest and/or dividends.
- All gross payments received from Social Security, Supplemental Social Security benefits, VA Benefits, unemployment compensation, cash gifts, Annuities, insurance policies, retirement funds, pensions, disability awards, prizes, alimony, child support, and any income from rental property.

NAME (INCLUDING APPLICANT)	RELATIONSHIP	AGE	INCOME SOURCE	INCOME AMT./MO.
_____	<u>Head of Household</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL INCOME EARNING HOUSEHOLD MEMBERS: _____

TOTAL MONTHLY GROSS INCOME: \$ _____

Have you received financial assistance toward the payment of your rent and/or utilities from any public or government agency within the last 12 months? () Yes () No

If yes, amount received: \$ _____, Year: _____

Name of Agency: _____

Have you been approved for a Section 8 housing voucher? _____ Yes _____ No

Are you a resident of the Kenner Housing Authority? _____ Yes _____ No

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

SEX: () Female () Male

HOUSEHOLD TYPE:

- () Single, Non-Elderly
- () Single Parent
- () Female Head of Household
- () Elderly
- () Two Parents
- () Other

ETHNICITY: (select only one) () Hispanic or Latino () Not Hispanic or Latino

- Race: (select one or more)
- () American Indian or Alaska Native
 - () Asian
 - () Black or African American
 - () Native Hawaiian or Other Pacific Islander
 - () White

() I do not wish to furnish this information: _____ (Initials)

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above information as applicable under the provision of Title 18, United States Code, Section 1014. By signing below, I certify that the information I have provided is true and correct.

Print Name

Signature

Print Name

Signature

Date: _____

RETURN COMPLETED APPLICATION TO:

Martin Luther King Community Resource Center 1042 31st Street Kenner, LA, 70065 466-0697

OR

The Hispanic Resource Center 4312 Florida Blvd Kenner, LA 70065 469-2570

Revised: March 5, 2010

**CITY OF KENNER
DEPARTMENT OF COMMUNITY DEVELOPMENT**

2010 Housing & Utility Assistance Program



ASSET STATEMENT

PERSONAL ASSETS: Personal assets and resources include cash on hand, rental income, money in checking or savings account (including credit union), stocks, bonds, notes receivables, and other items which can easily be changed into cash as well as land, buildings, and personal property (such as motor vehicles, campers, boats, livestock, etc.). Applicants are required to disclose any personal assets or resources they have which can be quickly converted to cash to assist them. If none, write “NONE”.

Type of Asset or Resource	Value	Amount you owe

APPLICANT CERTIFICATION:

This is to certify that I have no assets that could be liquidated and converted to cash – excluding my personal residence or automobile.

APPLICANT

INTERVIEWER

DATE

DATE

Filename: Housing & utility rent Asst. asset statement



**CITY OF KENNER
DEPARTMENT OF COMMUNITY DEVELOPMENT**



2010 Housing and Utility Assistance Program

“Preventing Homelessness in Our City”

APPLICANT’S CERTIFICATION

I certify that the statements made by me in this application to the City of Kenner for Housing & Utility Assistance Program funding are true, complete and correct to the best of my knowledge. I understand that any material misrepresentation or omission from this application may be grounds for rejection of assistance or termination of subsequent service from the City of Kenner.

I authorize the Department of Community Development of the City of Kenner, to verify any information given to them and to obtain required verification from other sources as may be necessary. I agree to inform the Department of Community Development promptly (within 10 days) of any changes which may affect my eligibility for homeless prevention assistance.

I hereby certify and agree to pay from my personal resources at least 25% of the assistance which I am seeking, i.e. the eligible amount of utilities/rent/mortgage payment due, and I further understand that the Housing & Utility assistance program will provide financial assistance to me in an amount not to exceed 75% of the amount of assistance I am eligible for.

I know that if I have been discriminated against because of race, color or national origin, sex or religious beliefs, handicap or familial status, it is my right to file a complaint either through the City of Kenner or directly to the State Office of the Federal Government.

PENALTIES FOR FRAUD: State and Federal law provide penalties, including fine, imprisonment, or both, for anyone applying for assistance for which they are not eligible by making false statements, and/or failing to record changes in information/income on their application within the Community Development Department guidelines. If evidence indicates that an individual has willfully violated the law, they will be investigated and subject to possible prosecution.

APPLICANT

INTERVIEWER

APPLICANT

DATE

DATE