RESTORE LOUISIANA

APPLICATION GUIDE

EQUAL HOUSING OPPORTUNITY

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RESTORE LOUISIANA HOMEOWNER ASSISTANCE PROGRAM | HURRICANE FRANCINE

Overview

What is the Restore Louisiana Homeowner Assistance Program?

The Restore Louisiana Homeowner Assistance Program is a federal disaster relief program dedicated to helping low-to-moderate income homeowners recover from Hurricane Francine in 2024.

The program is administered by the Louisiana Office of Community Development (OCD) and funded by the U.S. Department of Housing and Urban Development (HUD) through federal appropriations of Community Development Block Grant-Disaster Recovery (CDBG-DR) funds.

Who:

The Program has started inviting Louisiana homeowners who meet the initial Phase 1 criteria based on their survey responses to complete an application for assistance after submitting a program survey.

Phasing Criteria:

- ✓ Sustained FEMA IA damages of $8,000 or greater for repairs
- ✓ Must not have received or expect to receive structural insurance payments greater than $50,000

What:

The program provides home repair and/or reconstruction to homeowners impacted by Hurricane Francine (September 2024).

The Restore Louisiana Homeowner Program will cover eligible costs for the repair, replacement, and/or reconstruction of storm damaged homes.

Need Further Assistance?

If you need help filling out your application, please call **866.735.2001** to speak with a program representative anytime between Monday – Friday, 8 am – 5 pm.

For a comprehensive document checklist for submitting a program application and other helpful program resources, please visit the Resources page of the program website.
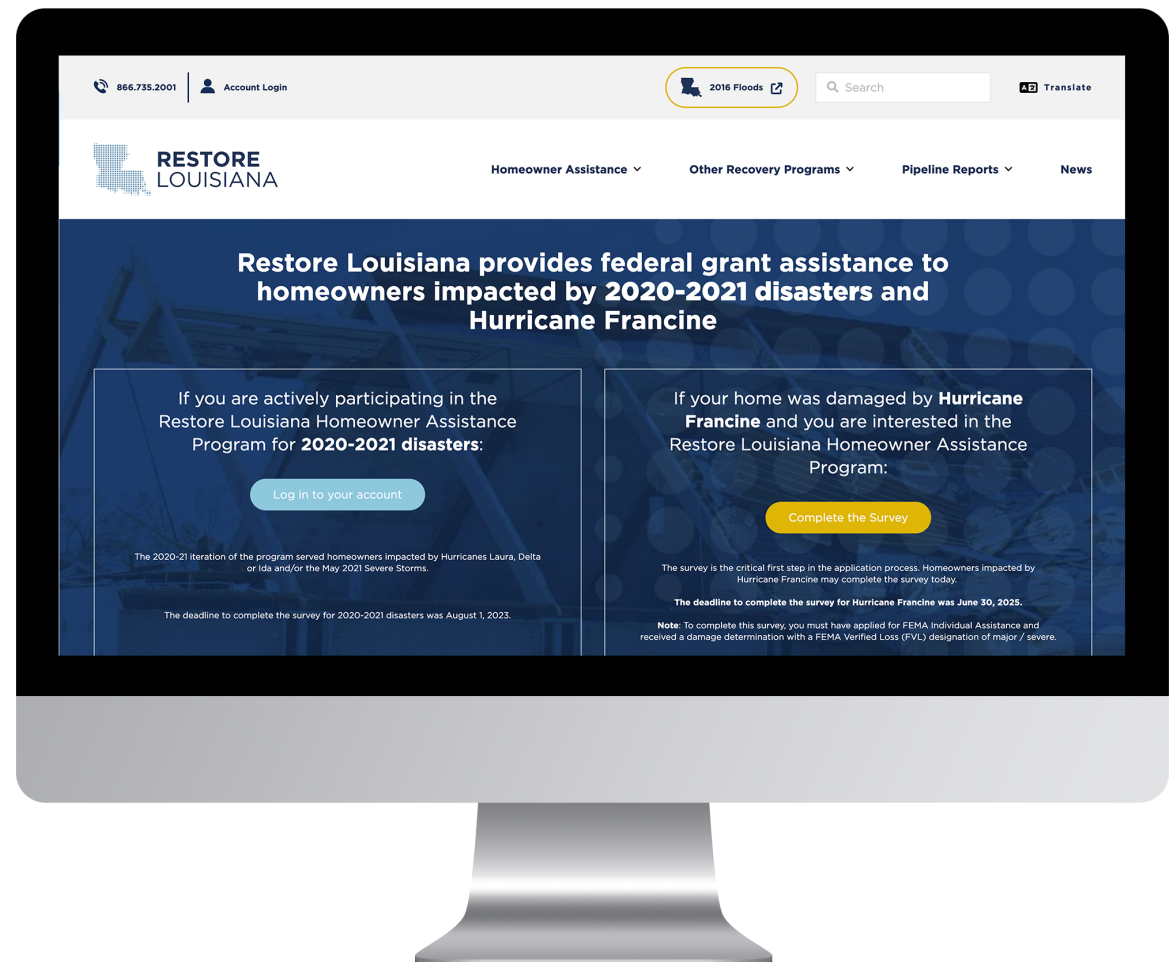
Logging Into Your Account

Once receiving the invitation by the Program to complete an application, you will log in to the portal using the **ACCOUNT ID**, **LAST NAME**, and **PASSWORD** you used when filling out the program survey.

You will receive a one-time verification code each time you login to your account, and you must enter the verification code sent to the registered phone number and/or email address to start the application.

The code will expire after **30 MINUTES**.

Applicant Information

The first section of the application includes basic information about the primary applicant.

You will be asked to provide:

- **Prefix**
- **First Name** *(Required)*
- **Middle Name**
- **Last Name** *(Required)*
- **Suffix**
- **Street Address** *(Required)*

- **City** *(Required)*
- **State** *(Required)*
- **Zip Code** *(Required)*
- **Phone** *(Required)*
- **Email Address** *(Required)*

You will need to check the box verifying the information is correct, then click **NEXT**.

To be considered eligible, applicants must have owned AND occupied the damaged home at the time of the disaster as their primary residence.

The program will use your provided phone number and email to provide status updates, and communicate with you during the entire process. Please provide a working phone number and/or email that you check regularly.

The address you provide as your Current Mailing Address should be where you regularly receive mail.

It is the applicant's responsibility to keep the program informed of current contact information and update the records in the account if the mailing address or phone number changes.

RESTORE24 UAT Louisiana Homeowner Assistance Program Application

Applicant Information

The NEXT button will be enabled when you have provided the required information.
The information on the page will be saved only when the NEXT button is clicked.

Note: To be considered an eligible applicant of the RESTORE24 UAT Louisiana Homeowner Assistance Program, an applicant must have owned AND occupied the damaged home at the time of the disaster as their primary residence.

The APPLICANT information provided in the survey is shown below. Please update as necessary and then click the checkbox to indicate that your updates are complete.

Please be aware that under the terms of this program you are under obligation to keep your contact information current. If your contact information changes, please log back into this system to update your information or contact the call center at 866-735-2001

Name: Prefix
None

First Name (Required):
First Name
First Name is Required

Middle Name
Middle Name

Last Name (Required):
Last Name
Last Name is Required

Suffix
None

Current Mailing Address: Street Address 1 (Required):
Street Address 1

Street Address 2
Street Address 2

City (Required):   State (Required):   Zip Code (Required):
City   State   Zip Code

Phone Number Day Phone (Required):   Night Phone
(__) ___-____   (__) ___-____
Day Phone is Required
☑ Mobile Phone Accepting Texts   ☐ Mobile Phone Accepting Texts

Email Address (Required): Enter Email Address
Email Address is required

☐ I verify that the above information, copied from the survey, is correct and up to date.

Previous   Next

The first section of the application includes basic information about the primary applicant.

You will be asked to provide:

- **Social Security Number** *(Required)*
- **Birth Date** *(Required)*
- **Gender** (Required
- **Race** *(Required)*
- **Ethnicity** *(Required)*
- **Marital Status** *(Required)*
- **Head of Household Demographics**
- **Citizenship Status** *(Required)*

Click **NEXT**.

Only owners of the damaged property are potentially eligible for program assistance. Clicking "**NO**" for the question "**Are you an owner of the damaged home**" will warrant the pop-up message to the right informing you that you will need to be registered as an owner of the property to continue.

You will not be able to proceed if you do not click "**YES**."

Application

Applicant Information (Continued)

The NEXT button will be enabled when you have provided the required information.
The information on the page will be saved only when the NEXT button is clicked.

No/Yes

Are you an owner of the damaged home? For Program purposes, you are considered an owner if your name appears on the last recorded Title Report whereby the damaged property was acquired and you have not transferred ownership either voluntarily or involuntarily since that date.

Social Security Number (Required):

`___-__-____`

Birth Date (Required):

`MM/DD/YYYY`

Gender (Required):

`Gender`

Race (Required):

`Race`

Ethnicity (Required):

`Ethnicity`

Marital Status (Required):

`Marital Status`

Is the Head of Household Female? Head of household means the adult member of the family who is the head of the household for purposes of determining income eligibility. (Required):

`Head of Household`

Citizenship Status (Required):

`Citizenship status`

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For this question, "**Is the Head of Household Female?**" This data is collected by the program and reported to HUD as per CDBG-DR funding requirements.

"**Head of Household**" is determined by the top wage earner in the household.

Power of Attorney

You will be asked to disclose whether someone other than the primary applicant/homeowner has power of attorney.

If you select "**NO**," proceed to the next section.

If you select "**YES**," you will be asked to provide the following information about the individual granted power of attorney privileges:

- **Name**
  - › Prefix
  - › First Name (Required)
  - › Middle Name
  - › Last Name (Required)
  - › Suffix

- **Current Mailing Address**
  - › Street Address (Required)
  - › City (Required)
  - › State (Required)
  - › Zip Code (Required)

- **Phone** *(Required)*

- **Email Address**

Click **NEXT**.

The "power of attorney" document will detail the type of authority assigned to the named individual in the document. Authority could include accessing file information or completing documents on behalf of an applicant.

Power of Attorney Document

Drag and Drop here!

Select file   BROWSE

iPhone users may need to hold the Browse button and then release to be able to upload.

Uploaded File List

Delete	File Name

← Previous   → Next

Alternate Contact

In this section, you will be able to identify an alternate contact, such a friend or family member, for the program to contact in the event that the applicants cannot be reached.

You will be able to select "**YES**" or "**NO**." If you select "**YES**," you will be asked to provide the following information for the alternative contact:

- **Name**
  - › Prefix
  - › First Name (Required)
  - › Middle Name
  - › Last Name (Required)
  - › Suffix

- **Current Mailing Address**
  - › Street Address (Required)
  - › City (Required)
  - › State (Required)
  - › Zip Code (Required)

- **Relationship**
  - › Dropdown options include:
    - Domestic partner
    - Mother
    - Father
    - Sister
    - Brother
    - Child
    - Extended family
    - In-law
    - Neighbor
    - Friend
    - Guardian
    - Attorney
    - Authorized individual

- **Phone Number**

- **Email Address**

Click **NEXT**.

Alternate Contact
The Next button will be enabled when you have provided the required information.

No/Yes

Applicants may choose to have a relative or friend listed as an alternative contact in the event they cannot be reached. Will there be an alternative contact?

Please provide the Relative/Friend contact information below:

Name: Prefix — None
First Name (Required): First Name
Middle Name: Middle Name
Last Name (Required): Last Name
Suffix — None

Current Mailing Address:
Street Address 1 — Street Address 1
Street Address 2 — Street Address 2
City — City   State — State   Zip Code — Zip Code

Phone Number (Required):
Day Phone (_)__-___ ☐ Mobile Phone Accepting Texts
Night Phone (_)__-___ ☐ Mobile Phone Accepting Texts
A minimum of one phone number is required.

Email Address — Enter Email Address

Relationship: Relationship

← Previous   → Next

Damaged Residence

The damaged residence information will be automatically filled in with information from the survey you previously completed.

Information presented includes:

- **Street Address** *(Required)*
- **City** *(Required)*
- **State** *(Required)*
- **Zip Code** *(Required)*
- **Zip Plus 4**
- **Parish**
- **Confirmation of property ownership**
- **Address verification**
- **Whether you are involved in any legal proceedings or pending litigation**

You must check the box that says, **"I certify that I owned the above damaged residence and occupied it as my primary home at the time of the disaster"** in order to proceed through the application.

Click **NEXT**.

Please only make necessary changes to this information, as it auto populates based on previously submitted information from the survey. If the information is accurate and does not require changes, click "**NEXT**."

Damaged Residence Information
The NEXT button will be enabled when you have provided the required information.
The information on the page will be saved only when the NEXT button is clicked.

While you should make any necessary corrections, please note that entering information that is significantly different than your responses in the initial survey may affect your eligibility for this program.

Street Address 1 (Required)

Street Address 2

Street Address 2

City (Required)

State (Required)

Zip Code (Required)

Zip Plus 4

Parish

I certify that I owned the the above damaged residence and occupied it as my primary home at the time of the disaster.

No/Yes

Does your address include a unit or lot number that does not appear in the address displayed above?

Are you, or is the damaged property, a party to any pending or anticipated litigation, probate, liens, or any other legal proceedings involving taxes, mortgages, or title of the damaged property? (Required):   Select

← Previous   → Next

The damaged residence information will be automatically filled in with information from the survey you previously completed.

Information presented includes:

- **Which major disaster impacted your home?** *(Required)*
  › Hurricane Francine (2024)
- **Select structure of damaged home** *(Required)*
- **Did a tenant, whether or not you received a payment from the tenant, occupy a portion of the residence at the time of the disaster?**
- **Was your home constructed prior to 1978?**

You will need to check the box verifying the information is correct, then click **NEXT**.

Please only make necessary changes to this information, as it auto populates based on previously submitted information from the survey. If the information is accurate and does not require changes, click "Next."

Damaged Residence Information (Continued)
The NEXT button will be enabled when you have provided the required information.
The information on the page will be saved only when the NEXT button is clicked.

Information you provided in your survey responses has been entered for you below.

While you should make any necessary corrections, please note that entering information that is significantly different than your responses in the initial survey may affect your eligibility for this program.

Which major disaster impacted your home? (Required)
☑ Hurricane Francine 2024

Select structure of damaged home (Required):
Mobile Home - Single Wide

No/Yes

Did a tenant, whether or not you received payment from tenant, occupy a portion of the residence at the time of the disaster? ⬜

Was your home constructed prior to 1978? 🔵

Do you know if this home has gone through a major renovation since 1978, including new paint to the exterior and/or interior of the home? ⬜

The information above is correct ☐

← Previous   → Next

Did you answer "**YES**" to the following question?

Did a tenant, whether or not you received a payment from the tenant, occupy a portion of the residence at the time of the disaster?

If so, you will be prompted to answer the following questions about the tenant:

- **Name**
  - › Prefix
  - › First Name (Required)
  - › Middle Name
  - › Last Name (Required)
  - › Suffix

- **Current Mailing Address**
  - › Street Address (Required)
  - › City (Required)
  - › State (Required)
  - › Zip Code (Required)

- **Phone Number**

- **Email Address**

- **Was any tenant disabled?**

- **Does any tenant have access or functional needs?** *(Yes/No)*

- **Is the tenant still living in a portion of the residence on the date of this application?** *(Yes/No)*

- **Do you and co-applicant certify that there are no tenants in the residence at the time of this application?** *(Yes/No)*

You will need to check the box verifying the information is correct, then click **NEXT**.

Please only make necessary changes to this information, as it auto populates based on previously submitted information from the survey.

Did you answer "Yes" to the following question?

Was your home constructed prior to 1978?

If so, you will be prompted to answer the following additional question:

- **Do you know if this home has gone through a major renovation since 1978, including new paint to the exterior and/or interior of the home?**

- **Do you have a concern of lead-based paint in the home?**

You will need to check the box verifying the information is correct, then click **NEXT**.

Please only make necessary changes to this information, as it auto populates based on previously submitted information from the survey. If the information is accurate and does not require changes, click "**NEXT**."

Damaged Residence Information (Continued)

The NEXT button will be enabled when you have provided the required information.
The information on the page will be saved only when the NEXT button is clicked.

Information you provided in your survey responses has been entered for you below.

While you should make any necessary corrections, please note that entering information that is significantly different than your responses in the initial survey may affect your eligibility for this program.

Which major disaster impacted your home? (Required)   ☑ Hurricane Francine 2024

Select structure of damaged home (Required):   Mobile Home - Single Wide ⌄

No/Yes

Did a tenant, whether or not you received payment from tenant, occupy a portion of the residence at the time of the disaster?   ⬤

Was your home constructed prior to 1978?   ⬤

Do you know if this home has gone through a major renovation since 1978, including new paint to the exterior and/or interior of the home?   ⬤

The information above is correct   ☐

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Grant Request

Grant Request

The NEXT button will be enabled when you have provided the required information.
The information on the page will be saved only when the NEXT button is clicked.

The RESTORE24 UAT Louisiana Homeowner Assistance Program allows only Solution 2 option to complete your home's repair or reconstruction:

○ Solution 2: I wish to hire my own contractor and manage my repair or reconstruction project or already have a contractor in place with whom I would like to continue to work. I understand that I am responsible for monitoring progress and coordinating with the program to request inspections that will permit the distribution of grant funds.

Only allowed to select Solution 2 and provide contractor information, if available:

SOLUTION 2: I wish to hire my own contractor and manage my reconstruction project or already have a contractor in place with whom I would like to continue to work. I understand that I am responsible for monitoring progress and coordinating with the program to request inspections that will permit the distribution of grant funds.

Click **NEXT**.

If you would like to speak to a program representative about the different solutions, please call the program call center at 866.735.2001.

For other helpful resource guides that provide an overview of Solution 1 and 2, see the **Resource page** on the program website.

After selecting Solution 2 for your repairs and/or reconstruction, you will be asked to provide basic information regarding your chosen contractor, including:

- **Contractor Name**
- **Contractor License Number**
- **Contractor License Type**
- **Contractor Phone**
- **Contractor Email**

Click **NEXT**.

Please provide the name and contact information for the contractor (if one has already been selected)

Contractor Name

> Contractor Name

Contractor License Number

> Contractor License Number

Contractor License Type

> Contractor License Type

Contractor Phone

> (___) ___-____

Contractor Email

> Contractor Email

Use this link to verify your Contractor's License with the Louisiana State Contractor's License Board (LSLBC):
https://lslbc.louisiana.gov/contractor-search/

Contractor information MUST be provided within 60 days of award acceptance.

☐ Please check this box to certify that you have verified or will verify your Contractor's license through the Louisiana State Contractor's License Board (LSLBC).

← Previous   → Next

All construction must be performed by a Louisiana Contractor with the appropriate license through the Louisiana State Licensing Board for Contractors for the scope of work.

Insurance Benefits

In this section, please confirm that your FEMA registration number and Individual Assistance (IA) amount are correct. If they are incorrect, you will have the opportunity to revise, however please note that your application eligibility is linked to a verified FEMA IA registration number.

If you have another FEMA IA registration number to add, you may do so on this page as well.

Click **NEXT**.

FEMA Benefits

The NEXT button will be enabled when you have provided the required information.
The information on the page will be saved only when the NEXT button is clicked.

Our records indicate that the following amounts were awarded by FEMA Individual Assistance (IA) to repair or reconstruct your damaged home. Please check your records to make sure the award registrations and amounts shown below are correct. Contact FEMA if you disagree with the information shown.

No/Yes

Have you registered with FEMA for Individual Assistance (IA) for structural damage to your home?

You have identified the following FEMA IA registration numbers

FEMA IA Registration Numbers	
Registration Number	**IA Amount**
620210948	$10,822.64

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In this section of the application, you will be asked to disclose insurance benefits information, which is a critical component in determining the award amount.

You will be asked to answer the following questions:

Did you have homeowners insurance (hazard) on the structure of your home at the time of disaster? *(Yes/No)*

If answered "**YES**":

› Please select the insurance provider
› Please enter that policy number
› Please indicate the amount that you received

Did you have National Flood Insurance Program (NFIP) insurance on the structure of your home? *(Yes/No)*

If answered "Yes":

› Please enter that policy number
› Did you receive any insurance payments from NFIP?

Did you have private flood insurance on the structure of your home? *(Yes/No)*

If answered "**YES**":

› Please select the insurance provider
› Please enter that policy number
› Please indicate the amount that you received

You will then be asked to upload your Statement of Loss/Claims payout showing the amount received. To do so, you may click "Browse" to select the document, or you may drag and drop the document from a folder or desktop.

Click **NEXT**.

Answering this section accurately is critical for the program to determine ultimate award amount and any possible Duplication of Benefits (DOB). The Robert T. Stafford Disaster Assistance and Emergency Relief Act (Stafford Act) prohibits any person from receiving financial assistance from CDBG-DR funding with respect to any part of the loss resulting from a major disaster as to which he/she has already received financial assistance under any other program or from insurance or any other sources. The Duplication of Benefits amount, if applicable to a homeowner's situation, is determined by the Program and may result in the reduction of an award value.

NOTE: If trying to upload the Statement of Loss document from an iPhone, please click and hold down the Browse button for three seconds.

Previous Disaster Grants

In this section of the application, you will be asked to disclose information about previous assistance received from past disasters.

Questions include:

- **Did you receive federal assistance from a previous disaster?** *(Yes/No)*

- **Were your required to maintain insurance?** *(Yes/No)*

- **Have you maintained insurance since the previous disaster?** *(Yes/No)*

Click **NEXT**.

Previous Disaster Grants
The Next button will be enabled when you have provided the required information.

No/Yes

Did you receive federal assistance from a previous disaster?

No/Yes

Were you required to maintain insurance?

No/Yes

Have you maintained insurance since the previous disaster?

This selection may affect program eligibility.

← Previous   → Next

NOTE: Responses in this section may affect program eligibility. Please answer accurately. Additional details on flood insurance requirements and their applicability can be found in the Program Manual.

Small Business Administration (SBA) Benefits

In this section of the application, you will be asked to disclose information about previous assistance received from Small Business Administration (SBA) loans.

You will be asked to answer the following questions:

Have you applied for any disaster assistance from the SBA for damage to your home? *(Yes/No)*

If answered "**YES**":

› Do you know your SBA Application Number? (Yes/No)

If answered "**YES**":

Please enter your SBA Application Number *(Required)*

› Were you approved for disaster assistance from the SBA for damage to your home?

If answered "**YES**":

Please indicate the amount of assistance for which you were approved *(Required)*

Please indicate the amount of assistance you have received *(Required)*

› Did you decline a loan from SBA? (Yes/No)

If answered "**YES**":

Here you will provide a brief narrative explaining your decision to decline the SBA loan.

Click **NEXT**.

NOTE: Responses in this section may affect your award amount. Please answer accurately. Federal law requires that SBA loans for repair of the damaged dwelling to be counted as a duplication of benefits only in limited circumstances. For more information on SBA loans, see the Program Manual.

Other Benefits

In this section of the application, you will be asked to disclose information about any other benefits you have received that may be considered a Duplication of Benefits (DOB) when determining program assistance.

Have you received assistance from other entities (excluding FEMA and SBA) or individuals to help you repair or reconstruct your home? *(Yes/No)*

If answered "**YES**":

Please list the other entity(s) that provided financial assistance to help you repair or reconstruct your home. *(Required)*

Please indicate the total amount of other assistance received from your listed entities that helped you repair or reconstruct your home. *(Required)*

Click **NEXT**.

Other Benefits
The Next button will be enabled when you have provided the required information.

No/Yes

Have you received assistance from other entities (excluding FEMA and SBA) or individuals to help you repair or reconstruct your home?

Examples of other entities include but are not limited to insurance companies, the Red Cross, a church or a non-profit entity.

← Previous   → Next

NOTE: Responses in this section may affect your award amount. Please answer accurately. The Robert T. Stafford Disaster Assistance and Emergency Relief Act (Stafford Act) prohibits any person from receiving financial assistance from CDBG-DR funding with respect to any part of the loss resulting from a major disaster as to which he/she has already received financial assistance under any other program or from insurance or any other sources. The Duplication of Benefits amount, if applicable to a homeowner's situation, is determined by the Program and may result in the reduction of an award value.

Household Members

In this section, you will need to identify each and every member of your current and permanent household members' income to determine gross income.

Please provide an answer to the following question:

How many people occupied the household as permanent residents at the time of the disaster?

Click **NEXT**.

Household Members

The Next button will be enabled when you have provided the required information.

The final set of questions ask about the number of current permanent members in your household and your total adjusted gross income

How many people occupied the household as permanent residents at the time of the disaster?   4

To submit Required Documentation via DocuSign, you must enter a valid email address for each household member 18 years of age or older.

[← Previous]   [→ Next]

Add every household member in this section.

Every household member over the age of 18 will be required to sign documents at the end of the application in order to officially submit your application, so please be sure to provide a working, monitored email and phone number for each individual.

After you provide the information for a household member, they will appear in the Household Members list.

Make sure all permanent household members are checked using the checkbox the right of each household member's name.

The number of current permanent members in the household must be equal to the number of applicants and co-applicants checked, so please be sure to adjust the number from the dropdown based on how many household members are included in the list above.

You will also need to answer the following question for each household member:

- **Is anyone identified as a household member disabled?**

- If you answer "**YES**":

  › Does any household member have access or functional needs?

Click **NEXT**.

Add every household member in this section.

If an applicant indicates that they are disabled or a disabled person is a household member, then the applicant may be required to submit additional documents regarding the disability.

Household Income

The household income page will indicate which income range you selected when completing the survey.

You will be asked to update the income range, if there are any changes based on the addition of household members.

You will be able to select the income range from the dropdown.

There will be a list of all members contributing to the gross household income.

For each one, you will need to provide:

- Your relationship to each member from the dropdown
- Source of income based on the checkboxes
- Each member's annual income, in the box provided.

Please provide this information for each household member over the age of 18.

Click **NEXT**.

Household Income

The Next button will be enabled when you have provided the required information.

From the survey you indicated your household income to be between $0 - 16,700

Based on the number of individuals in your household and the Parish of your damaged home, use the table below to select the income range that matches the total adjusted gross income for all members of the household.

Parish: East Baton Rouge

Household Members: 1

Total Estimated Household Income	
Category	Income Range ($$)
A	$ 44,451 - or more
B	$ 27,801 - 44,450
C	$ 16,701 - 27,800
D	$ 0 - 16,700

Income Range

D

Household Member Income Information for those 18 and over

Applicant

Name	Relationship	Source of Income	Annual Income
Meagan Collman	Applicant	☐ Regular Wages/Salary ☐ Self Employed ☐ Unemployment ☐ Social Security ☐ Other ☐ No Income	Annual Income

← Previous   → Next

To calculate the Total Estimated Household Income, take the sum of all current annual incomes provided for each household member.

Example:

If your annual income is $10,000, and the co-applicant's income is $15,000, your Total Estimated Household Income is $25,000.

Acknowledgements

In this section, you will need to initial, agreeing to the following:

- Notice of Electronic Capture and Storage of Data

- Lead Based Paint

Click **NEXT**.

Notice of Electronic Capture and Storage of Data: In order to process your application as quickly as possible, the state will need to collect records and information about your property as well as each applicant and co-applicant. Initialing here will give the state permission collect your information and store it in the state's secure databases.

Lead Based Paint: Initialing this acknowledgement certifies that you have been provided with the Environmental Protection Agency's pamphlet of information regarding the harm and damages potentially caused by lead paint.

Upload Identification

In this section, applicants and household members over the age of 18 will have the opportunity to upload your government-issued identification.

First, you will select the household member from the provided dropdown menu, and then upload a clear photo or scanned document of your photo ID.

Repeat the process for all household members.

Click **NEXT**.

Upload Identification

The NEXT button will be enabled when you have provided the required information.
The information on the page will be saved only when the NEXT button is clicked.

Applicant and household members who are 18 years of age or older must upload government issued Identification for Citizenship Verification. (e.g. U. S. PASSPORT, LOUISIANA REAL ID).

Please select a household member to upload identification document

Choose a Member

Uploaded File List	
File Name	**Delete**

← Previous   → Next

While it is not required to submit your government-issued identification as part of your application, you will be required to provide it at your grant signing/execution.

If you need help to upload your documents, please view the video called "Scanning and Uploading Documents" located on the **Resource page** of the website.

Required Documentation

In this section of the application, you will be asked to submit documentation to supplement your application, including:

- **Consent and Release Form** *(signed by all applicants and household members 18 and over)*

- **4506C IRS Form** *(signed by all applicants and household members 18 and over who have filed a tax return)*

- **Certification and Authorization Form** *(signed by applicant and co-applicant)*

You have the option to upload these signed documents manually, or click "**SIGN WITH DOCUSIGN**" for the forms to be sent via email to all household members, allowing you to sign and submit virtually.

Click **NEXT**.

The program offers an electronic form signing option called DocuSign which allows you to securely sign documents on your mobile device or computer to expedite the application process and avoid the need to scan and upload documents. The DocuSign method of signing program forms is the preferred method to expedite the processing of your application.

In order to use this function, you will need to enter an email address for all household members 18 years of age and older. Please follow the DocuSign prompts throughout the application and ensure each email account provided is easy for you and your household members to access.

Each household member 18 years of age and older will receive an email from DocuSign containing documentation for each member in order to electronically sign.

Once all DocuSign documents are signed by each household member 18 years of age or older, you will then have the option to submit your program application electronically.

If you don't use DocuSign, you will need to manually download, fill out, and then scan and upload the documents into the application in order to submit and complete your application.

If you need help to download, scan or upload your documents, please view the video called "Scanning and Uploading Documents" located on the **Resource page** of the website.

Finalize Application

Submit Application

The Submit button will be enabled when you have provided the necessary information

You have finished answering the questions. You are ready to submit the application.

Before clicking the Submit button, please use the Previous button or the left panel menu navigation tabs to review or update the current responses to each of the Application questions. After all responses have been reviewed for accuracy, use the Next button to navigate to this last page of the Application and follow the below instructions.

☐ By submitting this application, I certify that I have reviewed my application and that all the information provided is true and complete,
I acknowledge, and understand that all household members may be required to vacate the property for the purpose of performing construction and/or construction-related authorized work, and
I acknowledge, and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (b) makes any materially false, fictitious, or fraudulent statement or representation; or (c) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, to any branch of the United States Government, and; (2) requires a fine, imprisonment for not more than five years, or both, for any violation of such Section.

[← Previous] [Submit]