

This program is administered by the Louisiana Office of Community Development, with funding from the U.S. Department of Housing and Urban Development.

Restore Louisiana supports Fair Housing/Equal Employment Opportunity/ ADA Accessibility.



RESTORE
LOUISIANA

APPLICATION GUIDE



LOUISIANA
Office of
**COMMUNITY
DEVELOPMENT**

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 federally declared disasters impacting Louisiana in 2020 and 2021.

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 \$3,000 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 the following 2020 and 2021 storms:

- Hurricane Laura (August 2020)
- Hurricane Delta (October 2020)
- May 2021 Floods (May 2021)
- Hurricane Ida (August – September 2021)

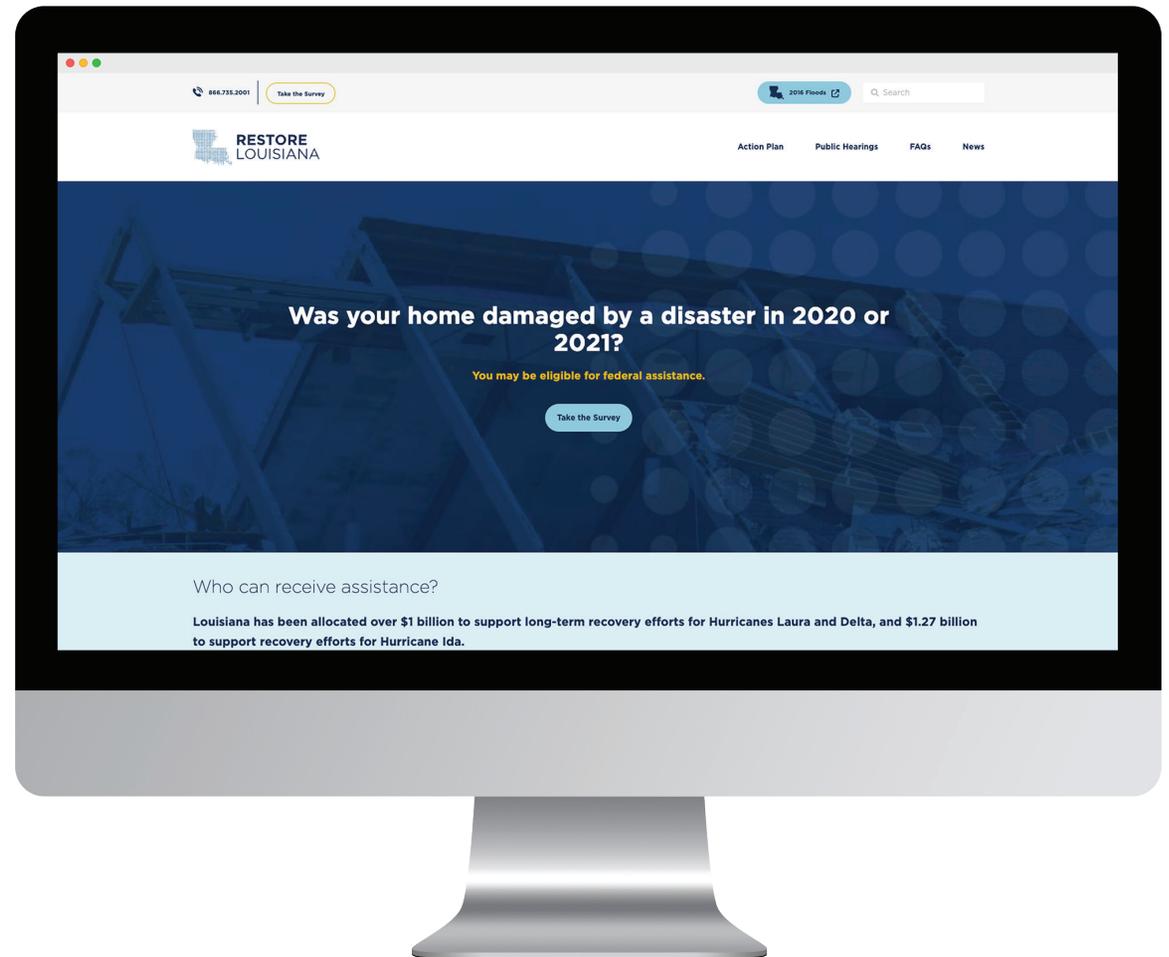
The Restore Louisiana Homeowner Program will cover eligible costs for the repair, replacement, and/or reconstruction of storm damaged homes.

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**.

The screenshot shows the mobile interface of the eGrants system. On the left is a dark sidebar menu with 'eGrants Menu' at the top, containing 'Login' and 'Register' options with right-pointing chevrons. The main content area is titled 'eGRANTS MOBILE FRIENDLY' and 'Restore Louisiana Homeowner Assistance Program'. Below the title is a 'Login' section. A message states 'Chrome is a preferred browser for eGrants.' and 'The Login button will be enabled after all required fields are entered.' The form includes three input fields: 'Account ID:(Required)', 'Last Name:(Required)', and 'Password:(Required)'. Below these is a 'One More Thing....' section with a message: 'We need to confirm your account. We've just sent you a one-time code to your email. Please check your email or mobile phone and enter the code below.' This is followed by a 'Verification Code:(Required)' field with a link to 'Request another one-time code'. A note at the bottom of this section says 'Please call 866-735-2001 for help related to your account'. At the very bottom, there is a reCAPTCHA widget with a green checkmark and the text 'I'm not a robot', and a 'Login' button.

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.

Applicant Information

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

Note: To be considered an eligible applicant of the UAT - Restore20 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

First Name (Required):

Middle Name

Last Name (Required):

Suffix

Current Mailing Address: Street Address 1 (Required):

Street Address 2

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

Phone Number: Day Phone (Required): Night Phone:
 Mobile Phone Accepting Texts Mobile Phone Accepting Texts

Email Address (Required):

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



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**

Click **NEXT**.

Applicant Information (Continued)
The Next button will be enabled when you have provided the required information.

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. No/Yes

Social Security Number (Required):

Birth Date (Required):

Gender (Required):

Race (Required):

Ethnicity (Required):

Marital Status (Required):

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):

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.”**

You are not currently marked as an owner of the damaged home.
You have indicated that you are NOT an owner of the damaged home. If you are an owner of the damaged home, please update the answer to the ownership question on this page. Only owner-occupants of a damaged property are eligible for this program.

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.

Please enter the information below for the Power of Attorney

Name:

Prefix

First Name (Required):

Middle Name

Last Name (Required):

Suffix

Current Mailing Address:

Street Address 1 (Required):

Street Address 2

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

Phone Number

Day Phone (Required):
 Mobile Phone Accepting Texts

Night Phone
 Mobile Phone Accepting Texts

Email Address

Power of Attorney

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

No/Yes

Is there an individual with legal Power of Attorney who will be assisting you in the future with this program?

Other Property Owners



In this section, you will be able to list other owners of the property, who will be co-applicants on the application.

You will be asked to answer “**YES**” or “**NO**” to the question, “**Are there other occupants of this property who owned the home at the time of the disaster? Any owner of the property who is a member of the household at the current time must be listed in this section.**”

If you answer “**YES**,” you will be prompted to provide information for other property owners, thus making them co-applicants, such as:

- **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**

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

A screenshot of a web form titled "Other Property Owners Applying Jointly". It includes a header "Other Applicants List" with columns for "First Name", "Middle Name", "Last Name", "Suffix", and "Resident". Below the header is a question: "Are there other occupants of this property who owned the home at the time of the disaster? Any owner of the property who is a member of the household at the current time must be listed in this section." with a "No/Yes" label and a toggle switch. At the bottom are "Previous" and "Next" buttons.A screenshot of a web form titled "Other Applicant Information". It contains several input fields: "Name" (Prefix dropdown, First Name, Middle Name, Last Name, Suffix dropdown), "Current Mailing Address" (Street Address 1, Street Address 2, City, State dropdown, Zip Code), "Phone Number" (Day Phone, Night Phone, and checkboxes for "Mobile Phone Accepting Texts"), and "Email Address (Required)". At the bottom is a checkbox "The information above is correct" and "Previous" and "Next" buttons.

Note: All co-owners of the property will need to submit the required documentation to submit the application, so please be sure to enter a valid email address and/or phone number for each owner.



Requested information for other property owners, thus making them co-applicants, includes:

- **Is this applicant on the title for the damaged home?** *(Yes/No)*
- **Was the damaged home the primary home of this applicant as of the date of the disaster?** *(Yes/No)*
- **Social Security Number** *(Required)*
- **Birth Date** *(Required)*
- **Gender** *(Required)*
- **Race** *(Required)*
- **Ethnicity** *(Required)*
- **Marital Status** *(Required)*

Click **NEXT**.

Other Applicant Information (Continued)
The Next button will be enabled when you have provided the required information.

No/Yes

Is this applicant on the title for the damaged home?

Was the damaged home the primary home of this applicant as of the date of the disaster?

Social Security Number (Required):

Birth Date (Required):

Gender (Required):

Race (Required):

Ethnicity (Required):

Marital Status (Required):

If you click select “**NO**” to the two questions in this section, please see the next page.



If you answer “**NO**” to the following.

Is this applicant on the title for the damaged home? *(Yes/No)*

Was the damaged home the primary home of this applicant as of the date of the disaster? *(Yes/No)*

Then you will be prompted with a third “**(YES/NO)**” question:

- **Was this occupant an owner who was not listed on the title at the time of the disaster, but may meet ownership requirements through an exception listed below, or by having completed legal action to established ownership since the disaster?**

List of Exceptions include:

- **Legal proceedings in progress at the time of the disaster to become titled owner via Succession** *(Probate)*
- **Ownership via Trust**
- **Other**

Click **NEXT**.

Other Applicant Information (Continued)
The Next button will be enabled when you have provided the required information.

No/Yes

Is this applicant on the title for the damaged home?

Was the damaged home the primary home of this applicant as of the date of the disaster?

Was this occupant an owner who was not listed on the title at the time of the disaster, but may meet ownership requirements through an exception listed below, or by having completed legal action to establish ownership since the disaster?

List of Exceptions (must select one or more)

Legal proceedings in progress at time of the disaster to become titled owner via Succession (Probate)

Ownership via Trust

Other

Please select one or more exceptions

Social Security Number (Required):

Birth Date (Required):

Gender (Required):

Race (Required):

Ethnicity (Required):

Marital Status (Required):

The program recognizes that there are cases where owner/occupants were not listed on the title but may meet ownership requirements. This section you will have the ability to disclose this information, if applicable.



Similar to the Power of Attorney question for the primary applicant/homeowner, for each and every co-owner, you will be asked to disclose whether someone other than the primary applicant/homeowner has power of attorney.

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 Number**
 - › Phone (Required)
- **Email Address**

Click **NEXT** .

Other Applicant (Power of Attorney)
The Next button will be enabled when you have provided the required information.

No/Yes

Is there an individual with legal Power of Attorney who will be assisting you in the future with this program?

Please enter the information below for the Power of Attorney

Name: Prefix:

First Name (Required):

Middle Name:

Last Name (Required):

Suffix:

Current Mailing Address: Street Address 1 (Required):

Street Address 2:

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

Phone Number: Day Phone (Required): Night Phone:
 Mobile Phone Accepting Texts Mobile Phone Accepting Texts

Email Address:

Identifying someone as “power of attorney” will grant them the authority detailed in the power of attorney document which could include accessing file information or completing documents on behalf of an applicant.



After you fill in the information for a co-owner/co-applicant, you will return to the Other Property Owners Applying Jointly page, where you will be able to edit or remove the current information, or add information for additional co-owners. Click **NEXT**.

Other Property Owners Applying Jointly

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

You have identified the other applicants list below

Other Applicants List				
First Name	Middle Name	Last Name ▾	Suffix	Resident
JANE		DOE		

No/Yes

Are there other occupants of this property who owned the home at the time of the disaster? Any owner of the property who is a member of the household at the current time must be listed in this section.

[< Previous](#) [Next >](#)

Non-Resident Co-owners



In this section, you will be able to list other non-resident owners of the property, which will help determine program eligibility.

You will be asked to answer “**YES**” or “**NO**” to the question, “**Are there other owners of the damaged home that did not occupy the damaged home at the time of the disaster?**”

Clicking “**YES**” will prompt the following dropdown selection:

- Individual
- Entity

If you select “**INDIVIDUAL**,” you will be asked to provide:

- **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 (Required)**
- **Email Address (Required)**
- **Social Security Number (Required)**

A screenshot of the 'Non-Resident Co-Owners' form. The title is 'Non-Resident Co-Owners'. Below the title, there is a note: 'The Next button will be enabled when you have provided the required information.' and another note: 'You have identified the other owners list below. A person or entity that owns a part of the property must be listed in this section if they were NOT living in the property at the time of the disaster. This information is needed for ownership verification.' The form has a table with columns: 'First Name', 'Middle Name', 'Other Owners List', 'Last Name', and 'Suffix'. Below the table, there is a question: 'Are there other owners of the damaged home that did not occupy the damaged home at the time of the disaster?' with a 'No/Yes' toggle set to 'Yes'. Below that, there is a question: 'Is this owner an individual or an entity?' with a dropdown menu showing 'Select'. At the bottom, there are 'Previous' and 'Next' buttons.A screenshot of the 'Other Owner (Individual)' form. The title is 'Other Owner (Individual)'. Below the title, there is a note: 'The Next button will be enabled when you have provided the required information.' and another note: 'Please provide the information below for the Other Owner (Individual)'. The form has several sections: 'Name' with fields for Prefix (dropdown), First Name (Required), Middle Name, Last Name (Required), and Suffix (dropdown); 'Current Mailing Address' with fields for Street Address 1 (Required), Street Address 2, City (Required), State (Required), and Zip Code (Required); 'Current Mailing Address' (repeated) with the same fields; 'Phone Number (Required)' with fields for Day Phone and Night Phone, and checkboxes for 'Mobile Phone Accepting Texts'; 'Email Address (Required)' with a field for 'Enter Email Address' and a note: 'To submit Required Documentation via DocuSign, you must enter a valid email address for each Owner.'; and 'Social Security Number (Required)' with a field. At the bottom, there are 'Previous' and 'Next' buttons.



If you select “**ENTITY**,” you will be asked to provide:

- **Entity Name**
- **Current Mailing Address**
 - › Street Address (Required)
 - › City (Required)
 - › State (Required)
 - › Zip Code (Required)
- **Phone Number** *(Required)*
- **Primary Contact**
 - › Prefix
 - › First Name (Required)
 - › Middle Name
 - › Last Name (Required)
- **Email Address** *(Required)*

Click **NEXT**.

Other Owner (Entity)
The Next button will be enabled when you have provided the required information.
Please provide the information below for the Other Owner (Entity)

Entity Name (Required):

Current Mailing Address:

Street Address 1 (Required):

Street Address 2

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

Phone Number (Required):

Day Phone Night Phone

Mobile Phone Accepting Texts Mobile Phone Accepting Texts

A minimum of one phone number is required.

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
 - In-law
 - Mother
 - Neighbor
 - Father
 - Friend
 - Sister
 - Guardian
 - Brother
 - Attorney
 - Child
 - Authorized individual
 - Extended family

- **Phone Number**

- **Email Address**

Click **NEXT**.

The screenshot shows a web form titled "Alternate Contact" with a sub-header "The Next button will be enabled when you have provided the required information." A toggle switch for "No/Yes" is set to "Yes". Below this, a message states: "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?" The form then asks for "Relative/Friend contact information below:" and includes fields for Name (Prefix, First Name, Middle Name, Last Name, Suffix), Current Mailing Address (Street Address 1, Street Address 2, City, State, Zip Code), Phone Number (Day Phone, Night Phone, with checkboxes for "Mobile Phone Accepting Texts"), Email Address, and Relationship. A red error message "A minimum of one phone number is required." is visible. Navigation buttons for "Previous" and "Next" are at the bottom.

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)
- **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**.

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

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

City (Required)

State (Required)

Zip Code (Required)

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):

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.”**



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 Laura (2020)
 - › Hurricane Delta (2020)
 - › Hurricane Zeta (2020)
 - › February 2021 Winter Storm Event (2021)
 - › May 2021 Flood Event (2021)
 - › Hurricane Ida (2021)
- **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**.

Damaged Residence Information (Continued)
The Next button will be enabled when you have provided the required information.
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 Laura (2020)
- Hurricane Delta (2020)
- Hurricane Zeta (2020)
- February 2021 Winter Storm Event
- May 2021 Flood Event
- Hurricane Ida (2021)

Select structure of damaged home (Required):

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

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.”



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**.

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

Name: Prefix:

First Name (Required):

Middle Name:

Last Name (Required):

Suffix:

Current Mailing Address: Street Address 1 (Required):

Street Address 2:

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

Phone Number: Day Phone (Required): Night Phone:

Mobile Phone Accepting Texts Mobile Phone Accepting Texts

Email Address:

Was any tenant disabled? No/Yes

Does any tenant have access or functional needs? No/Yes

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

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

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.”



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**.

Damaged Residence Information (Continued)
The Next button will be enabled when you have provided the required information.
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 Laura (2020)
- Hurricane Delta (2020)
- Hurricane Zeta (2020)
- February 2021 Winter Storm Event
- May 2021 Flood Event
- Hurricane Ida (2021)

Select structure of damaged home (Required):

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

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**.”

Grant Request



UAT - Restore20 Louisiana Homeowner Assistance Program Application

Grant Request

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

The UAT - Restore20 Louisiana Homeowner Assistance Program allows you to choose between two solutions to complete your home's repair or reconstruction:

- Solution 1: I will take advantage of the program's offer to provide me with a State-selected contractor. I do not want to manage my own repair or reconstruction project, and understand that I will have limited design choices for the repair or reconstruction work.
- 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.

← Previous

→ Next

In this section of the application, you will be asked to select which Solution you are interested in pursuing for your home's repair or reconstruction.

Before selecting a solution, please certify that you have watched this video.

The options include:

SOLUTION 1: I will take advantage of the program's offer to provide me with a State-selected contractor. I do not want to manage my own reconstruction project, and understand that I will have limited design choices for the reconstruction work.

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.



If you select 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**.

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

The UAT - Restore20 Louisiana Homeowner Assistance Program allows you to choose between two solutions to complete your home's repair or reconstruction:

- Solution 1: I will take advantage of the program's offer to provide me with a State-selected contractor. I do not want to manage my own repair or reconstruction project, and understand that I will have limited design choices for the repair or reconstruction work.
- 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.

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

Contractor Name

Contractor License Number

Contractor License Type

Contractor Phone

Contractor Email

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

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).

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

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.

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.

Have you registered with FEMA for Individual Assistance (IA) for structural damage to your home? No/Yes

You have identified the following FEMA IA registration numbers

FEMA IA Registration Numbers		
Registration Number	IA Amount	
3679768908	\$0.00	 

Is there another FEMA IA registration number to add? No/Yes

[← Previous](#) [→ Next](#)



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.

The screenshot displays a web form with three identical sections for different types of insurance. Each section starts with a question: "Did you have [Homeowners Insurance (hazard) / National Flood Insurance Program (NFIP) / private flood insurance] on the structure of your home at the time of disaster?". A radio button is selected for "Yes". Below the question are three input fields: "Please select the insurance provider" (a dropdown menu), "Please enter that policy number" (a text field), and "Please indicate the amount that you received" (a text field). Underneath these fields is a large area labeled "Drag and Drop here!" with a "Browse" button. Below the "Browse" button is a table titled "Uploaded File List" with columns for "File Name" and "Delete". At the bottom of the form are two buttons: "Previous" and "Next".

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

Click **NEXT**.

A screenshot of a web application form titled "Previous Disaster Grants". At the top, it says "The Next button will be enabled when you have provided the required information." There are three questions, each with a "No/Yes" label and a toggle switch. The first question is "Did you receive federal assistance from a previous disaster?". The second is "Were you required to maintain insurance?". The third is "Have you maintained insurance since the previous disaster?". Below the questions, it says "This selection may affect program eligibility." At the bottom, there are two dark buttons: "← Previous" on the left and "→ Next" on the right. The "Next" button is currently disabled.

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**.

A screenshot of the 'Small Business Administration (SBA) Benefits' application form. The form is titled 'Small Business Administration (SBA) Benefits' and includes a note: 'The Next button will be enabled when you have provided the required information.' The form contains several questions with radio buttons for 'Yes' and 'No' and text input fields for required information. The questions are: 'Have you applied for any disaster assistance from the SBA for damage to your home?' (Yes/No), 'Do you know your SBA Application Number?' (Yes/No), 'Please enter your SBA Application Number (Required):' (SBA Application Number), 'Were you approved for disaster assistance from the SBA for damage to your home?' (Yes/No), 'Please indicate the amount of assistance for which you were approved (Required):' (Amount Approved), 'Please indicate the amount of assistance you have received (Required):' (Amount Received), and 'Did you decline a loan from SBA?' (Yes/No). At the bottom of the form, there are two buttons: 'Previous' and '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**.

A screenshot of a web application form titled "Other Benefits". At the top left, it says "Other Benefits" and "The Next button will be enabled when you have provided the required information." The main question is "Have you received assistance from other entities (excluding FEMA and SBA) or individuals to help you repair or reconstruct your home?" with a "No/Yes" toggle switch. Below the question, it lists examples: "Examples of other entities include but are not limited to insurance companies, the Red Cross, a church or a non-profit entity." At the bottom, there are two dark buttons: "← Previous" on the left and "→ Next" on the right.

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?

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 Members (Continued)

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

Earlier in this application, you identified the applicants who currently reside in home or who will reside once the home is reconstructed. Those individuals are listed below.

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

Applicant	Household Member
Meagan Colman	<input checked="" type="checkbox"/>
MEAGAN COLLMAN	<input type="checkbox"/>

The number of current permanent members in the household must be equal to the number of applicants and co-applicants checked above as household members.

If they are not equal, please change the total number of household members here or check the same number of applicants or co-applicants above as household members.

1

Is anyone identified as a household member disabled? No/Yes

Please indicate which household members are disabled.

Meagan Colman

Does any household member have access or functional needs?

← Previous

Next →

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 Colman	Applicant	<input type="checkbox"/> Regular Wages/Salary <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Other <input type="checkbox"/> 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**.

Acknowledgements

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

Notice of Electronic Capture and Storage of Data: Electronic records will be collected and maintained by the State and its contractors related to you, your household, and your property in order to process your application. This data will be maintained electronically in the State's secured databases. Verifications of portions of the information you provide, or we obtain about you, your household, and your property will be conducted via automated systems.
Acknowledgement Required for Notice of Electronic Capture and Storage of Data

Please Initial

Lead Based Paint: By submitting your application you acknowledge that you have been provided access to the EPA pamphlet entitled "Protect Your Family from Lead in Your Home" that can be found at the link below.
Acknowledgement Required for Lead Based Paint
<https://www.epa.gov/sites/production/files/2020-04/documents/lead-in-your-home-portal-color-2020-508.pdf>

Please Initial

← Previous

→ 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.

All applicants and household members who are 18 years of age or older may upload government issued Identification

Please select a household member to upload identification document

Choose a Member

Uploaded File List	
File Name	Delete

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



Applicants and household members will have to submit all of the required documentation.

Please wait a few minutes once all documents have been signed.

Then, a **SUBMIT** button will appear, where you can submit your application.

Finalize Application

eGrants is waiting for all the required signatures to be processed through DocuSign before allowing you to submit your application. Please have all applicant, other applicants and household members 18 and over check their email and follow instructions to electronically sign their documents using DocuSign.

This screen will continue to wait for all of the required documents to be signed.

Please note, once all documents are signed, it may take a few minutes for the submit button to appear. Please be patient.

Once the submit button appears, you may press it to submit your application. If any of the required signatures are not obtained, you will need to contact the call center to provide the signed documents and have them assist you in submitting the application.

[Reopen DocuSign](#)

[← Previous](#)

After you complete your application, the program will review and verify the information you submitted. The program will contact you to schedule a damage assessment of your home to determine how much damage your home received, how much work has been completed, and how much work remains. This is a critical step in the process, and we urge you to respond in a timely manner.

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