Total Community Action, Inc.
Helping People. Changing Lives. Improving Communities.

TOTAL COMMUNITY ACTION, INC UNIVERSAL/COMMON PROGRAM APPLICATION*

(ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETED)

Acceptance Date Stamp

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LEGAL LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____ ZIP CODE _____ HOUSING TYPE ☐ OWN ☐ RENT ☐ HOMELESS ☐ HOTEL/MOTEL ☐ OTHER

MAILING ADDRESS (if different from street address) _____ EMAIL ADDRESS _____

PRIMARY CONTACT NUMBER* _____ SECONDARY CONTACT NUMBER _____ PRIMARY LANGUAGE _____

2. HOUSEHOLD MEMBER /INCOME INFORMATION (Please use the codes below to complete individual data)

MEMBER INFO CODES	RELATION OF HEAD HOUSEHOLD	RACE	HEALTH INSURANCE	MARITAL STATUS	HIGHEST LEVEL EDUCATION	DISABILITY	EMPLOYMENT STATUS	INCOME SOURCES	
	0=Head of Household 1=Spouse 2=Child 3=Foster Child 4=Grandchild 5=Parent 6=Grandparent 7=Other Relation 8=Not Related	1=White 2=Black/African-American 3=Hispanic 4=Asian 5=Native American 6=Native Haw or Pac Islander 7=Biracial 8=Multi-Racial 9=Haitian 10=Arabic 11=Japanese 12=Other	1-Medicare 2=Medicaid 3=Private 4=Veteran 5=Employer 6=None 7=Unknown	1=Single 2=Unmarried, living together 3=Married, separate 4=Married, together 5=Divorced 6=Widowed	1=0-8th grade 2=9th-12th non grad 3= HS Graduate 4=12+ some post sec 5=2-4 year grad/beyond	Y=Yes N=No	1=Full time 2=Part time 3=Migrant/Farm 4=Underemployed 5=Unemployed less 6 months 6=Unemployed more 6 months 7=Seeking Work 8=Retired 9=Not Available 10=Other	1=Gross Salary/Wage 2=Net Self Employment 3=Net Social Security 4=Railroad Retirement 5=Unemployment Comp 6=Strike Benefits 7=Workman Comp 8=Veteran's Payments 9=Training Stipend 10=Alimony 11=Military Family Allotments 12=Private Pensions 13=Government Employment Pensions	14=Regular Insurance or Annuity Payments 15=Dividends & Interests 16=Net Rental Income 17=Net Royalties 18=Net Gaming Winnings 19=TANF Cash Assistance 20=SSI Benefit 21=Railroad Retirement 21=Contributions 22=No Income

*Disconnected Youth is a member of the household age 14-25 who is neither working or in school

	NAME (First MI Last)	RELATION TO HEAD OF HOUSHOLD	GENDER (circle one)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	HISPANIC, LATINO, OR OF SPANISH ORIGIN	RACE	HEALTH INS	MARITAL STATUS	HIGHEST LEVEL OF EDUCATION	DIS-ABILITY	DISCONNECTED YOUTH*	MILITARY STATUS	EMPLOYMENT WORK STATUS	MEMBER INCOME SOURCE (write all sources that apply)
1			MALE FEMALE OTHER			YES NO						YES NO			
2			MALE FEMALE OTHER			YES NO						YES NO			
3			MALE FEMALE OTHER			YES NO						YES NO			
4			MALE FEMALE OTHER			YES NO						YES NO			
5			MALE FEMALE OTHER			YES NO						YES NO			
6			MALE FEMALE OTHER			YES NO						YES NO			
7			MALE FEMALE OTHER			YES NO						YES NO			
8			MALE FEMALE OTHER			YES NO						YES NO			

Meets all application requirement for CSBG, LHEAP, LIHAWAP, CSBG CARES, ESG and all philanthropic programs

3. **HOUSEHOLD TYPE (CHECK ONE)**

☐ SINGLE PERSON ☐ SINGLE PARENT FEMALE ☐ TWO PARENT HOUSEHOLD ☐ MULTIGENERATIONAL HOUSEHOLD
☐ TWO ADULTS NO CHILDREN ☐ SINGLE PARENT MALE ☐ NON -RELATED ADULTS WITH CHILDREN ☐ OTHER _____

4. **HOUSEHOLD INCOME SOURCES**

For each income sources listed above in section 2, you must include proof of income documentation with this application.
For EMPLOYMENT INCOME, provide copies of your check stubs for 30 days proceeding this application (monthly 1 stub, biweekly 2 stubs, weekly 4 stubs), Emergency Housing Assistance must provide 4 check stubs regardless.
For SELF-EMPLOYMENT INCOME or FARM INCOME, provide a copy of your federal income tax return

5. **HOUSEHOLD NON-CASH BENEFITS**

☐ SNAP (Food Assistance) ☐ SECTION 8* MUST ATTACH CURRENT TENANT WORKSHEET
☐ WIC (Women, Infants, Children) ☐ PUBLIC HOUSING* MUST ATTACH CURRENT TENANT WORKSHEET
☐ LIHEAP (before application) ☐ PERMANENT SUPPORTIVE HOUSING

7. **HOUSING TYPE (CHECK ONE)**

☐ SINGLE HOUSE ☐ RENTAL BUILDING WITH 2-4 UNITS ☐ RENTAL BUILDING WITH 5+ APARTMENTS ☐ OTHER _____

RE

8a. **ELECTRIC COMPANY** ACCOUNT NUMBER _____ ACCOUNT NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD _____

8b. **SEWERAGE & WATER COMPANY*** ACCOUNT NUMBER _____ **Only accounts in the name of the applicant can be approved.**

***NEW ORLEANS Sewerage & Water Help program is only for senior (62+) and disabled citizens**

9. **HEAT SOURCE**

☐ ELECTRIC ☐ NATURAL GAS ☐ OTHER

THE FOLLOWING ARE REQUIRED TO BE SUBMITTED.

- Copy of DL/ID for all individuals over 18. Copy of SSN Card for all members of household
- Current month copies of your utility bills (gas and/or electric, water if applying for SWBNO)
- Last four consecutive copies of check stubs for all household members over 18 years old.
- Current Year Proof of other income (Social Security , Social Security Disability, Unemployment Insurance, Retirement and Pension Funds, etc.)
- If Self Employed (Current income tax documents)
- Current Food Stamp Printout (must be printed within 30 days)
- Separation Notice or lay-off slip from previous employer (if applicable)
- Proof of present address (rent receipt, lease, deed or bill other than energy bill.)
- For emergency housing, lateness/eviction notices, landlord W-9
- Utility allowance, (if applicable) via lease, signed resident worksheet for Section 8 and Tenant Housing
- Copies of Driver's license or picture ID of head of household and (his/ her) Social Security card
- Proof of total members living in your household and copies of their Social Security cards
- Additional information may be required to determine your eligibility for assistance.
- **IF receiving contributions as income, complete contributions statement, available in office or online**
- **If Zero Income for adults over 18, complete a Zero income form for each adult, available in office or online**

ASSURANCES

APPLICANT ASSURES THAT:

*** I have furnished true and correct information regarding household income and agree to promptly report any changes in the household income or number of individuals living at the listed address.**
*** I grant the Agency and LHC/SWBNO full permission to verify any and all information with both public and private sources or any entity, which may have furnished me, services.**
*** I understand that if I receive services for which I am ineligible because of false information, I may be required to repay TCA, LHC, or SWBNO.**
*** I understand that I have a right to request a fair hearing from the TCA, LHC, or SWBNO if I feel that the decision regarding services requested is unfair or that my civil rights have been violated. The contractor staff person completing this application**
has read these assurances to me; I fully understand this agreement and have been given an opportunity to ask questions.
*** I understand that by signing this document that I attest to the truth of all information provided (either verbally or in writing) to TCA, LHC, or SWBNO further,**
*** Certify that I live at the listed address and am responsible for payment of utility bills at that address.**
*** Authorize utility supplier(s) to furnish billing records**

AUTHORIZATION TO RELEASE INFORMATION:

I understand that the personal information furnished by me to process my ASSISTANCE application is confidential information. I understand that providing authorization to release information is not required for me to obtain services is strictly voluntary. I authorize Louisiana Housing Corporation (LHC); Total Community Action, New Orleans Sewerage & Water Board to release or disclose all or parts of the information in my client file to outside sources for the purposes of statistical research only.

☐ **YES** ☐ **NO**

By signing this application below, I acknowledge that I have read the above information and certify that all information that I have stated and documents I have provided are correct and accurate.

Applicant Signature

Date

Meets all application requirement for CSBG, LHEAP, LIHAWAP, CSBG CARES, ESG and all philanthropic programs

Notice of Non-Discrimination:
Total Community Action, Inc. is an Equal Opportunity Employer/Program and will not discriminate against, nor deny benefits, deny employment, or exclude any person from participating any CSBG funded program or activity funded by TCA on the basis of race, color, national origin, religion, age, sex, disability, citizenship, veteran status, sexual orientation or political affiliation or belief. If you believe you have been discriminated against or would like to commend an employee for excellent customer service, please contact the EEO Officer of Total Community Action, Inc.

ADDITIONAL CERTIFICATIONS - LIHEAP

RIGHT TO AN APPEAL AND FAIR HEARING: If you believe that you have been treated unfairly or a mistake has been made about your eligibility for services; you have the right to request a fair hearing. This means that you will be given an appeal hearing by the LHC at which time you will be able to present your side for review by persons who will assure that you are treated fairly.

Before you request a fair hearing, you or your representative may discuss your concerns with a worker or supervisor of the contractor agency for an explanation of the reason for the agency's action. If you are still dissatisfied, you may request a fair hearing within 30 days after the agency's decision by competing and signing below and mailing this form to Louisiana Housing Corporation, 2415 Quail Drive – Baton Rouge, LA 70808. You will be notified of the date and place of the fair hearing at which time you can represent yourself or authorize someone else such as legal counsel, relative or friend. I wish to request a fair hearing because.

FRAUD STATEMENT - LIHEAP (Low Income Energy Home Assistance Program) is a federally funded program that is administered by the State of Louisiana. Please be advised that it is a crime to submit false, misleading or incomplete information during the application process with the intent to receive or increase the amount of energy assistance benefit in accordance with the program guidelines. Consequences for submitting fraudulent information may include federal, state and/or local prosecution.

CIVIL RIGHTS: If you believe you have been discriminated against because of race, color, religion, sex, age, national origin, and/or handicapped condition, you may file a complaint either through the contractor agency or directly to Louisiana Housing Corporation, 2415 Quail Drive – Baton Rouge, LA 70808 or to the Bureau of Civil Rights, 546 Main Street, Baton Rouge, LA 70802, or to the EEO Commission, New Orleans District Office, 701 Loyola Ave., Room 600 New Orleans, LA 70113-0036.

By signing this application below, I acknowledge that I have read all of the above information, the certifications, and my rights as an applicant for services.

Applicant Signature

Date

After completion of application, save application and email to applications@tca-nola.org with the required copies of files needed to process the application. Incomplete applications will not be processed.

For faster response for utility assistance to energy.assistance@tca-nola.org with required documents
Send Emergency Housing to rental.assistance@tca-nola.org with required documents

FOR OFFICE USE ONLY

Assigned To

Date/Time

Assigned by