



State of Louisiana

Louisiana Department of Health
Office of Aging Adult Services

Dear Applicant:

Attached is an application for the Permanent Supportive Housing (PSH) Program.

What is PSH?

PSH is a program offering subsidized rental apartments and supportive services for people with long term disabilities who have experienced difficulty living successfully in the community and are at risk of homelessness or institutionalization without supports. Housing supports include things like reminders to pay rent, help arranging medical appointments, and other support services. Only people with disabilities who need these types of supports are eligible for PSH.

What are the PSH Requirements?

To be eligible for PSH, your household must: (1) include a person who has a disability and is currently receiving Medicaid services or Ryan White Services, (2) need housing supports offered by PSH, and (3) be very low-income.

How do I apply if I think I am eligible?

Complete the attached application; please note:

- Reasonable accommodations will be made in completing applications. For assistance in completing an application please call 1-844-698-9075. TTY users should call 1-800-220-5404.
- While we hope you answer all the questions, we can begin processing your application as long as you answer all of the questions that have an asterisk * next to them. Eventually you will need to answer all questions and provide documents verifying your answers. **Preference documentation may be required with application** (see page 9).
- You cannot be found eligible for PSH or offered a housing unit until we have a completed application. Although income verifying documents are not required to submit this application, applicable income documentation is required for all household members to receive a unit referral and will be requested at a later date.
- It must be verified that you are in need of the supports offered through PSH. Please complete the "Permanent Supportive Housing Eligibility" section (pages 5 & 6) in this application.

Where do I send my completed application? Applications will not be accepted in person.

Mail:

Permanent Supportive Housing
1450 Poydras Street, Suite 1133
New Orleans, LA 70112

Fax:

1-504-568-3372

E-mail:

pshapplications@la.gov
(preferred method)

What happens after I have submitted my application?

Once your application is received by PSH, it can take up to 30 days to process. Please do not submit more than 1 application for processing. Once your application is processed you will receive an 'Eligible for Waiting List' or an 'Ineligible' letter in the mail with further instructions. If you do not receive a response after 30 days, please contact our office.



PERMANENT SUPPORTIVE HOUSING (PSH) APPLICATION

Please complete the entire application as fully as possible. The application will not be considered complete unless all of the questions that have an asterisk * are completed. Attach any required documents and return them with the signed application to the address shown on page 1. If you have any questions, please call 1-844-698-9075.

NOTE: If you want to register to vote, fill out page 13 & 15 and mail the **ORIGINAL** voter registration form back to Permanent Supportive Housing; 1450 Poydras Street, Suite 1133; New Orleans, La 70112 **OR** mail the **ORIGINAL** voter registration form to the registrar of voters office in the parish that you live (See page 14 for addresses). Copies of this form **CANNOT** be processed by the registrar of voters office.

APPLICANT (Head of Household) Information – Please Print Clearly
 Applicants (Head of Household) must be age 18 or older.

<i>*First Name</i>	<i>MI</i>	<i>*Last</i>
<i>*Street (address where you receive your mail)</i>		<i>Apt. #</i>
<i>*City</i>	<i>*State</i>	<i>*Zip Code</i>

It is important that we can get in touch with you. Please provide as many phone numbers as possible.

*Primary: (____) _____ – _____	*Secondary: (____) _____ – _____
Email: _____	Additional: (____) _____ – _____
_____ – _____ – _____	____/____/____
<i>*Social Security Number</i>	<i>* Birth Date</i>

Optional: You may provide an alternative contact in the event that your contact information changes and we cannot locate you.

<i>First Name</i>	<i>MI</i>	<i>Last</i>
<i>Relationship to you:</i>		
Primary: (____) _____ – _____		Secondary: (____) _____ – _____

*indicates required fields



DEMOGRAPHIC INFORMATION

1. Are you homeless? Yes No

2. Are you chronically homeless? Yes No

3. Race (*Voluntary – Please select one or more*):

- White
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Asian
- Asian and White
- Black or African American
- American Indian/Alaskan Native and Black
- American Indian/Alaskan Native and White
- Black/African American and White
- Other: _____

4. Ethnicity/Hispanic Origin (*Voluntary*): Hispanic: Yes No

5. Citizenship (*please check*) Are you a citizen of the United States? Yes No

(Some noncitizens are eligible for this program)

6. Gender (*please check*) Male Female

7. Near elderly (*Is the Head of Household 55 to 61 years of age?*): Yes No

8. Elderly (*Is the Head of Household over 62 years of age?*): Yes No

9. Aging out youth (*Are you aging out of the state Foster Care system?*): Yes No

10. Veteran (*please check*) Yes No

*11. Accessibility: Does a member of your household require any of the following? (*If so please check yes and check below which accommodation(s) you need*) Yes No

- Wheelchair
- Handicapped accessible parking
- Grab bars and handrails
- No steps
- Few steps
- Hearing disability
- Modification for vision or hearing impairment
- Roll in shower
- Other: _____

Please explain:

*12. Are you currently living in a nursing home? Yes No

If yes: *Name of nursing home: _____ *Phone: _____



DEMOGRAPHIC INFORMATION

Household Information

List **all** persons who will be living in the unit and their relationship to the Head of Household. The applicant is listed already as ‘Head’. Complete the information in the chart for all members of the household (this can include unrelated people). **If the head of household is not the qualifying member, please specify each qualifying member by placing “QM” next to their first name.**

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security #
		Head				

Do you or any household member require a live-in caretaker or live-in aide? Yes No
 If yes, you must add an additional member to the chart above for it to count towards determining your household size. If you do not know the caretaker’s name, just write “caretaker.”

***Disability**

In order to help you access any needed supports it is helpful for us to know what type of disability the qualifying member has. Please check all that apply:

- Intellectual Disability (defined as a disability that occurred before the age of 22)
- Serious Mental Illness
 - with substance abuse
- Disability acquired after the age of 22 (e.g., physical disability, sensory disability, disability caused by chronic illness, disability caused by HIV/AIDS);
- Other: _____

***Do you or someone in your household receive any of the following services?**

- Louisiana Behavioral Health Partnership (MHR with CPST/PSR services)
- New Opportunities Waiver (NOW)
- Long Term Personal Care Services (LTPCS)
- Supports Waiver
- ATR Services
- Children’s Choice Waiver
- CAHBI Services
- Community Choices Waiver
- Ryan White Services (must submit Ryan White letter)
- Currently living in a nursing home
- ACT Services (must submit letter from ACT provider)



PERMANENT SUPPORTIVE HOUSING ELIGIBILITY

This portion of the form (pages 5 & 6) is **required** to determine your level of need for supportive services. If you have difficulty completing this portion independently, a family member or service professional, such as a social worker or doctor can assist you. If you have any questions, please call 1-844-698-9075.

Need for Housing Supports

Housing History:

Has the applicant:

1. Lived for a period of more than 90 days in an institution (public or private Intermediate Care Facility/Developmental Disability, nursing home, psychiatric hospital, other facility)?
 - Yes No Approximate duration of institutionalization: _____
2. Lived at some point independently in his/her own apartment or home? Yes No
3. Ever been evicted? Yes No

Reason(s) for eviction (number of evictions and reason):

Housing needs: Rate the following support areas per the needs of the Applicant.

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	1. Needs support to identify preferences related to housing (location, accommodations needed, feasibility of accessing other needed supports or activities)
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	2. Needs support to maintain housing, including assistance to access appropriate housing options; obtaining necessary documents and records to complete housing application or lease; obtaining/accessing sources of income necessary to pay rent, home management, establish credit; and understanding and meeting obligations of tenancy as defined in lease terms



<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	3. Needs assistance to communicate with the landlord or property manager regarding the Applicant’s disability, accommodations needed (wheelchair ramp, bath grab bars, etc.), needed repairs, or other unit concerns
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	4. Needs assistance to communicate with neighbors (For example, resolving disputes in a calm manner)
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	5. Needs assistance with household budgeting to ensure payment of rent and avoid utility disconnection
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	6. Needs assistance keeping appointments and providing paperwork necessary to maintain access to income/benefits.

Does the applicant or member of the household have a substantial, long-term disability including but not limited to: serious mental illness; co-occurring disorder (mental illness and substance use disorder); intellectual disability; physical or sensory disability; or disability due to HIV/AIDS?

- Yes No

Does the applicant or member of the household need the supportive services provided by PSH in order to live in the community and not become evicted or homeless?

- Yes No

The above PSH Eligibility portion (pages 5 & 6) was completed by (check all that apply):

- Self (Applicant)
- Family Member of Applicant: _____

Name
Relationship to Applicant
Contact Number
- Service Professional: _____

Name
Credentials
Contact Number
- Other: _____

Name
Relationship to Applicant
Contact Number



INCOME ELIGIBILITY

*Do you have Very Low income (defined as 50% of Area Median Income)? Please refer to chart below.

- Yes No

Parish	Household size annual income limits							
	1	2	3	4	5	6	7	8
Acadia	\$16,583	\$18,917	\$21,250	\$23,583	\$25,500	\$27,417	\$29,250	\$31,167
Allen	\$17,833	\$20,333	\$22,917	\$25,417	\$27,500	\$29,500	\$31,583	\$33,583
Ascension	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
Assumption	\$19,833	\$22,667	\$25,500	\$28,333	\$30,667	\$32,917	\$35,167	\$37,417
Beauregard	\$21,833	\$25,000	\$28,083	\$31,167	\$33,667	\$36,167	\$38,667	\$41,167
Calcasieu	\$20,500	\$23,417	\$26,333	\$29,250	\$31,667	\$34,000	\$36,333	\$38,667
Cameron	\$20,500	\$23,417	\$26,333	\$29,250	\$31,667	\$34,000	\$36,333	\$38,667
East Baton Rouge	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
East Feliciana	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
Evangeline	\$16,583	\$18,917	\$21,250	\$23,583	\$25,500	\$27,417	\$29,250	\$31,167
Iberia	\$18,500	\$21,167	\$23,833	\$26,417	\$28,583	\$30,667	\$32,833	\$34,917
Iberville	\$19,500	\$22,333	\$25,083	\$27,833	\$30,083	\$32,333	\$34,583	\$36,750
Jefferson	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
Jefferson Davis	\$18,333	\$21,000	\$23,583	\$26,167	\$28,333	\$30,417	\$32,500	\$34,583
Lafayette	\$23,000	\$26,250	\$29,500	\$32,750	\$35,417	\$38,000	\$40,667	\$43,250
Lafourche	\$20,583	\$23,500	\$26,417	\$29,333	\$31,750	\$34,083	\$36,417	\$38,750
Livingston	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
Orleans	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
Plaquemines	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
Pointe Coupee	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
St. Bernard	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
St. Charles	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
St. Helena	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
St. James	\$22,500	\$25,667	\$28,917	\$32,083	\$34,667	\$37,250	\$39,833	\$42,417
St. John the Baptist	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
St. Landry	\$16,583	\$18,917	\$21,250	\$23,583	\$25,500	\$27,417	\$29,250	\$31,167
St. Martin	\$23,000	\$26,250	\$29,500	\$32,750	\$35,417	\$38,000	\$40,667	\$43,250
St. Mary	\$18,000	\$20,583	\$23,167	\$25,667	\$27,750	\$29,833	\$31,833	\$33,917
St. Tammany	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
Tangipahoa	\$19,250	\$22,000	\$24,750	\$27,500	\$29,750	\$31,917	\$34,167	\$36,333
Terrebonne	\$20,583	\$23,500	\$26,417	\$29,333	\$31,750	\$34,083	\$36,417	\$38,750
Vermilion	\$20,750	\$23,667	\$26,667	\$29,583	\$32,000	\$34,333	\$36,750	\$39,083
Washington	\$16,583	\$18,917	\$21,250	\$23,583	\$25,500	\$27,417	\$29,250	\$31,167
West Baton Rouge	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
West Feliciana	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833



Summary of Household Income and Asset Sources

Please put the **monthly** amount of income for yourself and other members of your household in the boxes as appropriate. Put “0” in each box where no income is received. Put “A” in each box where an application has been made for a specific benefit and is pending.

	Employment	Child Support	SSI	SSA	Pension Income	Public Assistance	Self-Employment	Other	TOTAL
Head									

Employment: For each job, please list place of employment.

Other: Please list any other types of income: _____

Assets:

1.) Do you own any real estate? Yes No

If yes, please provide the address: _____

2.) Have you disposed of any assets within the last two years? Yes No

If yes, describe the asset and the amount disposed of: _____

3.) Do you have a checking and/or savings account? Yes No

If yes, list name of financial institution and account number:

Name of Bank _____ Account # _____

List below your assets; include all bank accounts, stocks and bonds, trusts, real estate, etc.

DO NOT include clothing, furniture or cars. Use additional paper if necessary.

	Checking Account	Savings Account	Stocks, Bonds	Trust	IRA, Other Pension	Other
Head						



PREFERENCE

Depending upon your current housing circumstances, you may qualify for a preference under this program. Please review the housing situations described below and check the box that describes your personal situation. **To obtain preference points, documentation must be submitted to verify the following housing circumstances: *homelessness, chronic homelessness, untenable doubled up arrangement, and currently institutionalized.*** If you have any questions, please call 1-844-698-9075.

Hurricane Displacee:

Household living in the GO Zone at the time of the 2005 hurricanes whose housing situation was disrupted either directly by the physical effects of the disaster or by resulting socioeconomic impacts (e.g. rent increases). Households who were homeless and living in the GO Zone at the time of the 2005 hurricanes and whose living situation was disrupted by the effects of the disaster will also be regarded as displacees.

Homeless: Are you in one of the following situations? Check the one that applies:

- Living in a car, parks, sidewalks, abandoned buildings, on the street or similar;
- Living in an emergency shelter;
- Living previously on the street but are now living in a transitional housing program;
- Homeless but living for no more than 30 days in a hospital or other institution

Chronically Homeless:

An unaccompanied homeless individual with a disabling condition who has been homeless for a period of at least one year, OR an unaccompanied homeless individual with a disabling condition who has had at least four episodes of unaccompanied homelessness in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in a place meant for human habitation.

At Risk of Homelessness or Living in Transitional Housing for the Homeless:

- Household is being evicted or foreclosed within 30 days from a private dwelling unit, no subsequent residence has been identified, and the household lacks the resources and support networks needed to obtain housing; **or** their housing has been condemned by housing officials and is no longer considered meant for human habitation;
- Household is fleeing a domestic violence housing situation, no subsequent residence has been identified, and the household lacks the resources a support networks needed to obtain housing;
- Household is in an untenable doubled up arrangement, **which will need to be verified.** A doubled up household is one in which applicant is residing temporarily with friends or extended family and who would otherwise be without a permanent residence of their own or would otherwise be in a publicly- or privately- funded family emergency shelter. Doubled up households do not have leases and are not tenants-at-will. Also if household is living in temporary housing situations such as in motels, hotels and FEMA trailers and no subsequent residence has been identified and the household lacks the resources and support networks needed to obtain housing.



- Household includes persons exiting mental health facilities, developmental disability facilities, nursing homes, residential addiction treatment programs or hospitals and no subsequent residence has been identified and the household lacks the resources and support networks needed to obtain housing;
- Household includes youth aging out of foster care who qualify for PSH and no subsequent residence has been identified and the household lacks the resources and support networks needed to obtain housing;
- Household is living in McKinney-Vento transitional housing but did not originally come from emergency shelter or a place not meant for human habitation, and no subsequent residence has been identified and the household lacks the resources and supports networks needed to obtain housing;
- Household is being discharged within 30 days from an institution, such as a mental health or substance abuse treatment facility, in which applicant lived for more than 30 days;
- Household is being released from jail or a correctional facility within the next 30 days;
- Household is exiting a hospital but has been homeless within the past six months;

Currently Institutionalized: A household member currently lives in a nursing home, ICF-DD, psychiatric facility or other residential treatment facility because they have a disability but would prefer to live in the community.

Check the one that applies:

- Nursing home;
- Intermediate Care Facility/Developmental Disabilities (ICF/DD);
- Currently hospitalized in a psychiatric facility (or psychiatric unit of a general hospital) and have been for longer than fourteen days;
- Other licensed residential treatment facility;
- Currently incarcerated in jail or correctional facility for longer than 30 days;

At Risk of Institutionalization: A PSH applicant shall be considered at risk of institutionalization when faced with placement in a nursing home, Intermediate Care Facility/Developmental disabilities (ICF/DD), psychiatric hospital because, or having been incarcerated but released to a jail diversion program due to the following circumstances:

- Caregiver to member of household with a disability becomes unable or unwilling to continue providing care;
- Caregiver to member of household with a disability dies and no other caregiver is available;
- Caregiver to member of household with a disability becomes incapacitated due to physical or psychological reasons;
- Household's temporary housing arrangement becomes untenable;
- Household faces other family crisis with insufficient caregiver support available;
- Household's housing arrangement becomes untenable because of deterioration in a member's health or disability status impacts the member's ability to live independently;
- A household member has been arrested and has been accepted in a jail diversion program;
- A household member is hospitalized, qualifies for long term care or inpatient psychiatric treatment and without an alternative will be referred to a nursing home, psychiatric facility or ICF-DD facility.



PSH UNITS: WAITLIST PREFERENCE

*These are all of the available waiting lists in the PSH program. Please place a check next to each waiting list where you would consider living.

You must check at least one box below next to a waiting list that you would be interested in living in AND under a bedroom size that matches your household size.

Do not check any waiting lists where you would not consider living. Elderly only units are for tenants age 55 and up. Bedrooms size cannot be guaranteed.

Location		Unit Bedroom Size Needed					
		0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
Region I	Elderly Only (55+)	N/A			N/A	N/A	N/A
	Orleans SRO – 1 Occupant Only		N/A	N/A	N/A	N/A	N/A
	Algiers	N/A	N/A		N/A	N/A	N/A
	New Orleans East	N/A	N/A		N/A	N/A	N/A
	St. Bernard	N/A	N/A		N/A	N/A	N/A
	Uptown	N/A	N/A		N/A	N/A	N/A
Capital Area	Baton Rouge SRO: 1 Occupant Only		N/A	N/A	N/A	N/A	N/A
	Elderly Only (Capital) (55+)	N/A			N/A	N/A	N/A
Florida Parishes	Hammond Elderly Only (55+)	N/A			N/A	N/A	N/A
	Slidell Elderly Only (55+)	N/A			N/A	N/A	N/A
	Amite	N/A					
Region III	St. Mary and Assumption	N/A					
	St. Charles, St. James, St. John	N/A					
	Terrebonne and LaFourche	N/A					
Region IV	Acadia, Rayne, and Crowley	N/A					
	Evangeline and Ville Platte	N/A					
	Iberia	N/A					
	Lafayette Parish	N/A					
	St. Landry, Eunice, Opelousas	N/A					
	St. Martin, St Martinville, Breaux Bridge	N/A					
Region V	Vermillion	N/A					
	Allen	N/A					
	Beauregard, DeRidder	N/A					
	Cameron	N/A					
	Jefferson Davis	N/A					
	Calcasieu Parish/Lake Charles	N/A					



COMMUNICATION

Do you have a case worker, support coordinator or other professional that we may contact to discuss the status of your application? If so, please list their name below. You will also be contacted by our office and asked to sign a separate consent form allowing us to contact this person.

Name: _____

Agency: _____

Phone or e-mail: _____

If you are **not** being referred by an agency or service provider, please provide us with the following information:

How did you hear about the Permanent Supportive Housing Program? _____

Where did you obtain the application?

CERTIFICATION

Privacy Act Statement: The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished.

Penalty for false or fraudulent statements: U.S.C. Title 18, Sec 1001, provides that "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Applicant(s) Statement: I understand that false statements or information are punishable under federal law.

**Applicant Signature*

**Date*



**STATE OF LOUISIANA
VOTER REGISTRATION AGENCIES
DECLARATION FORM**

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)

I want to register to vote. I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)

Yes, I would like help. No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact the Office of Aging and Adult Services at 1-866-758-5035.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to the Office of Aging and Adult Services, 628 North 4th Street, 2nd Floor, P.O. Box 2031 (Bin 14), Baton Rouge, Louisiana 70821.

Signature or Mark	Name Typed or Printed	Date
Signatures of Two Witnesses If Signed With Mark:		
1) _____	2) _____	

COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

Comments/Remarks (for official use only):



Louisiana Voter Registration Application

(LA-VRA - Rev. 4/17)

SEE THE OTHER SIDE OF THIS PAGE FOR INSTRUCTIONS →
QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

OFFICIAL USE ONLY: **WD:** _____ **PCT:** _____ **REG. TYPE:** _____ **IN/OUT:** _____ **REG #** _____

Please print clearly in ink, preferably black.

Reason for Application: New Voter Registration Updating Voter Registration

Eligibility

1. Are you a citizen of the United States of America? Yes No
 Will you be 18 years of age on or before election day? Yes No

If you answered "No" to these questions, do not complete this form. You are not eligible to vote at this time.

Name

2. LAST NAME: _____ FIRST NAME: _____
 FULL MIDDLE OR MAIDEN NAME: _____ SUFFIX (Sr., Jr., II) _____

Residence Address
 (Where you live and claim homestead exemption, if any)

HOUSE # & STREET (NO P.O. BOX): _____ UNIT/APT #: _____
 CITY/TOWN: _____ STATE LA ZIP CODE: _____

Give Location (If Necessary)

3. Check if no postal service at your residence address above and supply mailing address here.

Mailing Address
 (If different from Residence Address)

HOUSE # & STREET/P.O. BOX: _____ UNIT/APT #: _____
 CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

Birthdate 4. MM / DD / YYYY

5. *SSN XXX - XX - XXXX

6. Sex M F

7. Race (Optional) WHITE BLACK ASIAN HISPANIC AMERICAN INDIAN OTHER _____

Party Affiliation 8. DEM GRN IND LBT REP NO PARTY OTHER (Specify) _____

9. **Place of Birth** CITY/TOWN: _____ STATE: _____
 PARISH/COUNTY: _____ COUNTRY: _____

Mother's Maiden Name 10. _____

11. **Email** (Optional) _____

12. **Phone** Home: (____) _____ - _____
 (Optional) Other: (____) _____ - _____

LA DL/ID Card # 13. _____

14. **Do you need assistance in voting?** No Yes, Reason: _____

Place of Last Residence 15. HOUSE # & STREET: _____ CITY: _____ STATE: _____

16. **Place of Last Registration** STATE: _____ PARISH/COUNTY: _____

17. **Former Registered Name, if any** _____

Affirmation and Signature (read and sign or make your mark)

18. I do hereby solemnly swear or affirm that I am a United States citizen, that I am of eligible age to register to vote, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.

Applicant Signature: _____ Date: _____

Witnesses (If your signature is a mark, you must have two witnesses sign)

19. Witness #1 Signature: _____ Print Name: _____
 Witness #2 Signature: _____ Print Name: _____

* Last 4 digits of the social security number are required, if issued, and you have no LA driver's license or LA special ID; full SSN number is preferred but optional.

Note: If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. You may request a copy of your voter registration form at any time from the registrar of voters.

OFFICIAL USE ONLY

New Registration Updated Registration: Address Change Name Change Party Change Change to Assistance in Voting

REMARKS: _____

CIRCLE ONE: PA MV RG SDA SS (Disability)

Received by: _____ Date: _____



Louisiana Voter Registration Application

(LA-VRA - Rev. 4/17)

QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

APPLICATION INSTRUCTIONS

USE THIS LOUISIANA VOTER REGISTRATION APPLICATION TO: 1) register to vote; 2) change your address; 3) request a name change; 4) change party affiliation; or 5) request assistance in voting.

TO REGISTER AND BE ELIGIBLE TO VOTE AN APPLICANT MUST: 1) be a U.S. citizen; 2) be 17 years old (16 years old if registering to vote in person at the Registrar's Office or the Office of Motor Vehicles), but must be 18 years old before actually voting; 3) not be under an order of imprisonment for conviction of a felony; 4) not be under a judgment of full or limited interdiction where your right to vote has been suspended; 5) reside in the state and parish in which you seek to register and vote.

Instructions: the grey section numbers on this page correspond to the grey section numbers on the application.

Reason for Application: Check "New Voter Registration", if this is a first time registration or if a new registration in a new parish after moving. Check "Updating Voter Registration", if you are making any change to your present registration. If new registration, fill out the form completely.

1. Eligibility - Federal law requires you to affirm that you are a citizen of the United States of America and that you will be 18 years of age on or before the election day in which you are eligible to vote. If you answered "No" to these questions, do not complete this application form. You are not eligible to vote at this time. If you are registering as a 16 or 17 year old, you may check "Yes" because you will not be allowed to vote until you are 18.

2. Name - You **must** provide your full name. Do not use nicknames or initials for middle or maiden name. *If this application is for a change of name, please also complete section 17: "Former Registered Name".*

3. Residence Address - "Residence Address" means the address (Number, Street, City, State and Zip) where you live and are registering to vote. Residence address **must** be the address where you claim homestead exemption, if any, except for a resident in a nursing home or veterans' home who may choose to use the address of the nursing home or veterans' home or the home where they have a homestead exemption. A college student may elect to use their home address or their address at school

provide the exact location. Write in the names of the crossroads (streets) nearest to residence. Draw an X to show residence. Use a dot to show any schools, churches, stores or landmarks near residence and write the name of the landmark.

Mailing Address - If you check that you do not receive postal service at your residence address, you **must** provide your mailing address (Number, Street, City, State and Zip). Otherwise a mailing address may be provided and you may use a Post Office Box for a mailing address.

4. Birthdate - Print your date of birth. The month and day of your birth remains confidential by law.

5. Social Security Number - If you do not have a LA driver's license or LA special identification card, you **must** provide the last four digits of your social security number, if issued. The full social security number is preferred and may be provided on a voluntary basis and will be kept confidential. If you were not issued a social security number, you **must** attach either one or more documents to prove your identity, residence and date of birth. Documents may be: a) a copy of current and valid photo identification and/or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document. *Your SSN number remains confidential and is only used for registration purposes.*

6. Sex - Check male or female (*for statistical purposes only*).

7. Race - Race/Ethnic origin is optional (*for statistical purposes only*).

8. Party Affiliation - If you are registering for the first time, you may choose a party affiliation of Democrat, Green, Independent, Libertarian or Republican parties. You may specify any other party affiliation by checking "other" and then listing the party you wish to affiliate. If you do not want to register with a political party affiliation check "No Party", or if you do not complete this section, your party affiliation will be listed as "no party". If you are already registered with a party affiliation and no political party change is being made with this application, you may leave this section blank or re-enter your political party affiliation.

9. Place of Birth - Print the city/town, parish/county, state and country of your birth place (*for statistical purposes only*).

10. Mother's Maiden Name - Print your mother's maiden name, which is her last name at her birth. If unknown, write "unknown".

11. Email - Give your email address for election officials to contact you if there is a problem with your registration. *Email addresses are protected from disclosure by law and are for official use only.*

12. Phone - Give your phone numbers for election officials to contact you if there is a problem with your registration. *Phone numbers are optional and a public record unless you make a request for your phone numbers to be kept confidential by election officials.*

13. LA DL/ID Card # - Print your LA driver's license or LA special identification card number, if issued. If you do not have one, check "I do not have a LA DL/ID card". *This ID number remains confidential and is for official use only.*

14. Assistance in Voting Needed? - Indicate if you will need assistance in voting by checking either the "No" or "Yes" box. If "Yes", write the reason for needing assistance. The registrar of voters in your parish may contact you for proof of disability.

15. Place of Last Residence - Print the address (number and street), city, and state of your prior residence, if different from residence address in section 3 or write "Same".

16. Place of Last Registration - Print the state and parish (or county) of your last registration if you were registered in another parish or state prior to completing this application. **Important:** *Contact the local election office in your prior state and cancel your prior registration. Registering in Louisiana does not automatically cancel or transfer your voter registration from another state.*

17. Former Registered Name - If you are using this application to make a name change to your registration, print your former registered name (name you are changing) in this section. If name changed by court order, provide a copy of the order with this application.

18. Affirmation and Signature - Read the affirmation and sign your full name or make your mark and print the date this application was signed and completed. *If assistance in registering is being provided, make sure the applicant understands what they are affirming and that they meet the requirements to register to vote.*

19. Witnesses - If you are unable to sign your name, you may make your mark, but it **must** be witnessed by two people or it is not valid.

Mailing Instructions - If returned by mail, place in an envelope and mail to your Registrar of Voters Office. You can find your registrar of voters mailing address on the Registrar of Voters Address Page, by visiting our website at www.geauxvote.com or by calling the toll free at 1-800-883-2805. Your application or envelope **must** be postmarked 30 days prior to the first election in which you seek to vote.

Online Voter Registration - Voter registration is also available at www.geauxvote.com and you may register online before the 20th day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.