

# Applicant Guidelines



Louisiana  
Homeowner  
Assistance Fund

## SECTION I: TELL US ABOUT YOU (OWNER-OCCUPANT)

*NOTE: This section should be completed by the Primary Applicant, i.e., an individual who owns the home for which mortgage assistance is needed.*

### Applicant will provide their:

#### 1. Full legal name

Please provide applicant full legal name that appears on your valid, government-issued photo identification, such as a driver's license, state-issued ID, U.S. passport, or military ID card. This should be the name listed on your birth certificate unless it was changed by a legal action, such as marriage or court order. Please be mindful not to provide a nickname. Note that if there is a discrepancy in your stated name, such as a different last name listed on various pieces of documentation, you may be asked to complete the Program's Same Name Affidavit and provide legal documentation of the name change.

#### 2. Preferred phone number

Please provide applicant current, preferred phone number if you have one. This phone number will be used by the Program to contact you throughout the application process. Indicate whether TTY services are needed.

#### 3. Preferred email address

Please provide applicant current email address if you have one. This email address will be used by the Program to reach you throughout the application process.

#### 4. Date of birth

Please provide applicant date of birth (day, month, and year).

#### 5. Gender

Please select applicant gender from the dropdown menu. If you do not wish to answer or if not applicable, please select "I do not wish to furnish this information".

#### 6. Race

Please select applicant race from the dropdown menu. If you do not wish to answer or if not applicable, please select "I do not wish to furnish this information".

#### 7. Ethnicity

Please select applicant ethnicity from the dropdown menu. If you do not wish to answer or if not applicable, please select "I do not wish to furnish this information".

#### 8. Veteran status

Please select "yes" or "no" on whether applicant currently or has ever served in the United States Military. If you have not served, please select "no".

#### 9. Are you disabled?

Please select "yes" or "no" on whether applicant is disabled.

#### 10. Social Security Number

Please provide applicant official nine-digit Social Security number as provided to you by the U.S. Government.

#### 11. Marital Status

Please provide applicant marital status from the provided dropdown menu.

## 12. Employment Status

Please select from the dropdown menu all that apply regarding applicant employment status.

## 13. Are you actively in bankruptcy?

Please indicate if applicant is actively filing for bankruptcy. If you have filed for bankruptcy but your case been discharged or dismissed and closed, then you are not in active bankruptcy.

## SECTION I-A: ABOUT THE PROPERTY

*NOTE: This section should be completed for the property for which the applicant is seeking mortgage assistance due to financial hardships during the COVID-19 pandemic.*

### 1. Property Type

Please identify the type of property for the home you are seeking financial assistance for.

### 2. Address 1

Please provide the street address for the property for which you are filing this application and seeking financial assistance for.

### 3. Address 2

If applicable, please provide the unit number for the property for which you are filing this application and seeking financial assistance for.

### 4. County

Please select the parish of residence the identified property is located in.

### 5. City, State and Zip

Please provide the city of residence and zip code of the property for which you are filing this application. The state will be automatically filled to read "Louisiana."

### 6. Is this property also your mailing address?

Please indicate whether this property is where you regularly receive your mail.

## SECTION I-B: MAILING ADDRESS

*Note: This section should be completed for the physical location where applicant receives mail.*

### 1. Address:

a. If you selected "no" for the mailing address question in the prior section, please provide the mailing address for which the applicant would prefer to receive program-related documents and information.

## SECTION II: TELL US ABOUT YOUR CO-APPLICANT(S)

*NOTE: Adding a Co-Applicant to the application is optional. A Co-Applicant may be a legal owner and/or an occupant of the property in addition to the Primary Applicant, though it is NOT required that the Co-Applicant be an owner or an occupant.*

### 1. Does this Co-Applicant live in the property?

Please indicate whether the co-applicant resides in the home for which you are applying for assistance.

### 2. The Co-Applicant should provide their full legal name.

Please provide co-applicant full legal name that appears on your valid, government-issued photo identification, such as a driver's license, state-issued ID, U.S. passport, or military ID card. This should be the name listed on your birth certificate unless it was changed by a legal action, such as marriage or court order. Please be mindful not to provide a nickname.

**3. The Co-Applicant should provide their preferred phone number.**

Please provide co-applicant current phone number if you have one. This phone number will be used by the Program to contact you throughout the application process if the Primary Applicant cannot be reached. Indicate whether TTY services are needed.

**4. The Co-Applicant should provide their preferred email address.**

Please provide co-applicant current, preferred email address if you have one. This email address will be used by the Program to reach you throughout the application process if the Primary Applicant cannot be reached.

**5. Date of birth**

Please provide co-applicant date of birth (day, month, and year).

**6. Gender**

Please select co-applicant gender from the dropdown menu. If you do not wish to answer or if not applicable, please select “I do not wish to furnish this information”.

**7. Race**

Please select co-applicant race from the dropdown menu. If you do not wish to answer or if not applicable, please select “I do not wish to furnish this information”.

**8. Ethnicity**

Please select co-applicant ethnicity from the dropdown menu. If you do not wish to answer or if not applicable, please select “I do not wish to furnish this information”.

**9. Veteran status**

Please select “yes” or “no” on whether co-applicant currently or has ever served in the United States Military. If you have not served, please select “no”.

**10. Are you disabled?**

Please select “yes” or “no” on whether co-applicant is disabled.

**11. Social Security Number**

Please provide co-applicant official nine-digit Social Security number as provided by the U.S. Government.

**12. Marital Status**

Please provide co-applicant marital status from the provided dropdown menu.

**13. Employment Status**

Please select from the dropdown menu all that apply regarding co-applicant employment status.

**14. Are you actively in bankruptcy?**

Please indicate if co-applicant is actively filing for bankruptcy. If you have filed for bankruptcy but your case been discharged or dismissed and closed, then you are not in active bankruptcy.

**15. Relationship to homeowner**

Please select all that apply from the dropdown menu specifying co-applicant relationship with the homeowner/primary applicant on this application.

**SECTION III:**

**TELL US ABOUT YOUR HOUSEHOLD**

**1. Add a Household Member**

Please identify all residents that live in the property for which you are applying for assistance, including both adults and children.

**2. Provide the full legal name for each household member.**

Please household member’s full legal name that appears on valid, government-issued photo identification, such as a driver’s license, state-issued ID, U.S. passport, or military ID card. This should be the name listed on your birth certificate unless it was changed by a legal action, such as marriage or court order. Please be mindful not to provide a nickname.

**3. Date of birth**

Please provide household member’s date of birth (day, month, and year).

#### 4. Social Security Number

Please provide household member's official nine-digit Social Security number as provided by the U.S. Government.

#### 5. Employment Status

Please select from the dropdown menu all that apply regarding household member's employment status. There is a "Minor Child" option for household members younger than age 18.

#### 6. Relationship to homeowner

Please select all that apply from the dropdown menu specifying household member's relationship with the homeowner/primary applicant on this application.

## SECTION IV: TELL US ABOUT YOUR LOAN(S)

#### 1. Lender

Please select from the dropdown menu which servicer manages your loans. This will be the company who sends you mortgage statements.

#### 2. Mortgage Type

Please select from the dropdown menu the type of mortgage on your property

#### 3. Purchase Price

To the best of your ability, please provide the price at which you purchased the identified property (dollar amount).

#### 4. Purchase Date

To the best of your ability, please provide the date at which you purchased the identified property.

#### 5. Mortgage Account Number

To the best of your ability, please provide your mortgage account number.

#### 6. Current Mortgage Balance

To the best of your ability, please provide the current balance on your property mortgage (dollar amount).

#### 7. Current Mortgage Payment

To the best of your ability, please provide the current payment on your property mortgage each month (dollar amount).

#### 8. Current Mortgage Interest Rate

To the best of your ability, please provide the current interest rate on your mortgage loan (percentage).

#### 9. Is this loan in default?

Please select "yes" or "no".

#### 10. Have you received a foreclosure notice?

- a. Please select "yes" or "no".
- b. Scheduled Foreclosure Date
  - i. If you answered yes to the previous question, please provide the scheduled foreclosure date (month, day, year).

#### 11. Has a sale date been scheduled?

- a. Scheduled Sale Date
  - i. If you answered yes to the previous question, please provide the scheduled sale date (month, day, year).

#### 12. Has your loan been in forbearance?

- a. Number of payments due in forbearance
  - i. If you answered yes to the previous question, please provide the number of payments due for your property.

#### 13. Was an FHA HUD claim filed due to pandemic delinquency?

Please select "yes" or "no".

#### 14. Are you in the process of a loan modification?

Please select "yes" or "no".

**15. Do you have any HOA or Condo fees?**

- a. Please select “yes” or “no”.
- b. Monthly amount of HOA or Condo fees  
If you answered yes to the previous question, please provide the monthly payment amount in HOA or condo fees (dollar amount).

**16. Are you in default with your Condo or HOA?**

Please select “yes” or “no”.

**17. Has your Condo or HOA filed foreclosure?**

Please select “yes” or “no”.

**SECTION V:**

**TELL US ABOUT YOUR NEED FOR ASSISTANCE**

**1. To which of the following programs are you applying for assistance?**

*(Your application will be reviewed on a program basis. You might be approved for assistance through one or multiple of these programs but not others.)*

- a. Mortgage Reinstatement  
Please check the box that says “mortgage reinstatement” for application processing.
- b. Duplication of Benefits  
Have you received any other financial assistance related to the payment of your mortgage, relative to the impacts of the coronavirus pandemic? If so, please check this box.

**SECTION VI:**

**TELL US ABOUT YOUR FINANCES**

**1. Income**

- a. Household member  
Please identify for whom you are claiming income.
- b. Category  
Please select from the provided dropdown menu your income category.
- c. Frequency  
Please select from the provided dropdown menu your income frequency (how often you get paid).
- d. Amount  
Please provide the dollar amount of your annual income.
- e. Description  
If you would like to provide supplementary information, please add a description of your income type.

**2. Expenses**

- a. Household member  
Please identify for whom you are claiming income.
- b. Category  
Please select from the provided dropdown menu your expenses category.
- c. Frequency  
Please select from the provided dropdown menu your expenses frequency (how often you make said payment).
- d. Amount  
Please provide the dollar amount of your annual expenses.
- e. Description  
If you would like to provide supplementary information, please add a description of your expense type.

## SECTION VII:

## TELL US ABOUT YOUR HARDSHIP

### 1. Reason(s) for hardship:

Please check all boxes that apply indicating your reason for hardship, and thus, why you are submitting this application.

## SECTION VIII:

## DOCUMENTS

### 1. ID

This is optional. You will have the ability to upload a picture of your photo ID to supplement your application.

### 2. Additional Documents

Please upload any additional documents needed to submit your application. This is optional. If further documentation is required, your case manager will contact you.

## SECTION IX:

## SIGNATURE AND AUTHORIZATION

### 1. Send Documents

- a. By clicking "Send Documents," you will receive an e-mail containing a document for your to sign as the last step of your application.
- b. Once you click "Send Documents," the status will say, "Waiting for Applicants" until signed.
- c. Once you have signed the document using an e-signature, you will receive your signed document for reference.
- d. At this point, your signature status on your application will be updated to "Completed."

VISIT **HAF.LACOVIDHOUSING.COM** TO LEARN MORE AND  
TO START YOUR APPLICATION TODAY!

*The Louisiana Homeowner Assistance Fund program is a free, federally funded financial relief program for homeowners financially impacted by COVID-19 who are behind on their mortgages and facing potential default and/or foreclosure. The program is funded through the U.S. Treasury Department and administered by the Louisiana Office of Community Development.*

