



Permanent Supportive Housing (PSH) Program Application Project Based Voucher (PBV)

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 PBV Requirements?

To be eligible for PSH PBV, your household must: (1) include at least one qualifying member (QM), which is a person who has a long-term disability **and** is currently receiving eligible Medicaid services or Ryan White Services, (2) be in need of housing supports offered by PSH PBV, and (3) be very low-income (50% Area Median 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 PBV or be offered a housing unit until we have a completed application. Although documents verifying household income and identity are not required to submit this application, documentation will be required for all household members to receive a unit referral. PSH PBV will request these documents at a later date.
- It must be verified that you are in need of the supports offered through PSH PBV. Please complete the "Permanent Supportive Housing PBV Eligibility" section (**pages 5 & 6**).

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

Mail:	Fax:	E-mail: (preferred method)
Permanent Supportive Housing PBV 1450 Poydras St., Suite 1133 New Orleans, LA 70112	1-504-568-3372	pshapplications@la.gov (Application must be attached to email as a single PDF)

What happens after I have submitted my application?

Once your application is received by PSH PBV, it can take up to **30 days** to process. Please **do not** submit more than 1 application for processing. This can slow down processing times. Once your application is processed you will receive a letter in the mail: a 'Notification of Placement on Waiting List,' an 'Incomplete Notice' or a 'Notice of Denial' letter, with further instructions. **If you do not receive a response after 30 days, please contact our office.**



PERMANENT SUPPORTIVE HOUSING PBV 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**.

If you want to register to vote, fill out the Voter Registration Declaration (VRD) and the Louisiana Voter Registration Application (LA-VRA) and mail it back to the address shown on page 1. It is important that you mail us the original LA-VRA form OR you can mail it directly to the Registrar of Voters' office in the parish that you live (See last page for mailing addresses). Please note that we are only allowed to forward LA-VRA forms to the Registrar of Voters' offices if the forms contain the applicant's name, address and signature. Copies of this form **CANNOT** be processed by the Registrar of Voters' offices.

APPLICANT INFORMATION (Head of Household)

Must be **age 18 or older** (Please print clearly)

*** Indicates required fields.**

* First Name Preferred Name (if applicable) MI * Last Name

_____/_____/_____
* Social Security Number * Date of Birth

* Street (Address where you can receive mail; you do not have to reside there) Apartment/Lot

* City * State * Zip Code

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

* Primary: (_____) ____-____ * Secondary: (_____) ____-____

Email: _____ Additional: (_____) ____-____

OPTIONAL: Do you have a caseworker, other service professional, friend, or family member that you would like to add as an alternative contact?

Alternative Contact:

First Name Last Name Relationship to you (caseworker, friend, etc.)

(_____) ____-____ @_____._____
*Primary Number Email

DEMOGRAPHIC INFORMATION

1. Are you homeless? ☐ Yes ☐ No

2. Are you chronically homeless? ☐ Yes ☐ No

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

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan Native and Black | <input type="checkbox"/> Other: _____ |

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

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

(NOTE: Some non-citizens are eligible for this program)

6. Gender (please check): ☐ Male ☐ Female ☐ Other

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Handicapped accessible parking | <input type="checkbox"/> Grab bars and handrails |
| <input type="checkbox"/> No Steps | <input type="checkbox"/> Few Steps | <input type="checkbox"/> Roll in shower |
| <input type="checkbox"/> Modification for vision impairment | | |
| <input type="checkbox"/> Modification for hearing impairment | | |
| <input type="checkbox"/> Other: _____ | | |

Please explain:

*12. Are you **currently** living in a nursing home or an ICF/DD facility? ☐ Yes ☐ No

If yes: Name of nursing home or ICF/DD facility: _____

Facility Phone Number: _____

HOUSEHOLD AND DISABILITY INFORMATION

*Household Information:

List **ALL** persons who will live in the unit and complete their information. This can include unrelated people. The applicant is listed already as ‘**Head**’ of household. If a caretaker or aide will **live** in the household, they **must** be added to the chart for it to count towards determining household size. If you do not know the caretaker’s name, just write “**caretaker**”. **If you have more than one qualifying member (QM) in the household receiving supportive services, place an “X” under QM in the chart.**

First Name	Last Name	Relation to Head	Date of Birth	Age	Sex	Social Security #	QM
		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);
- ☐ Disability caused by chronic illness (e.g. people with HIV who can no longer work)
- ☐ Age-related disability (i.e., frail elderly)

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

- | | |
|--|---|
| <input type="checkbox"/> Louisiana Behavioral Health Partnership
(MHR with CPST/PSR services) | <input type="checkbox"/> Ryan White Services
(must submit Ryan White letter) |
| <input type="checkbox"/> ACT services | <input type="checkbox"/> Supports Waiver |
| <input type="checkbox"/> New Opportunities Waiver (NOW) | <input type="checkbox"/> Community Choices Waiver (CCW) |
| <input type="checkbox"/> Residential Options Waiver | <input type="checkbox"/> Children’s Choice Waiver |
| <input type="checkbox"/> Long Term Personal Care Services (LTPCS) | <input type="checkbox"/> Currently Living in a Nursing Home |

NOTE: Applicants receiving non-Medicaid funded ACT services must submit supporting documentation.

NEED FOR SUPPORT INFORMATION

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

The information disclosed will only be used to better understand you needs for support and appropriate housing options. Disclosing this information will not deem you ineligible for PSH housing.

1. Has a member of the household 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

If Yes, what is the approximate duration of institutionalization? _____

2. At some point, lived independently in his/her own apartment or home: ☐ Yes ☐ No

3. Has the head of household ever been evicted? ☐ Yes ☐ No

If yes, provide number of evictions and a brief reason:

4. Does the head of household have any outstanding balances owed to utility companies, properties/landlords, or similar? ☐ Yes ☐ No

5. Does a member of the household have a criminal background in the last **5 years**? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Noise disturbance/disturbing the peace
☐ Offenses/charges of a sexual nature
☐ Offenses/charges of a violent nature
☐ Drug-related offenses/charges
☐ Offense/charge included intent to distribute
☐ Other: _____

6. Is any member of the household subject to a state sex offender lifetime registration requirement? ☐ Yes ☐ No

***Housing needs:**

To be eligible for the PSH program, a household must be in need of supportive services. The items below are things you or someone in your household may need support with. For each item, please mark if you or someone in your household **never** need support, **sometimes** need support, or **often** need support with the things listed.

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	Needs support to identify preferences, related to housing (locations, accommodations needed, and feasibility of accessing other needed supports or activities).
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	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	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	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	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	Needs assistance keeping appointments and providing paperwork necessary to maintain access to income/benefits.

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

☐ Self (Applicant)

☐ Family Member of Applicant: _____
Name Relationship to Applicant

☐ Service Professional: _____
Name Credentials

☐ Other: _____
Name Relationship to Applicant

PSH PBV INCOME ELIGIBILITY

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

Check One: ☐ Yes ☐ No

Parish	Household Size Annual Income Limits (\$)							
	1	2	3	4	5	6	7	8
Acadia	22,050	25,200	28,350	31,500	34,050	36,550	39,100	41,600
Allen	22,300	25,500	28,700	31,850	34,400	36,950	39,500	42,050
Ascension	31,050	35,500	39,950	44,350	47,900	51,450	55,000	58,550
Assumption	23,350	26,700	30,050	33,350	36,050	38,700	41,400	44,050
Beauregard	25,400	29,000	32,650	36,250	39,150	42,050	44,950	47,850
Calcasieu	25,350	28,950	32,550	36,150	39,050	41,950	44,850	47,750
Cameron	25,350	28,950	32,550	36,150	39,050	41,950	44,850	47,750
East Baton Rouge	31,050	35,500	39,950	44,350	47,900	51,450	55,000	58,550
East Feliciana	31,050	35,500	39,950	44,350	47,900	51,450	55,000	58,550
Evangeline	18,950	21,650	24,350	27,050	29,250	31,400	33,550	35,750
Iberia	21,000	24,000	27,000	30,000	32,400	34,800	37,200	39,600
Iberville	22,300	25,450	28,650	31,800	34,350	36,900	39,450	42,000
Jefferson	27,450	31,400	35,300	39,200	42,350	45,500	48,650	51,750
Jefferson Davis	22,300	25,450	28,650	31,800	34,350	36,900	39,450	42,000
Lafayette	26,800	30,600	34,450	38,250	41,350	44,400	47,450	50,500
Lafourche	24,300	27,800	31,250	34,700	37,500	40,300	43,050	45,850
Livingston	31,050	35,500	39,950	44,350	47,900	51,450	55,000	58,550
Orleans	27,450	31,400	35,300	39,200	42,350	45,500	48,650	51,750
Plaquemines	27,450	31,400	35,300	39,200	42,350	45,500	48,650	51,750
Pointe Coupee	31,050	35,500	39,950	44,350	47,900	51,450	55,000	58,550
St. Bernard	27,450	31,400	35,300	39,200	42,350	45,500	48,650	51,750
St. Charles	27,450	31,400	35,300	39,200	42,350	45,500	48,650	51,750
St. Helena	31,050	35,500	39,950	44,350	47,900	51,450	55,000	58,550
St. James	25,450	29,100	32,750	36,350	39,300	42,200	45,100	48,000
St. John the Baptist	27,450	31,400	35,300	39,200	42,350	45,500	48,650	51,750
St. Landry	18,950	21,650	24,350	27,050	29,250	31,400	33,550	35,750
St. Martin	26,800	30,600	34,450	38,250	41,350	44,400	47,450	50,500
St. Mary	19,850	22,650	25,500	28,300	30,600	32,850	35,100	37,400
St. Tammany	27,450	31,400	35,300	39,200	42,350	45,500	48,650	51,750
Tangipahoa	23,700	27,050	30,450	33,800	36,550	39,250	41,950	44,650
Terrebonne	24,300	27,800	31,250	34,700	37,500	40,300	43,050	45,850
Vermilion	24,700	28,200	31,750	35,250	38,100	40,900	43,750	46,550
Washington	18,950	21,650	24,350	27,050	29,250	31,400	33,550	35,750
West Baton Rouge	31,050	35,500	39,950	44,350	47,900	51,450	55,000	58,550
West Feliciana	31,050	35,500	39,950	44,350	47,900	51,450	55,000	58,550

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	SSDI	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):

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. **Documentation must be submitted for homelessness, chronic homelessness, untenable doubled up arrangement, and currently institutionalized preference or preference points will not be added.** If you have any questions, please call **1-844-698-9075**.

Disaster Displacee:

- ☐ Household whose housing situation was disrupted either directly by the physical effects of a disaster or by resulting socioeconomic impacts (e.g. rent increases). Households who were homeless and living in a disaster area and whose living situation was disrupted by the effects of the disaster will also be regarded as displacees.

Homeless (Documentation required):

- ☐ 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 (Documentation required):

- ☐ 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 (**Documentation required**). 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 (Documentation required): 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; or
- ☐ A household member is hospitalized, qualifies for long term care or inpatient psychiatric care and has no alternative referral source to a nursing home, psychiatric, or ICF-DD facility.

PSH PBV UNITS: WAITLIST PREFERENCE

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

You must check **AT LEAST** one box below. **If you do not make a waitlist selection, one will be made for you.** If you are approved for the PSH PBV waiting list, you will receive a letter listing all your waitlist placements as well as instructions on how to request changes to lists or bedroom size.

NOTE: Elderly only units are for tenants age 55 and up. Bedrooms size cannot be guaranteed.

Location		Bedroom Size Needed					
		0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
Region I	Orleans - 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					
	New Orleans East	N/A					
	St. Bernard	N/A					
	Uptown	N/A					
Jefferson Parish	East Bank	N/A					
	West Bank	N/A					
Capital Area	Ascension	N/A					
	East Feliciana	N/A					
	Baton Rouge SRO: 1 Occupant Only		N/A	N/A	N/A	N/A	N/A
	One Stop/Scott School			N/A	N/A	N/A	N/A
	East Baton Rouge	N/A					
	Capital - Elderly Only (55+)	N/A			N/A	N/A	N/A
	West Baton Rouge	N/A					
	West Feliciana	N/A					
	Iberville	N/A					
	Pointe Coupee	N/A					
Florida Parishes	Amite	N/A					
	Bogalusa	N/A					
	Covington	N/A					
	Hammond	N/A					
	Slidell	N/A					
	Hammond - Elderly Only (55+)	N/A			N/A	N/A	N/A
	Slidell - Elderly Only (55+)	N/A			N/A	N/A	N/A
	Livingston	N/A					
	St. Helena	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, Breau Bridge	N/A					
	Vermillion	N/A					
Region V	Allen	N/A					
	Beauregard, DeRidder	N/A					
	Cameron	N/A					
	Jefferson Davis	N/A					
	Calcasieu Parish/Lake Charles	N/A					

COMMUNICATION

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. 6/19)

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you checked 'No' in response to either of these questions, do not complete this form. You are not eligible to vote at this time. (Please see application instructions for information regarding eligibility to register prior to age 18.)
		Will you be 18 years of age on or before election day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 #: _____	Give Location (If Necessary) <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
		CITY/TOWN: _____	STATE <u>LA</u> ZIP CODE: _____	

Mailing Address (If different from Residence Address)	3.	<input type="checkbox"/> Check if no postal service at your residence address above and supply mailing address here.		
		HOUSE # & STREET/P.O. BOX: _____	UNIT/APT #: _____	
		CITY/TOWN: _____	STATE: _____	ZIP CODE: _____

Date of Birth	4.	MM / DD / YYYY	5. *SSN	6. Sex	7. Race
			XXX - XX - XXXX	<input type="checkbox"/> M <input type="checkbox"/> F	(Optional) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER _____

Party Affiliation	8.	<input type="checkbox"/> DEMOCRAT <input type="checkbox"/> GREEN <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> LIBERTARIAN <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> NO PARTY <input type="checkbox"/> OTHER (Specify) _____	9. Place of Birth	CITY/TOWN: _____ STATE: _____ PARISH/COUNTY: _____ COUNTRY: _____
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Mother's Maiden Name	10.	_____	11. Email	12. Phone
			_____	Home: (____) _____ - _____ Other: (____) _____ - _____

LA DL/ID Card #	13.	_____	14. Do you need assistance in voting?
		<input type="checkbox"/> I do not have a LA DL/ID card.	<input type="checkbox"/> No <input type="checkbox"/> Yes, Reason: _____

Last Residence Address	15.	HOUSE # & STREET: _____	16. Place of Last Registration	17. Former Registered Name, if any
		CITY: _____ STATE: _____	STATE: _____ PARISH/COUNTY: _____	_____

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 have not been incarcerated pursuant to an order of imprisonment for conviction of a felony within the past five years, nor am I under an order of imprisonment for a felony offense of election fraud or other election offense pursuant to R.S. 18:1461.2, 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.		
		Applicant Signature: <input type="text"/>	Date: _____	

Witnesses (If your signature is a mark, you must have two witnesses sign.)	19.	Witness #1 Signature: <input type="text"/>	Witness #1 Print Name: _____
		Witness #2 Signature: <input type="text"/>	Witness #2 Print Name: _____

* If you do not have a LA driver's license or LA special ID, the last four digits of your social security number are required if you have one. Full SSN 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	<input type="checkbox"/> New Registration Updated Registration: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Party Change <input type="checkbox"/> Change to Assistance in Voting <input type="checkbox"/> Other
REMARKS:	
CIRCLE ONE:	
PA MV RG SDA SS (Disability)	Received by: _____ Date: _____



Louisiana Voter Registration Application

(LA-VRA - Rev. 6/19)

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 at least 17 years old (16 years old if registering to vote in person at the Registrar's Office or with an application for a Louisiana driver's license) but must be 18 years old before actually voting; 3) not be under an order of imprisonment for conviction of a felony or, if under such an order, not have been incarcerated pursuant to the order within the last five years and not be under an order of imprisonment related to a felony conviction for election fraud or any other election offense pursuant to R.S. 18:1461.2; 4) not be under a judgment of full interdiction 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 gray section numbers on this page correspond to the gray 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 checked **'No'** in response to either of these questions, do not complete this 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 while attending. Do not use a post office box for your "Residence Address." If you use a rural route and box number, you may draw a map in box labeled "Give Location" to 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 or a LA DL or ID and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters you **must** attach 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 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 with which 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, 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 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.



Louisiana Registrars of Voters Address Page

(Rev. 12/21)

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

LOUISIANA REGISTRARS OF VOTERS OFFICE ADDRESSES

ACADIA 568 NW Court Circle Crowley, LA 70526-4363 (337) 788-8841	EAST BATON ROUGE 222 St. Louis St., Rm. 201 Baton Rouge, LA 70802-5860 (225) 389-3940	MADISON 100 N. Cedar St., Rm. #5 Tallulah, LA 71282-3892 (318) 574-2193	ST. LANDRY P.O. Box 818 Opelousas, LA 70571-0818 (337) 948-0572
ALLEN P.O. Box 150 Oberlin, LA 70655-0150 (337) 639-4966	EAST CARROLL P.O. Box 708 Lake Providence, LA 71254-0708 (318) 559-2015	MOREHOUSE 129 N. Franklin St., Ste. 1 Bastrop, LA 71220-3815 (318) 281-1434	ST. MARTIN 415 Saint Martin St. St. Martinville, LA 70582-4549 (337) 394-2204
ASCENSION 828 S. Irma Blvd., Rm. 205 Gonzales, LA 70737-3631 (225) 621-5780	EAST FELICIANA P.O. Box 488 Clinton, LA 70722-0488 (225) 683-3105	NATCHITOCHES P.O. Box 677 Natchitoches, LA 71458-0677 (318) 357-2211	ST. MARY 500 Main St., Courthouse, Rm. 301 Franklin, LA 70538-6144 (337) 828-4100, ext. 360
ASSUMPTION P.O. Box 578 Napoleonville, LA 70390-0578 (985) 369-7347	EVANGELINE 200 Court St., Ste. 102 Ville Platte, LA 70586-4463 (337) 363-5538	ORLEANS 1300 Perdido St., Rm. 1W24 New Orleans, LA 70112-2127 (504) 658-8300	ST. TAMMANY 701 N. Columbia St. Covington, LA 70433-2709 (985) 809-5500
AVOYELLES 312 N. Main St., Ste. E Marksville, LA 71351-2409 (318) 253-7129	FRANKLIN 6560 Main St. Winnsboro, LA 71295-2750 (318) 435-4489	OUACHITA 1650 Desiard St., Rm. 125 Monroe, LA 71201 (318) 327-1436	TANGIPAHOA P.O. Box 895 Amité, LA 70422-0895 (985) 748-3215
BEAUREGARD P.O. Box 952 DeRidder, LA 70634-0952 (337) 463-7955	GRANT 200 Main St., Courthouse Bldg. Colfax, LA 71417-1828 (318) 627-9938	PLAQUEMINES P.O. Box 989 Port Sulphur, LA 70083-0989 (504) 934-3620	TENSAS P.O. Box 183 St. Joseph, LA 71366-0183 (318) 766-3931
BIENVILLE P.O. Box 697 Arcadia, LA 71001-0697 (318) 263-7407	IBERIA 300 S. Iberia St., Ste. 110 New Iberia, LA 70560-4543 (337) 369-4407	POINTE COUPEE P.O. Box 520 New Roads, LA 70760-0520 (225) 638-5537	TERREBONNE 8026 Main St., Ste. 101 Houma, LA 70360 (985) 873-6533
BOSSIER P.O. Box 635 Benton, LA 71006-0635 (318) 965-2301	IBERVILLE P.O. Box 554 Plaquemine, LA 70765-0554 (225) 687-5201	RAPIDES 701 Murray St. Alexandria, LA 71301-8099 (318) 473-6770	UNION P.O. Box 235 Farmerville, LA 71241-0235 (318) 368-8660
CADDO P.O. Box 1253 Shreveport, LA 71163-1253 (318) 226-6891	JACKSON 500 E. Court St., Rm. 102 Jonesboro, LA 71251-3400 (318) 259-2486	RED RIVER P.O. Box 432 Coushatta, LA 71019-0432 (318) 932-5027	VERMILION 100 N. State St., Ste. 120 Abbeville, LA 70510 (337) 898-4324
CALCASIEU 1000 Ryan St., Rm. 7 Lake Charles, LA 70601-5250 (337) 721-4000	JEFFERSON P.O. Box 10494 Jefferson, LA 70181-0494 (504) 736-6191	RICHLAND P.O. Box 368 Rayville, LA 71269-0368 (318) 728-3582	VERNON P.O. Box 626 Leesville, LA 71496-0626 (337) 239-3690
CALDWELL P.O. Box 1107 Columbia, LA 71418-1107 (318) 649-7364	JEFFERSON DAVIS 302 N. Cutting Ave. Jennings, LA 70546-5361 (337) 824-0834	SABINE 400 Capitol St., #107 Many, LA 71449-3099 (318) 256-3697	WASHINGTON 900 Washington St., Ste. 3 Franklinton, LA 70438-1719 (985) 839-7850
CAMERON P.O. Box 1 Cameron, LA 70631-0001 (337) 775-5493	LAFAYETTE 1010 Lafayette St., Ste. 313 Lafayette, LA 70501-6885 (337) 291-7140	ST. BERNARD 8201 W. Judge Perez Dr. Chalmette, LA 70043-1696 (504) 278-4231	WEBSTER P.O. Box 674 Minden, LA 71058-0674 (318) 377-9272
CATAHOULA P.O. Box 215 Harrisonburg, LA 71340-0215 (318) 744-5745	LAFOURCHE 307 W. 4th St. Thibodaux, LA 70301-3105 (985) 447-3256	ST. CHARLES P.O. Box 315 Hahnville, LA 70057-0315 (985) 783-5120	WEST BATON ROUGE P.O. Box 31 Port Allen, LA 70767-0031 (225) 336-2421
CLAIBORNE 507 W. Main St., Ste. 1 Homer, LA 71040-3914 (318) 927-3332	LASALLE P.O. Box 2439 Jena, LA 71342-2439 (318) 992-2254	ST. HELENA P.O. Box 543 Greensburg, LA 70441-0543 (225) 222-4440	WEST CARROLL P.O. Box 71 Oak Grove, LA 71263-0071 (318) 428-2381
CONCORDIA 4001 Carter St., Ste. K Vidalia, LA 71373-3021 (318) 336-7770	LINCOLN 100 W. Texas Ave., #10 Ruston, LA 71270-4463 (318) 251-5110	ST. JAMES P.O. Box 179 Convent, LA 70723-0179 (225) 562-2330	WEST FELICIANA P.O. Box 2490 St. Francisville, LA 70775-2490 (225) 635-6161
DESOTO 104 Crosby St. Mansfield, LA 71052-2046 (318) 872-1149	LIVINGSTON P.O. Box 968 Livingston, LA 70754-0968 (225) 686-3054	ST. JOHN 1811 W. Airline Hwy. LaPlace, LA 70068-3344 (985) 359-0179	WINN 119 W. Main St., Rm. 105 Winnfield, LA 71483-3238 (318) 628-6133

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