



Application for STRAP Assistance

Instructions for completing a STRAP paper application:

- 1) Either a Tenant/Renter or a Landlord can begin the application process. An entire application can be submitted with both party's information or each party may submit their respective parts of the application separately.
- 2) Page 2 captures the contact information for both parties
 - If you are a tenant/renter, complete your section and provide name and contact information for your landlord.
 - If you are a landlord, complete your section and provide name and contact information for your tenant/renter.
- 3) Part A - Landlords complete Part A, sign all required certifications and acknowledgements, and attach all requested documentation when applying for rental assistance
- 4) Part B - Tenants/renters complete Part B, sign all required certifications and acknowledgements, and attach all requested documentation when applying for rental assistance
- 5) Part C – In situations where a tenant/landlord have already received rental assistance, both the tenants/renters as well as the landlord complete Part C to apply for additional rental assistance to be capped at program max assistance limits
- 6) Submit completed applications to STRAP by e-mail to info@strap-app.org or by mail or drop-off at either physical office location:
 - Koop Drive Administrative Complex, Building B
21454 Koop Drive
Mandeville, LA 70471
Drop box available 24/7 outside of building entrance
 - Towers Building
520 Old Spanish Trail
Slidell, LA 70458
Drop box available 24/7 outside the entrance
- 7) **Before submitting your application, please review your application in its entirety for missing signatures and required documents. Once your application is completed by you and/or your landlord, it may be submitted to our program. Applications will not be processed if they are incomplete or missing information. Call 985-898-3016 for assistance with the application process.**



APPLICATION FOR STRAP RENTAL ASSISTANCE

***FOR RENTAL ASSISTANCE - ALL APPLICANTS, LANDLORD AND TENANT/RENTER MUST COMPLETE THIS PAGE AND SUBMIT WITH THE REMAINING APPLICATION**

Applicant's First Name

Last Name

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Applicant Type (select one): **Landlord (complete THIS PAGE and Part A only)**

Tenant (complete THIS PAGE and Part B only)

LANDLORD Contact Information:

Name: First/Last	
Street Address:	
City/State/Zip:	
E-mail:	
Phone: home/mobile	

TENTANT/RENTER Contact Information:

Name: First/Last	
Street Address:	
City/State/Zip:	
E-mail:	
Phone: home/mobile	



PART A: LANDLORD RENTAL ASSISTANCE APPLICATION

Name: First/Last	
Taxpayer ID: (SSN or TIN)	
Rent is sole income?	
<p>Lease and back rent info:</p> <p>Provide details of months in arrears and amount of back due rent due per month.</p> <p>Maximum amount of assistance cannot exceed 12 months of arrear rent and/or 3 months of forward rent.</p> <p>Do not include late fees, interest, penalties, as STRAP will not reimburse for them.</p>	<p>2020:</p> <p><input type="checkbox"/> Apr \$ _____ <input type="checkbox"/> May \$ _____ <input type="checkbox"/> Jun \$ _____</p> <p><input type="checkbox"/> Jul \$ _____ <input type="checkbox"/> Aug \$ _____ <input type="checkbox"/> Sep \$ _____</p> <p><input type="checkbox"/> Oct \$ _____ <input type="checkbox"/> Nov \$ _____ <input type="checkbox"/> Dec \$ _____</p> <hr/> <p>2021:</p> <p><input type="checkbox"/> Jan \$ _____ <input type="checkbox"/> Feb \$ _____ <input type="checkbox"/> Mar \$ _____</p> <p><input type="checkbox"/> Apr \$ _____ <input type="checkbox"/> May \$ _____ <input type="checkbox"/> Jun \$ _____</p> <p><input type="checkbox"/> Jul \$ _____ <input type="checkbox"/> Aug \$ _____ <input type="checkbox"/> Sep \$ _____</p> <p><input type="checkbox"/> Oct \$ _____ <input type="checkbox"/> Nov \$ _____ <input type="checkbox"/> Dec \$ _____</p> <hr/> <p>2022:</p> <p><input type="checkbox"/> Jan \$ _____ <input type="checkbox"/> Feb \$ _____ <input checked="" type="checkbox"/> Mar \$ _____</p> <p><input type="checkbox"/> Apr \$ _____ <input type="checkbox"/> May \$ _____ <input type="checkbox"/> Jun \$ _____</p> <p><input type="checkbox"/> Jul \$ _____ <input type="checkbox"/> Aug \$ _____ <input type="checkbox"/> Sep \$ _____</p> <p><input type="checkbox"/> Oct \$ _____ <input type="checkbox"/> Nov \$ _____ <input type="checkbox"/> Dec \$ _____</p> <hr/> <p>2023:</p> <p><input type="checkbox"/> Jan \$ _____ <input type="checkbox"/> Feb \$ _____ <input type="checkbox"/> Mar \$ _____</p> <p><input type="checkbox"/> Apr \$ _____ <input type="checkbox"/> May \$ _____ <input type="checkbox"/> Jun \$ _____</p> <p><input type="checkbox"/> Jul \$ _____ <input type="checkbox"/> Aug \$ _____ <input type="checkbox"/> Sep \$ _____</p> <p><input type="checkbox"/> Oct \$ _____ <input type="checkbox"/> Nov \$ _____ <input type="checkbox"/> Dec \$ _____</p>

Landlord Signature: _____ Date: _____

Property Manager Signature (as applicable): _____ Date: _____



PART A: LANDLORD RENTAL ASSISTANCE APPLICATION

Attach the following documentation and submit with a completed page 2 in accordance with the instructions on the application cover page.

- Property ownership which may include one of the following:**
 - 2022 property tax statement or tax match
 - Deed or other legal document detailing property ownership

- Property Managers ONLY:** Authority to collect rent and sign STRAP acknowledgments given to property manager by the property owner or complex.

- Copy of government issued photo ID**

- Copy of W-9**

- Signed Landlord Acknowledgments and Certifications** *(If signed by a property manager, please provide a Letter of Authorization to Lease from Landlord giving Property Managers permission to collect rent and sign STRAP acknowledgments on their behalf.)*



PART A: LANDLORD RENTAL ASSISTANCE APPLICATION

REQUIRED - Authorization for the Release of Information

Landlord/Property Manager:

Name: _____
Address: _____ City _____ State: _____ Zip: ____
Phone #: _____ Email: _____

Property Owner (If different than above):

Name: _____
Address: _____ City _____ State: _____ Zip: ____
Phone #: _____ Email: _____

STRAP will remit rent payments on behalf of approved program recipients directly to the recipient's Landlord or property owner. A complete application for Rental Assistance includes paperwork that must be completed and submitted by the recipient's Landlord or property owner. In signing this consent form, I am authorizing the program provider to contact my Landlord and/or property owner to request information, including but not limited to, rent and payment information and I hereby authorize my Landlord to release such information. I also authorize the provider to release my information to my Landlord which is deemed necessary to complete my application and receive assistance. I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

In signing this consent form, I further authorize STRAP to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the Program, and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke the authorization at any time by written and dated communication. I have read and understand by signing below, I certify that I am giving permission for the provider to obtain or share information for emergency rent assistance.

Signature of Landlord/Property Manager

Date

Signature of Property Owner (If different than above)

Date



PART A: LANDLORD RENTAL ASSISTANCE APPLICATION

REQUIRED - Landlord Acknowledgements and Certifications

The following Acknowledgements and Certifications are applicable to Landlords receiving funds through St. Tammany Rental Assistance Program (STRAP). These funds are provided pursuant to Section 501 ("Section 501") of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) authorizing rental assistance funds ("Funds") through the U.S. Department of the Treasury. The provisions of Section 501 and related guidance issued by the Department of the Treasury and STRAP shall govern the use of these Funds. Such guidance shall be deemed to be incorporated as part of these Acknowledgements and Certifications.

LANDLORD CERTIFICATIONS

I certify that any lease or rental agreement provided is a true and accurate statement of tenancy and that the Tenant currently resides at the property for which I am the Landlord and that if approved to receive Funds, I will be obligated to accept this award as rental payments for the months specified in the application.

1. I attest that, to the best of my knowledge, there is no conflict of interest or identity of interest in receiving federal Funds by way of a financial or familial relationship to any personnel of the State or its designated agents, St. Tammany Parish, STRAP or any other party with an oversight or management interest in the program.
2. I certify that the Unit is habitable and does not endanger the health of the Tenant, and that there are no outstanding building or health code violations against the rental property where the Tenant resides.
3. I agree not to evict Tenant during the term of the assistance unless eviction is for cause. Under the U.S. Treasury Emergency Rental Assistance Program, "for cause" shall not include the following eviction filings: "owner wants possession", "non-renewal of lease", or "non-payment of rent." This clause does not preclude the landlord from seeking eviction for lease violations and/or for tenants who violate the health, safety, and/or peaceable enjoyment of the property. If I am receiving assistance for forward rent, I am obligated to return any funds not applied in the event that a tenant moves out during the period covered.
4. I certify I do not have or have dismissed any pending eviction action against the Tenant. I understand that failure to dismiss any pending eviction action against the Tenant may result in recapture of Funds provided to the Landlord on behalf of the Tenant under STRAP.
5. I certify that I have not received and am not aware of any duplicative benefit from another funding source, including but not limited to federal, state, parish, or city government, non-profit organizations, or other entity providing rental assistance, nor shall I receive any duplicative benefits for months of rent paid for from any of these entities.
6. If awarded assistance through STRAP, I agree to waive any and all outstanding rent, late fees, penalties, interest payments, court costs, and other penalties incurred by the Tenant for non-payment of rent, that were incurred on or before the date Funds are provided.
7. If this application is completed by an Authorized Agent on behalf of the Landlord, the Authorized Agent hereby certifies that it is duly authorized to act on behalf of the Landlord as its agent with respect to this application.

Landlord Initials: _____



PART A: LANDLORD RENTAL ASSISTANCE APPLICATION

LANDLORD ACKNOWLEDGEMENTS

1. I understand that any STRAP Funds provided will exclusively be used to pay for rent and arrears payments for the Tenant applying for assistance through this application and that acceptance of such Funds represents full and complete payment of all rent arrears.
2. I acknowledge that all of the above certifications and acknowledgements are true and valid for an initial application or subsequent tenant request for assistance.
3. I acknowledge that my tenant will be provided with a detail of amounts and months of assistance received and that it is my requirement to apply assistance amounts, as directed, for the months of eligibility determined.
4. I acknowledge that payments may not be applied to rental arrears accrued prior to April 1, 2020.
5. I understand that I am prohibited from requiring, pressuring, coercing, or otherwise causing the Tenant to pay any additional amount for rent or fees above what is paid by the Program to cover the applicable months and accepting payments from Tenants outside of the Program payments for the months agreed upon.
6. I understand that STRAP funds must be repaid by me, the Landlord, if any part of the application either Landlord or Tenant is found to be untrue, misleading, or ineligible.
7. I understand and acknowledge that STRAP is required to share certain information about me to ensure compliance with all requirements associated with Section 501 Funds.
8. I acknowledge and agree that the information provided herein may be used to access other records that, along with the information in this application, may be redisclosed to other government entities and contractors in order to determine eligibility for the program, verify the accuracy of statements made during application, and for audit and statistical purposes.
9. I understand that my tenant cannot receive more than 12 months of rental assistance in arrears and more than 3 months of forward rental assistance at a time, capped at 6 months total. I further acknowledge my understanding that my tenant cannot receive more than 18 months of combined total assistance from STRAP.

By submitting this application, I certify that all information provided herein, to the best of my knowledge, is true and adheres to the guidelines set by the US Treasury and STRAP. I understand this is a legally binding document and I may be subject to civil and criminal penalties if I knowingly provide false or misleading information related to this application and that any attempt to defraud the State of Louisiana or misuse these Funds will result in prosecution to the fullest extent of the law.

Print Name: _____

Signature: _____

Date: _____



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

Tenant Name: First/Last	
Additional Tenant Name: First/Last	
Home Address (Street Number and Name)	
Apartment #	
City	
Zip Code	
Phone	
Email Address	

HOUSEHOLD MEMBER DEMOGRAPHICS (ALL household members, including yourself)

PRINT NAME	AGE	GENDER	RACE	HISPANIC or LATINO (Y/N)

***Demographic information is only used to evaluate the equitable distribution of funds.
 U.S. Citizenship is not an eligibility requirement.



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

# of Bedrooms in Unit	
Monthly Rent:	\$ _____
# of Months of Back Rent Requested (Up to 12)	
# of Months of Forward Rent Requested? (up to 3)	
<p>Provide details of months in arrears and amount of back due rent due per month.</p> <p>Maximum amount of assistance cannot exceed 12 months of arrear rent and/or 3 months of forward rent.</p> <p>Do not include late fees, interest, penalties, as STRAP will not reimburse for them.</p>	<p>2020:</p> <p><input type="checkbox"/> Apr \$ _____ <input type="checkbox"/> May \$ _____ <input type="checkbox"/> Jun \$ _____</p> <p><input type="checkbox"/> Jul \$ _____ <input type="checkbox"/> Aug \$ _____ <input type="checkbox"/> Sep \$ _____</p> <p><input type="checkbox"/> Oct \$ _____ <input type="checkbox"/> Nov \$ _____ <input type="checkbox"/> Dec \$ _____</p> <hr/> <p>2021:</p> <p><input type="checkbox"/> Jan \$ _____ <input type="checkbox"/> Feb \$ _____ <input type="checkbox"/> Mar \$ _____</p> <p><input type="checkbox"/> Apr \$ _____ <input type="checkbox"/> May \$ _____ <input type="checkbox"/> Jun \$ _____</p> <p><input type="checkbox"/> Jul \$ _____ <input type="checkbox"/> Aug \$ _____ <input type="checkbox"/> Sep \$ _____</p> <p><input type="checkbox"/> Oct \$ _____ <input type="checkbox"/> Nov \$ _____ <input type="checkbox"/> Dec \$ _____</p> <hr/> <p>2022:</p> <p><input type="checkbox"/> Jan \$ _____ <input type="checkbox"/> Feb \$ _____ <input type="checkbox"/> Mar \$ _____</p> <p><input type="checkbox"/> Apr \$ _____ <input type="checkbox"/> May \$ _____ <input type="checkbox"/> Jun \$ _____</p> <p><input type="checkbox"/> Jul \$ _____ <input type="checkbox"/> Aug \$ _____ <input type="checkbox"/> Sep \$ _____</p> <p><input type="checkbox"/> Oct \$ _____ <input type="checkbox"/> Nov \$ _____ <input type="checkbox"/> Dec \$ _____</p> <hr/> <p>2023:</p> <p><input type="checkbox"/> Jan \$ _____ <input type="checkbox"/> Feb \$ _____ <input type="checkbox"/> Mar \$ _____</p> <p><input type="checkbox"/> Apr \$ _____ <input type="checkbox"/> May \$ _____ <input type="checkbox"/> Jun \$ _____</p> <p><input type="checkbox"/> Jul \$ _____ <input type="checkbox"/> Aug \$ _____ <input type="checkbox"/> Sep \$ _____</p> <p><input type="checkbox"/> Oct \$ _____ <input type="checkbox"/> Nov \$ _____ <input type="checkbox"/> Dec \$ _____</p>



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

HOUSEHOLD MEMBER UNEMPLOYMENT BENEFIT DETAIL

(List ALL sources of income for ALL household members 18 and over, including yourself)

NAME	TOTAL UNEMPLOYMENT BENEFITS RECEIVED DURING 2022	IF CURRENTLY RECEIVING UNEMPLOYMENT BENEFITS LIST MONTHLY AMOUNT
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

HOUSEHOLD MEMBER INCOME DETAIL

(List ALL sources of income for ALL household members 18 years of age and over, including yourself)

NAME	EMPLOYER NAME AND PHONE (OR UNEMPLOYED)	MONTHLY INCOME AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

If you receive rental subsidy such as Project Based Rental Assistance, Housing Choice Voucher, VASH Voucher or USDA 521 Rental Assistance; have you requested an income recertification to reduce your rental portion? _____

If yes, what was the outcome of the recertification request? _____



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

By signing below, I am certifying to the following:

- ✓ ***I understand that submitting false information at any time during the application process will cause my application to be disqualified.***
- ✓ ***I understand that my certification on this application extends to the attachments and any other information submitted in relation to my request for STRAP assistance.***
- ✓ ***I understand that documentation evidencing income, hardship and proof of identification is required prior to issuance of payment.***

Signature: _____

Date: _____

Signature: _____

Date: _____



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

Tenant/Renter Attachments List:

Attach the following documentation and submit with a completed page 2 and completed Part B, in accordance with the instructions on the application cover page.

- Copy of Government Issued photo ID for each household member 18 and older**

- Signed Authorization for Release of Information form completed for each household member 18 and older**

- Duplication of Benefits Form signed and dated for each household member 18 and older**

- Copy of lease that establishes rent obligation, residence, and terms of occupancy**

- Proof of income for each household member 18 and older:**
 - Income Certification – provide the following for any household members 18 years and older:
 - Three most recent months (or twelve consecutive weeks) of pay stubs or other wage statement documentation
 - Wage statement document detailing total year to date gross income that will be used to annualize income
 - Signed wage or payment schedule from employer(s)
 - Unemployment compensation statements
 - Social security statements
 - Details of child support payments
 - Additional income documentation, as needed, to determine annualized income

 - Self Employed Income, No Income Documentation, or Zero Income – provide the following for any household members 18 years and older:
 - For self-employed household members 18 and older, complete, sign, and date the Self Income Certification Form and provide three most recent months of bank statements at the time of application.



- For household members 18 and older that cannot provide income documentation, provide three most recent months of bank statements at the time of application and complete, sign, and date a self-attestation statement. The statement must include the following:
 - Explanation of why no income documents available
 - Average weekly income amount and source
 - Printed name, signature and date
- For household members 18 and older with zero income, complete, sign, and date the Zero-Income Form and provide three most recent months of bank statements at the time of application.

Documentation of financial hardship due to Covid-19

- Statement of unemployment benefits between January 2022 and current date or;
- A signed and dated statement that explains how you experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 outbreak.

Documentation of housing instability or risk of homelessness

- Past due rent notice or - Past due utility notice or - Eviction notice
- Participation of Landlord in STRAP providing rental arrears details

Signed Tenant/Renter Acknowledgments and Certification

REMINDER:

Before submitting your application, please review your application in its entirety for missing signatures and required documents.

Once your application is completed by you and/or your landlord, it may be submitted to our program. Applications will not be processed if they are incomplete or missing information.

Please call the STRAP office at 985-898-3016 or email info@strap-app.org for any questions you may have about filling out your application.



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

REQUIRED - Authorization for the Release of Information

Tenant/Renter:

Last Name: _____ First Name: _____

Address: _____ City _____ State: _____

Zip: _____

Phone #: _____ Email: _____

The STRAP will remit rental payments on behalf of approved program recipients directly to the recipient's Landlord or property owner. A complete application for rental assistance includes paperwork that must be completed and submitted by the recipient's landlord and/or property owner. In signing this consent form, I am authorizing the program provider to contact my landlord and/or property owner to request information, including but not limited to, rent, balance due, and payment information and I hereby authorize my Landlord to release such information. I also authorize the STRAP to release my information to my Landlord which is deemed necessary to complete my application and receive assistance. I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

In signing this consent form, I further authorize STRAP to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the Program, and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke the authorization at any time by written and dated communication. I have read and understand by signing below, I certify that I am giving permission for the provider to obtain or share information for emergency rent assistance.

Signature of Tenant/Renter Applicant

Date

Signature of Additional Tenant/Renter Applicant (if applicable)

Date



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

REQUIRED - Duplication of Benefits Form and Certification (STRAP)

A duplication of benefits occurs when a person or household receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

I have received or will receive the following assistance for rent and/or utility related expenses:

Source:	Received/Applied date:	Amount:
		\$
		\$
		\$

This form must be signed by all household members over the age of 18.

I, (Name(s) / title of direct beneficiary) _____

Hereby certify that:

A. The STRAP Funds provided by the U.S. Treasury do not duplicate/replace any other funds, and/or any funds from the following sources:

1. The Paycheck Protection Program
2. Unemployment compensation benefits
3. Insurance claims/proceeds
4. Federal Emergency Management Agency (FEMA) funds
5. Small Business Administration funds
6. Other Federal, State or local funding
7. Other nonprofit, private sector, or charitable funding.

B. Further, this executed certification serves to acknowledge that I understand and agree that the TREASURY DEPARTMENT funds must be repaid if it is determined that such assistance is determined to be duplicative.

Signature: _____

Date: _____

Additional Tenant Signature: _____

Date: _____



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

REQUIRED - Tenant Certifications and Acknowledgements

The following Acknowledgements and Certifications are applicable to Tenants receiving assistance through St. Tammany Rental Assistance Program (STRAP). The assistance is provided pursuant to Section 501 ("Section 501") of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) authorizing rental assistance funds ("Funds") through the U.S. Department of the Treasury. The provisions of Section 501 and related guidance issued by the Department of the Treasury and STRAP shall govern the use of these Funds. Such guidance shall be deemed to be incorporated as part of these Acknowledgements and Certifications.

TENANT/RENTER CERTIFICATIONS

I certify that any lease or rental agreement provided is a true and accurate statement of tenancy in the State of Louisiana and Parish of St. Tammany and that if approved to receive Funds, this award will be used to make direct rental payments for the months specified in the application.

1. I certify that the rental property for which I am applying for assistance is my primary residence.
2. I certify that all information relating to my eligibility for this assistance is true and accurate, including my eligibility under the following requirements:
 - a. I have experienced a loss or reduction of income due to the COVID-19 pandemic due to unemployment of myself or a member of my household, a reduction in income, incurring significant costs, or other financial hardship.
 - b. I am at risk of housing instability and/or homelessness.
 - c. I have accurately reported my income.
3. I certify that the gross household income indicated on my application and verified through the provided documentation is true and accounts for all sources of income by members of my household.
4. I certify that I have not received and am not aware of any duplicative benefit from another funding source, including but not limited to federal, county, or city government, non-profit organizations, or other entity providing rental assistance, nor shall I receive any duplicative benefits for months of rent or utilities paid for by the Parish from these or any other organizations.
5. I attest that, to the best of my knowledge, there is no conflict of interest or identity of interest in receiving federal Funds by way of a financial or familial relationship to any personnel of the State or its designated agents, St. Tammany Parish, STRAP or any other party with an oversight or management interest in the program.
6. If this application is completed by an Authorized Agent on behalf of the Tenant, the Authorized Agent hereby certifies that it is duly authorized to act on behalf of the Tenant as its agent with respect to this application.

Tenant Initials: _____

Tenant Initials: _____



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

TENANT/RENTER ACKNOWLEDGEMENTS

I understand that any Funds provided will exclusively be used to pay for rent and arrears payments for the identified rental property. All payments will be applied to the month as defined by the Parish when providing Funds.

1. I understand these Funds may be repaid if Landlord, Tenant, Balance Due or any other part of the application are later found to be knowingly inaccurate and ineligible.
2. I understand and acknowledge that STRAP is required to share certain information about me in order to ensure compliance with all rules and requirements associated with Section 501 Funds.
3. I acknowledge and agree that the information provided herein may be used to access other government records that, along with the information in this application, may be redisclosed to other government entities and contractors in order to determine eligibility for the program, verify the accuracy of statements made on this application, and for audit and statistical purposes.
4. I acknowledge that all of the above certifications and acknowledgements are true and valid for an initial application or subsequent request for assistance.
5. I acknowledge my understanding that I cannot receive more than 12 months of rental assistance in arrears and that I cannot receive more than 3 months of forward rental assistance at a time, capped at 6 months total. I further acknowledge my understanding that I cannot receive more than 18 months of combined total assistance from STRAP.

By submitting this application, I certify that all information provided herein, to the best of my knowledge, is true and adheres to the guidelines set by the St. Tammany Rental Assistance Program. I understand this is a legally binding document and I may be subject to civil and criminal penalties if I knowingly provide false or misleading information related to this application and that any attempt to defraud or misuse funds will result in prosecution to the fullest extent of the law.

Print Name: _____

Signature: _____

Date: _____

Print Name (Additional Household Member over 18): _____

Signature: _____

Date: _____



PART B: TENANT/RENTER RENTAL ASSISTANCE APPLICATION

IF APPLICABLE – Self-Income Certification Form

For applicants that are self-employed complete this form and provide the supporting documentation requested:

Last Name: _____ MI: _____ First Name: _____

Address: _____ State: _____ Zip Code: _____

Name and Type of Business: _____

Date Business Opened: _____

Position / Occupation: _____

Tax ID #: _____

1. Average Gross Monthly Income prior to Covid-19 \$ _____

2. Current Gross Monthly Income (most recent 3 months prior to application) \$ _____

3. Reduction of Gross Monthly Income due to COVID-19 \$ _____

4. You must attach supporting documents (one of the following)

- 3 months of most recent and consecutive bank statements
- Profit and Loss statement for 2022 to date

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicable Household Member

Date



PART B: TENANT/RENTER APPLICATION

IF APPLICABLE - Zero Income Certification

Date: _____

I, (Full Name) _____

do hereby certify that I am unemployed and have no income for the following reason: (check appropriate reason(s))

_____ I am unemployed, but do not receive unemployment benefits.

Provide explanation:

_____ I receive assistance from the LA. Dept. of Social Services (circle all that apply)

Food Stamps, TANF funds, OTHER: _____

_____ Other (use the space below to write any conditions that are not covered above)

Provide a short explanation about how your household needs are met in the absence of income:

You must attach a copy of most recent 3 months of bank statements to this form.

I understand that if I knowingly give **incomplete, inaccurate, or incorrect** information I am subject to criminal prosecution under Title 18 of the U.S. Code.

Signature of Applicable Household Member

Date



PART C: ADDITIONAL RENTAL ASSISTANCE APPLICATION

A. Tenant

Tenant Name: First/Last	
Home Address (Street Number and Name)	
City	
Zip Code	
Phone	
Email Address	

I, _____, am requesting additional rental assistance from STRAP for the following months and in the following amounts (*please list all back and forward months being requested*):

_____	_____	_____
Month/Amount	Month/Amount	Month/Amount
_____	_____	_____
Month/Amount	Month/Amount	Month/Amount

I certify that I meet all eligible criteria detailed in program policy and I acknowledge my understanding that I cannot receive more than 12 months of assistance in arrears, more than 3 months of forward rental assistance at a time, capped at 6 months, and/or more than 18 months of total assistance.

By submitting this application, I certify that all information provided herein, to the best of my knowledge, is true and adheres to the guidelines set by the St. Tammany Rental Assistance Program. I understand this is a legally binding document and I may be subject to civil and criminal penalties if I knowingly provide false or misleading information to STRAP and that any attempt to defraud or misuse funds will result in prosecution to the fullest extent of the law.

_____	_____
Tenant Signature	Date
_____	_____
Tenant Signature	Date



B. Landlord

Name: First/Last	
Street Address:	
City/State/Zip:	
E-mail:	
Phone: home/mobile	

I, _____, agree to accept rental assistance on behalf of my tenant for the months and amounts detailed below (*please list all back and forward months being requested*). I understand that my tenant(s) cannot receive more than 12 months of assistance in arrears, more than 3 months of forward rental assistance at a time, capped at 6 months, and/or more than 18 months of total assistance.

I agree not to evict said tenant during the term of assistance unless eviction is for cause. Under the U.S. Treasury Emergency Rental Assistance Program, “for cause” shall not include the following eviction filings: “owner wants possession”, “non-renewal of lease”, or “non-payment of rent.”

This clause does not preclude the landlord from seeking eviction for lease violations and/or for tenants who violate the health, safety, and/or peaceable enjoyment of the property.

_____	_____	_____
Month/Amount	Month/Amount	Month/Amount
_____	_____	_____
Month/Amount	Month/Amount	Month/Amount

I acknowledge that I am obligated by law to return any funds not applied to the months detailed above or in the event that a tenant moves out during one of the months detailed.

_____	_____
Landlord Signature	Date