



# PROJECT HOME AGAIN

## PRELIMINARY APPLICATION FOR A PROJECT HOME AGAIN RESIDENCE

In order to be considered, application must be filled out completely.

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address (if applicable): \_\_\_\_\_

If selected, who would be living in the new home with you? Please include yourself and list the **names** and **ages** of everyone who will be living with you and their relationship to you.

1) Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

2) Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

3) Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

4) Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

5) Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

6) Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

7) Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

8) Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

### FINANCIAL INFORMATION

Employer's Name and Address: \_\_\_\_\_

Name and Phone Number of Your Work Supervisor: \_\_\_\_\_

Number of Years at Current Job: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

If Applicable:

Retirement: \_\_\_\_\_ Social Security: \_\_\_\_\_ Other: \_\_\_\_\_

Current Rent or Mortgage Payment: \_\_\_\_\_ Child Support/Alimony: \_\_\_\_\_



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### PROPERTY INFORMATION

On August 29, 2005 did you own a home in Planning District 6 (Gentilly)?  Yes  No

Do you still own that home or land?  Yes  No

If yes, what is the address of that property? \_\_\_\_\_

Do you currently have a mortgage on that home or land?  Yes  No

If yes, what is the balance of the mortgage? \_\_\_\_\_

Did you apply for a Road Home grant?  Yes  No

Did you receive a Road Home grant?  Yes  No

If yes, what was the amount? \_\_\_\_\_

Was your home insured when Katrina struck?  Yes  No

Did you receive compensation from your insurance company?  Yes  No

If yes, what was the amount? \_\_\_\_\_

If applicable, did you use any of your Road Home grant or Insurance compensation towards your mortgage?  Yes  No

If so, please list amounts. Road Home: \_\_\_\_\_ Insurance: \_\_\_\_\_

### DESCRIPTION OF NEED

Please describe your current living situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the condition of your damaged home.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you started any renovation? \_\_\_\_\_

\_\_\_\_\_



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**PLEASE NOTE THAT ALL APPLICANTS WHO ARE SELECTED TO PARTICIPATE IN THE PROJECT HOME AGAIN LOTTERY WILL BE REQUIRED TO SUBMIT ALL OF THE FOLLOWING DOCUMENTS:**

*(These documents should **not** be submitted with this preliminary application.)*

- Social Security card or proof of Social Security number.
- Tax returns for 2006.
- Last four pay stubs.
- Proof of other income *(if applicable)*.
- Copy of deed.
- Bank statements.
- Copy of Road Home award letter *(if applicable)*.
- Proof of insurance compensation *(if applicable)*.

**ALL PRELIMINARY APPLICATIONS MUST BE POSTMARKED NO LATER THAN AUGUST 21, 2008 AND SENT TO:**

**Project Home Again  
P.O. Box 851008  
New Orleans, LA 70185-1008  
866-550-4PHA (4742)**