





Worker's Comp __Monthly?	\$ _____	__Weekly?	__Bi-weekly?	__2xMonthly?
Pension/VA __Monthly?	\$ _____	__Weekly?	__Bi-weekly?	__2xMonthly?
Unemployment __Monthly?	\$ _____	__Weekly?	__Bi-weekly?	__2xMonthly?
Child Support Received __Monthly?	\$ _____	__Weekly?	__Bi-weekly?	__2xMonthly?
Welfare/TANF __Monthly?	\$ _____	__Weekly?	__Bi-weekly?	__2xMonthly?
Other (all other income __Monthly?)	\$ _____	__Weekly?	__Bi-weekly?	__2xMonthly?

**If you have no reportable income, sign here please:**

X \_\_\_\_\_

<b>Income Adjustments</b>	
Child support paid	\$ _____/month
Child Care	\$ _____/month
Medical bills	\$ _____/month
Transportation	\$ _____/month
Mortgage/Rent/Lease	\$ _____/month
Fixed Debt	\$ _____/month
Other (Specify): _____	\$ _____/month
Other (Specify): _____	\$ _____/month
Do you expect your income to change in the near future?    _____ Yes    _____ No	

<b>Assets</b>	
Cash/Bank Account	\$ _____/month
Boat/RV/ATV	\$ _____/month
2 <sup>nd</sup> home/Equity	\$ _____/month
Other (stocks, bonds, real property)	\$ _____/month

<b>Housing Type</b>	
_____ Own	_____ Private Rental
_____ Public Housing	_____ Subsidized
_____ Section 8	_____ Tenant
Share: \$ _____/month	

**Disaster-Related Screening Questions**

Ask all applicants questions in Sections A, B, and C.

Ask HOMEOWNERS questions in Section D.

Ask RENTERS questions in Section E.

<b>Section A. FEMA</b>			
1. Have you applied for FEMA disaster benefits?	Y	N	N/A
2. If yes, provide: a. Date of application: _____ b. Date of denial: _____ c. Date of any other contact from FEMA: _____			
3. If no, why not? _____ _____ _____			
4. If no, do you need help with the application or recertification for benefits (ex: rental assistance)?	Y	N	N/A
5. If yes, were you denied assistance from FEMA? Please give a brief description of reasons for denial: _____ _____ _____	Y	N	N/A
6. Do you need help appealing a FEMA denial?	Y	N	N/A
<b>Section B. Natural Disaster Sales Tax Refund</b>			
1. Have you submitted a claim for a Disaster Sales Tax Refund from the Louisiana Department of Revenue?	Y	N	N/A
2. If no, do you need help to complete your claim?	Y	N	N/A
<b>Section C. Other Disaster-Related Benefits and Problems</b>			
1. Are you having trouble getting approved for any other benefits, like Unemployment or Food Stamps?	Y	N	N/A
2. If yes, what benefits? _____			
3. Are you having trouble getting wages from your former employer?	Y	N	N/A
4. Do you need help replacing lost documents like a Will or a Power of Attorney?	Y	N	N/A
5. Are you having family law problems?	Y	N	N/A
<b>Section D. Homeowner/Property Owner Issues</b>			
Were you a homeowner at the time of the disaster? *If NO→skip ahead to Section E *If YES→complete the following questions:	Y	N	N/A
1. Have you been having issues with your mortgage company since the disaster?	Y	N	N/A
2. Do you need help making insurance claims for your property?	Y	N	N/A
3. Do you need help with bankruptcy or debt issues as a result of the disaster?	Y	N	N/A
4. Are you facing the foreclosure of your home?	Y	N	N/A

