



State of Louisiana

Louisiana Department of Health

Dear Applicant:

Attached is an application for the **Section 811 Project Rental Assistance (PRA) Program**.
****Please read the following information.**

What is Section 811 Project Rental Assistance?

Section 811 PRA is a permanent supportive housing (PSH) program offering rental assistance and supportive services for people between the ages of 18 and 61 with long term disabilities, who may have difficulty living successfully in the community and may become homeless or institutionalized without the supports. Housing supports include things like reminders to pay the rent, help arranging medical appointments, and other services. Only people with disabilities who need these types of supports are eligible for 811 PRA.

What are the 811 PRA requirements?

To be eligible for 811 PRA, your household must (1) include a person who has a disability and is currently receiving Medicaid services or Ryan White Services, (2) be extremely low-income, and (3) be between the ages of 18 and 61 at the time of the lease signing.

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 1-844-756-1562. TTY users should call 1-800-220-5404.
- While we hope you answer all the questions, we can begin to process 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 of the questions and **provide documents verifying your answers** (see pages 9-10).
- You cannot be found eligible for 811 PRA or offered a unit until we have a complete application and all supporting documentation. Income verification will be required before a household can receive a unit referral and will be requested at a later date.

Where do I send my completed application?

Applications will not be accepted in person.

Mail:

811 Project Rental Assistance
1450 Poydras Street, Suite 1133
New Orleans, LA 70112

Fax:

1-504-568-3372

E-mail:

811.PRA@la.gov

What happens after I have submitted my application?

Once your application is received, it can take up to 30 days to process. Once your application is processed you will receive an approval or denial letter in the mail with further information.

811 PROJECT RENTAL ASSISTANCE 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 the required documents and return them with the signed application to the address shown on page 1. If you have any questions, please call 1-844-756-1562.

NOTE: If you want to register to vote, fill out pages 14-15 and mail the ORIGINAL voter registration form back to Section 811 PRA; 1450 Poydras Street, Suite 1133; New Orleans, La 70112 OR mail the ORIGINAL voter registration form to the registrar of voters' office in the parish that you live (See page 15 for addresses). Copies of this form CANNOT be processed by the registrar of voters' office.

APPLICANT (Head of Household) Information Please Print Clearly

*First Name MI *Last

*Street (address at which you receive your mail)

*City *State Zip Code

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

*Primary: () - *Secondary: () -

Email: Additional: () -

- - / /

*Social Security Number

* Birth Date

Optional: You may provide an alternative contact in the event that your contact information changes and we cannot locate you.

Form for alternative contact information including fields for First Name, MI, Last, Relationship to you, Primary/Secondary phone numbers, and Email.

* Indicates required fields.



DEMOGRAPHIC INFORMATION

- 1. Are you homeless? Yes No
- 2. Are you chronically homeless? Yes No
- 3. Race (*Voluntary – Please select one or more*):
 - White Black or African American
 - American Indian/Alaskan Native Asian
 - Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and White
 - Asian and White Black/African American and White
 - American Indian/Alaskan Native and Black Other: _____
- 4. Ethnicity (*Voluntary – Please select “yes” or “no” for Hispanic Origin*):
 - Hispanic: Yes No
- 5. Citizenship (*please check*) Are you a citizen of the United States? Yes No
 (*Citizenship not a requirement for this program*)
- 6. Gender (*please check*) Male Female
- 7. Veteran (*please check*) Yes No
- 8. Is head of household between the ages of 18 and 61?
 (*please check*) Yes No
- 10. Aging Out Youth (*Are you aging out of the state Foster Care system?*):
 (*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
 - Wheelchair Handicapped accessible parking Grab bars and handrails
 - No Steps Few Steps Hearing disability
 - Modification for vision or hearing impairment Roll in shower
 - Other: _____

Please explain:

- *12. Are you currently in a nursing home? Yes No
 *If yes: Name of nursing home: _____ Phone: _____



DEMOGRAPHIC INFORMATION

Household Information

*List **all** persons who will be living in the unit and their relationship to the Head of Household. The applicant is listed already as “head.” Complete the information in the chart for all members of the household (this can include unrelated people). **If the head of household is not the qualifying household member, please designate the qualifying member with the letters “QM” next to their first name.**

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security #
		Head				

Do you or another household member require a live-in aide or live-in caretaker? Yes No

If yes, you must add an additional member to household chart above for it to count towards household size. Write “caretaker” as Relation to Head.

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
 - Physical disability
 - Sensory disability
 - Disability caused by chronic illness, such as HIV/AIDS
- Other: _____



* Do you or someone in your household receive any of the following services? **Receiving one of the below services is a requirement of the program.**

- CPST/PSR services (*MHR with CPST/PSR through Louisiana Behavioral Health Partnership*)
- New Opportunities Waiver
- Ryan White Services (*Documentation required*)
- Supports Waiver
- Assertive Community Treatment (ACT) (*Documentation required*)
- Long Term Personal Care Services (LTPCS)
- Community Choices Waiver
- Currently living in a nursing home
- None of the above

INCOME ELIGIBILITY

* Do you have Extremely Low income (defined as 30% of Area Median Income)? Please refer to chart below.
 Yes No

Parish	Household Size Income Limits							
	1	2	3	4	5	6	7	8
Alexandria	11,450	13,050	14,700	16,300	17,650	18,950	20,250	21,550
Avoyelles	9,950	11,350	12,750	14,150	15,300	16,450	17,550	18,700
Baton Rouge	14,250	16,300	18,350	20,350	22,000	23,650	25,250	26,900
Calcasieu	12,300	14,050	15,800	17,550	19,000	20,400	21,800	23,200
Lincoln	11,400	13,000	14,650	16,250	17,550	18,850	20,150	21,450
Madison	9,950	11,350	12,750	14,150	15,300	16,450	17,550	18,700
Monroe	11,100	12,650	14,250	15,800	17,100	18,350	19,600	20,900
Morehouse	9,950	11,350	12,750	14,150	15,300	16,450	17,550	18,700
Natchitoches	9,950	11,350	12,750	14,150	15,300	16,450	17,550	18,700
Shreveport-Bossier City	11,900	13,600	15,300	17,000	18,400	19,750	21,100	22,450



Summary of Household Income

Please put the **monthly** amount of income for yourself and other members of your household in the boxes as appropriate. Put in “0” if there is no income from any of the types of incomes referenced in this chart. Please reference with an “A” if application has been made for a specific benefit.

	Employment	Child Support	SSI	SSA	Pension Income	Public Assistance	Self-Employment	Other	TOTAL
Head									

Employment: For each job, please list place of employment.



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, and currently institutionalized preference or preference points will not be added.

Homeless: Are you in one of the following situations? Check the one that applies: *(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 and support networks needed to obtain housing;
- Household is in an untenable doubled up arrangement, which will need to be verified. 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 support 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: 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) 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;
- A household member is hospitalized, qualifies for long term care or inpatient psychiatric treatment and without an alternative will be referred to a nursing home, psychiatric facility or ICF-DD facility.



PRA UNITS: WAITLIST PREFERENCE

Check next any parishes below that you would be interested in residing in. Do NOT check any parishes where you would not consider living. For units in South Louisiana, please complete a Permanent Supportive Housing application. You must check at least one box below or your application will be considered incomplete.

Location		Check if interested
Region 2	East Baton Rouge	
Region 5	Calcasieu	
Region 6	Avoyelles	
	Rapides	
Region 7	Caddo/Bossier	
	Natchitoches	
Region 8	Lincoln	
	Ouachita	
	Morehouse	
	Madison	

Please state the number of bedrooms needed for your household, as well as any explanation needed (i.e., one room needed for medical equipment or live-in aide).

Unit size should correspond to household size and cannot be guaranteed. Documentation is required for proof of live-in aide or extra room for medical equipment.



COMMUNICATION

Do you have a case worker, support coordinator or other professional that we may contact to discuss the status of your application? If so, please list their name below. You will be asked to sign a separate consent form allowing us to contact this person.

Name: _____

Agency: _____

Phone or e-mail: _____

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 Louisiana 811 Project Rental Assistance 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):

Reissued April 17, 2017
Replaces January 27, 2015 Issuance

OAAS-RF-13-002
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- ACADIA**
568 NW Court Circle
Crowley, LA 70526-4363
(337) 788-8841
- ALLEN**
P. O. Box 150
Oberlin, LA 70655-0150
(337) 639-4966
- ASCENSION**
828 S. Irma Blvd., Rm. 205
Gonzales, LA 70737-3631
(225) 621-5780
- ASSUMPTION**
P. O. Box 578
Napoleonville, LA 70390-0578
(985) 369-7347
- AVOUELLES**
312 N. Main St., Ste. E
Marksville, LA 71351-2409
(318) 253-7129
- BEAUREGARD**
P. O. Box 952
DeRidder, LA 70634-0952
(337) 463-7955
- BIENVILLE**
P. O. Box 697
Arcadia, LA 71001-0697
(318) 263-7407
- BOSSIER**
P. O. Box 635
Benton, LA 71006-0635
(318) 965-2301
- CADDO**
P. O. Box 1253
Shreveport, LA 71163-1253
(318) 226-6891
- CALCASIEU**
1000 Ryan St., Rm. 7
Lake Charles, LA 70601-5250
(337) 721-4000
- CALDWELL**
P. O. Box 1107
Columbia, LA 71418-1107
(318) 649-7364
- CAMERON**
P. O. Box 1
Cameron, LA 70631-0001
(337) 775-5493
- CATAHOULA**
P. O. Box 215
Harrisonburg, LA 71340-0215
(318) 744-5745
- CLAIBORNE**
507 W. Main St., Ste. 1
Homer, LA 71040-3914
(318) 927-3332
- CONCORDIA**
4001 Carter St., Ste. K
Vidalia, LA 71373-3021
(318) 336-7770
- DESOTO**
105 Franklin St.
Mansfield, LA 71052-2046
(318) 872-1149
- E. BATON ROUGE**
222 St. Louis St., Rm. 201
Baton Rouge, LA 70802-5860
(225) 389-3940
- E. CARROLL**
P. O. Box 708
Lake Providence, LA 71254-0708
(318) 559-2015
- E. FELICIANA**
P. O. Box 488
Clinton, LA 70722-0488
(225) 683-3105
- EVANGELINE**
200 Court St., Ste. 102
Ville Platte, LA 70586-4463
(337) 363-5538
- FRANKLIN**
Courthouse
6560 Main St.
Winnsboro, LA 71295-2750
(318) 435-4489
- GRANT**
Courthouse
200 Main St.
Colfax, LA 71417-1828
(318) 627-9938
- IBERIA**
300 S. Iberia St., Ste. 110
New Iberia, LA 70560-4543
(337) 369-4407
- IBERVILLE**
P. O. Box 554
Plaquemine, LA 70765-0554
(225) 687-5201
- JACKSON**
500 E. Court St., Rm. 102
Jonesboro, LA 71251-3400
(318) 259-2486
- JEFFERSON**
P. O. Box 10494
Jefferson, LA 70181-0494
(504) 736-6191
- JEFFERSON DAVIS**
302 N. Cutting Ave.
Jennings, LA 70546-5361
(318) 824-0834
- LAFAYETTE**
1010 Lafayette St., Ste. 313
Lafayette, LA 70501-6885
(337) 291-7140
- LAFORCHE**
307 W. 4th St.
Thibodaux, LA 70301-3105
(985) 447-3256
- LASALLE**
P. O. Box 2439
Jena, LA 71342-2439
(318) 992-2254
- LINCOLN**
100 W. Texas Ave., Rm. 10
Ruston, LA 71270-4463
(318) 251-5110
- LIVINGSTON**
P. O. Box 968
Livingston, LA 70754-0968
(225) 686-3054
- MADISON**
100 N. Cedar St.
Tallulah, LA 71282-3892
(318) 574-2193
- MOREHOUSE**
129 N. Franklin St.
Bastrop, LA 71220-3815
(318) 281-1434
- NATCHITOCHES**
P. O. Box 677
Natchitoches, LA 71458-0677
(318) 357-2211
- ORLEANS**
1300 Perdido St., Rm. 1W23
New Orleans, LA 70112-2127
(504) 658-8300
- OUACHITA**
1650 Desiard St., Ste. 125
Monroe, LA 71201
(318) 327-1436
- PLAQUEMINES**
P. O. Box 989
Port Sulphur, LA 70083-0989
(504) 934-3620
- POINTE COUPEE**
211 E. Main St., Flr. 2
New Roads, LA 70760-3661
(225) 638-5537
- RAPIDES**
701 Murray St.
Alexandria, LA 71301-8099
(318) 473-6770
- RED RIVER**
P. O. Box 432
Coushatta, LA 71019-0432
(318) 932-5027
- RICHLAND**
P. O. Box 368
Rayville, LA 71269-0368
(318) 728-3582
- SABINE**
400 Capitol St., Rm. 107
Many, LA 71449-3099
(318) 256-3697
- ST. BERNARD**
8201 W. Judge Perez, Rm. 104
Chalmette, LA 70043-1696
(504) 278-4231
- ST. CHARLES**
P. O. Box 315
Hahnville, LA 70057-0315
(985) 783-5120
- ST. HELENA**
P. O. Box 543
Greensburg, LA 70441-0543
(225) 222-4440
- ST. JAMES**
P. O. Box 179
Convent, LA 70723-0179
(225) 562-2330
- ST. JOHN**
1801 W. Airline Hwy.
LaPlace, LA 70068-3344
(985) 652-9797
- ST. LANDRY**
P. O. Box 818
Opelousas, LA 70571-0818
(337) 948-0572
- ST. MARTIN**
415 Saint Martin St.
St. Martinville, LA 70582-4549
(337) 394-2204
- ST. MARY**
500 Main St., Ste. 301
Franklin, LA 70538-6144
(337) 828-4100, ext. 360
- ST. TAMMANY**
701 N. Columbia St.
Covington, LA 70433-2709
(985) 809-5500
- TANGIPAHOA**
P. O. Box 895
Amite, LA 70422-0895
(985) 748-3215
- TENSAS**
P. O. Box 183
St. Joseph, LA 71366-0183
(318) 766-3931
- TERREBONNE**
8026 Main St., Ste. 101
Houma, LA 70360
(985) 873-6533
- UNION**
P. O. Box 235
Farmerville, LA 71241-0235
(318) 368-8660
- VERMILION**
100 N. State St., Ste.120
Abbeville, LA 70510
(337) 898-4324
- VERNON**
P. O. Box 626
Leesville, LA 71496-0626
(337) 239-3690
- WASHINGTON**
Courthouse Bldg.
900 Washington St., #105
Franklinton, LA 70438
(985) 839-7850
- WEBSTER**
P. O. Box 674
Minden, LA 71058-0674
(318) 377-9272
- W. BATON ROUGE**
P. O. Box 31
Port Allen, LA 70767-0031
(225) 336-2421
- W. CARROLL**
P. O. Box 71
Oak Grove, LA 71263-0071
(318) 428-2381
- W. FELICIANA**
P. O. Box 2490
St. Francisville, LA 70775-2490
(225) 635-6161
- WINN**
119 W. Main St., Rm. 105
Winnfield, LA 71483-3238
(318) 628-6133

OFFICIAL USE ONLY

Address Change

Name Change

Party Change

Remarks

Circle One: PA MV RG SDA SS(Disability)

Received by:

PLACE IN AN ENVELOPE AND MAIL TO YOUR
REGISTRAR OF VOTERS

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 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 FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Boxes 5 & 13: You must provide your LA driver's license number or LA special identification card number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a LA driver's license number or LA special identification card number has been issued, 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, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 7, 11 & 12: The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

Box 8: If you do not complete this item, your party affiliation will be listed as 'no party', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 17: If you are using this form to request a change of name, you must print the name to be changed here. **Box**

18: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE: 1. 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. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND CUT HERE BEFORE MAILING.

LOUISIANA VOTER REGISTRATION APPLICATION LR-1 & 1M, FORM #100			OFFICIAL USE ONLY Wd / Dist Pct Reg Type In/Out REG #			
1 Are you a citizen of the United States of America? YES <input type="radio"/> NO <input type="radio"/> Will you be 18 years of age on or before election day? YES <input type="radio"/> NO <input type="radio"/> If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.						
2 NAME OF APPLICANT (PLEASE PRINT NAME) LAST FIRST FULL MIDDLE OR MAIDEN					GIVE LOCATION	
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY) HOUSE OR APT. NO. & STREET (IF RURAL, ROUTE & BOX NO.) CITY OR TOWN STATE ZIP						
If NO mail delivery to residential address, check here: () MAILING ADDRESS, IF DIFFERENT						
4 DATE OF BIRTH MONTH DA Y YEA R		5 * SOCIAL SECURITY # (CIRCLE ONE) NO YES #		6 SEX (CIRCLE ONE) MALE FEMALE		
7 ** RACE / ETHNIC ORIGIN (CIRCLE ONE) WHITE BLACK ASIAN HISPANIC AMER. INDIAN OTHER:						
8 PARTY AFFILIATION (CIRCLE ONE) DEM GRN LBT RFM REP NO PARTY OTHER (SPECIFY)			9 APPLICANT'S PLACE OF BIRTH CITY OR TOWN PARISH OR COUNTY STATE COUNTRY			
10 MOTHER'S MAIDEN NAME						
11 **EMAIL		12 ** PHONE HOME () DAY ()		13 LA DRIVER'S LICENSE / I.D. # (CIRCLE ONE) NO YES #		
14 Will you require assistance at the polls?(CIRCLE ONE) NO YES IF YES, GIVE REASON :						
15 LAST RESIDENCE ADDRESS ADDRESS			16 PLACE OF LAST REGISTRATION PARISH OR COUNTY STATE		17 FORMER REGISTERED NAME, IF APPLICABLE	
AFFIRMATION: I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, 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. Any false statement may constitute perjury.						
18 SIGN YOUR NAME IN BOX AT RIGHT. DATE: / /						
19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE. WITNESS SIGNATURE: WITNESS SIGNATURE:						
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only; full # OPTIONAL. ** OPTIONAL						