



Permanent Supportive Housing Program Application Project Based Voucher

What is Permanent Supportive Housing (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 Project Based Voucher (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 (see bottom of page 4 for complete list of services accepted), (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.

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 submit my completed application?

Once your application is received by PSH PBV, it can take up to 30 calendar 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 calendar 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**.

To comply with the National Voter Registration Act (NVRA), we have attached a Voter Registration Declaration (VRD) form and a Louisiana Voter Registration Application (LA-VRA) to offer you the opportunity to register to vote. Please fill out the attached VRD form 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 (ROV) office in the parish that you live (See the "Louisiana Registrars of Voters Address Page" for list of for mailing addresses). Please note that we are only allowed to forward LA-VRA forms to the ROV office if the form contains your name, address and signature. Copies of this form **CANNOT** be processed by the ROV office.

Applicant Information (Head of Household)

Must be **18 years of age or older**. Please print clearly.

* Indicates required fields.

*First Name:		MI:		*Last Name:	
*Social Security #:				*Date of Birth:	
*Street Address:					Apt./Suite #:
*City:		*State:		*Zip:	

It is important that we are able to contact you. Please provide as many phone numbers as possible.

*Primary Phone #:	
*Secondary Phone #:	
Additional Phone #	
Email Address:	

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

Additional Contact:					
First Name:		MI:		Last Name:	
Relationship to you:					
Primary Phone #:					
Secondary Phone #:					
Additional Phone #					
Email Address:					

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 Black
 - Asian & White Black/African American and White
 - American Indian/Alaskan Native & White Other: _____

4. Ethnicity (voluntary – please check yes or no for Hispanic origin): Yes No

5. Citizenship – Are you a United States Citizen? Yes No

NOTE: Some non-citizens are eligible for this program.

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

7. Near Elderly (Is the Head of Household 55-61 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 foster care system?) Yes No

10. Veteran (please check one): Yes No

11. *Accessibility – Does a member of your household require any of the following? Yes No

If so, please check yes to the accessibility question above and check below which accommodations you need.

- Wheelchair Handicapped Accessible Parking
- No Steps Grab Bars and Hand Rails
- Few Steps Modification for **Vision** Impairment
- Roll in Shower Modification for **Hearing** Impairment
- Other (please explain): _____

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

*If yes, list the name of the 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 Information:**

*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 disorder
- Disability Acquired after the Age of 22 (e.g. physical disability, sensory disability, disability caused by a chronic illness, disability caused by HIV/AIDS):
- Disability caused by chronic illness (e.g. people living with HIV who can no longer work)
- Age related disability (i.e. frail due to age)

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

- Louisiana Behavioral Health Partnership (MHR with CPST/PSR services)
- Assertive Community Treatment (ACT)
- Ryan White Services (documentation required)
- Long Term-Personal Care Services (LT-PCS)
- Community Choices Waiver
- Supports Waiver
- Residential Options Waiver (ROW)
- New Opportunities Waiver (NOW)
- Children’s Choice Waiver

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 calendar days** in an institution (public or private Intermediate Care Facility/Developmental Disability, nursing home, psychiatric hospital, other facility)? Yes No

If you answered yes above, what is the approximate duration institutionalization? _____

2. At some point, lived independently in their own apartment or home: Yes No
3. Has the Head of House hold ever been evicted? Yes No

If you answered yes above, provide a number of evictions and a brief reason of why you were evicted.

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 you answered yes above, check below for all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Noise disturbance/disturbing the peace | <input type="checkbox"/> Drug related offenses/charges |
| <input type="checkbox"/> Offenses/charges of a sexual nature | <input type="checkbox"/> Offense/charge included intent to distribute |
| <input type="checkbox"/> Offenses/charges of a violent nature | <input type="checkbox"/> 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):

<input type="checkbox"/> Self (Applicant)		
<input type="checkbox"/> Family Member of Applicant	Name:	Relationship to Applicant::
<input type="checkbox"/> Service Professional	Name:	Credentials:
<input type="checkbox"/> 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 the chart below.

Check One: Yes No

Parish	Household Size Annual Income Limits (\$)							
	1	2	3	4	5	6	7	8
Acadia	24,250	27,700	31,150	34,600	37,400	40,150	42,950	45,700
Allen	23,100	26,400	29,700	33,000	35,650	38,300	40,950	43,600
Ascension	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
Assumption	27,050	30,900	34,750	38,600	41,700	44,800	47,900	51,000
Beauregard	29,750	34,000	38,250	42,500	45,900	49,300	52,700	56,100
Calcasieu	30,200	34,500	38,800	43,100	46,550	50,000	53,450	56,900
Cameron	30,200	34,500	38,800	43,100	46,550	50,000	53,450	56,900
East Baton Rouge	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
East Feliciana	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
Evangeline	22,700	25,950	29,200	32,400	35,000	37,600	40,200	42,800
Iberia	23,750	27,100	30,500	33,900	36,600	39,350	42,050	44,750
Iberville	27,650	31,600	35,550	39,500	42,700	45,850	49,000	52,150
Jefferson	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
Jefferson Davis	28,250	32,250	36,300	40,300	43,550	46,750	50,000	53,200
Lafayette	29,650	33,900	38,150	42,350	45,750	49,150	52,550	55,950
Lafourche	26,550	30,300	34,100	37,850	40,900	43,950	46,950	50,000
Livingston	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
Orleans	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
Plaquemines	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
Pointe Coupee	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
St. Bernard	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
St. Charles	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
St. Helena	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
St. James	32,350	37,000	41,600	46,250	49,950	53,650	57,350	61,050
St. John the Baptist	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
St. Landry	22,700	25,950	29,200	32,400	35,000	37,600	40,200	42,800
St. Martin	29,650	33,900	38,150	42,350	45,750	49,150	52,550	55,950
St. Mary	24,750	28,250	31,800	35,300	38,150	40,950	43,800	46,600
St. Tammany	33,200	37,950	42,700	47,400	51,200	54,950	58,800	62,550
Tangipahoa	28,150	32,200	36,200	40,200	43,450	46,650	49,850	53,100
Terrebonne	26,550	30,300	34,100	37,850	40,900	43,950	46,950	50,000
Vermilion	28,150	32,150	36,150	40,150	43,400	46,600	49,800	53,000
Washington	22,700	25,950	29,200	32,400	35,000	37,600	40,200	42,800
West Baton Rouge	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
West Feliciana	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550

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 the 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, park, sidewalk, abandoned building, on the street or similar
- Living in an emergency shelter
- Previously living on the street but is now living in a transitional housing program
- Homeless but living in a hospital or other institution for no more than 30 days.

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 calendar 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 calendar days from an institution, such as a mental health or substance abuse treatment facility, in which applicant lived for more than 30 calendar days.
- Household is being released from jail or a correctional facility within the next 30 calendar days.
- Household is exiting a hospital but has been homeless within the past 6 months.

Currently Institutionalized (Documentation required): A household member currently lives in a nursing facility, ICF/DD facility, 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 14 days
- Other licensed residential treatment facility
- Currently incarcerated in jail or correctional facility for longer than 30 calendar days

At Risk of Institutionalization: A PSH applicant shall be considered at risk of institutionalization when faced with placement in a nursing home, ICF/DD facility, psychiatric hospital, 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 care and has no alternative referral source to a nursing home, psychiatric, or ICF-DD facility.

PSH PBV Units: Waitlist Preference

*On the next page 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.**

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

There are no 4 or 5 bedroom waiting lists available at this time.

Location		Unit Bedroom (BR) Size Needed					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Region 1	Uptown	N/A	N/A			N/A	N/A
Jefferson Parish	East Bank	N/A		N/A	N/A	N/A	N/A
Capital Area	Ascension	N/A	N/A		N/A	N/A	N/A
	East Baton Rouge	N/A	N/A	N/A		N/A	N/A
	West Feliciana	N/A		N/A	N/A	N/A	N/A
Florida Parishes	Amite	N/A	N/A		N/A	N/A	N/A
	Covington	N/A	N/A		N/A	N/A	N/A
	Slidell	N/A	N/A			N/A	N/A
	Hammond – Elderly Only (55+)	N/A		N/A	N/A	N/A	N/A
	Livingston	N/A		N/A	N/A	N/A	N/A
Region 3	St. Mary & Assumption	N/A	N/A		N/A	N/A	N/A
	St. Charles, St. James & St. John	N/A	N/A			N/A	N/A
Region 4	Evangeline & Ville Platte	N/A	N/A			N/A	N/A
	Iberia	N/A			N/A	N/A	N/A
Region 5	Calcasieu Parish / Lake Charles	N/A	N/A		N/A	N/A	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 Statement: I understand that providing false statements or false information is 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
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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. 08/25)

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. NO. _____

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? Yes 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? Yes 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)
 3. HOUSE # & STREET (NO P.O. BOX): _____ UNIT/APT #: _____
 CITY/TOWN: _____ STATE LA ZIP CODE: _____
 Check if no postal service at your residence address above and supply mailing address here.

Mailing Address (If different from Residence Address)
 HOUSE # & STREET/P.O. BOX: _____ UNIT/APT #: _____
 CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

Give Location (If Necessary)

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

Party Affiliation 8. DEMOCRAT GREEN LIBERTARIAN REPUBLICAN NO PARTY OTHER (Specify) _____
 9. **Place of Birth** CITY/TOWN: _____ STATE: _____
 PARISH/COUNTY: _____ COUNTRY: _____

Mother's Maiden Name 10. _____ 11. **Email** _____ 12. **Phone** Home: (____) _____ - _____
 Other: (____) _____ - _____

LA DL/ID Card # 13. _____
 I do not have a LA DL/ID card. 14. **Do you need assistance in voting?** No Yes, Reason: _____

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

Attestation and Signature (Read and sign or make your mark.) 18. I do hereby solemnly swear or attest 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: ⊗ _____ Date: _____

Witnesses (If your signature is a mark, you must have two witnesses sign.) 19. Witness #1 Signature: ⊗ _____ Witness #1 Print Name: _____
 Witness #2 Signature: ⊗ _____ 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

New Registration Updated Registration: Address Change Name Change Party Change Change to Assistance in Voting Other

REMARKS: _____

CIRCLE ONE: PA MV RG SDA SS (Disability) Received by: _____ Date: _____



Louisiana Voter Registration Application

(LA-VRA - Rev. 08/25)

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* - You may choose to affiliate with the Democrat, Green, 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." If you do not complete this section or if you write "Independent," 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. *Attestation and Signature* - Read the attestation 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 attesting 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. Whenever a document required or provided for in the Louisiana Election Code is required to be witnessed, the witness shall be at least 18 years of age (R.S. 18:4(A)).

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.