



PROJECT HOME AGAIN

ELIGIBILITY

THE GOAL OF PROJECT HOME AGAIN is to gift houses to families who lived in New Orleans during Hurricane Katrina, suffered losses for which they have not been fully compensated, and currently own an inhabitable home or lot.

In order to be considered for a PHA home, you must meet the following Eligibility Criteria:

- You currently own a damaged home or lot in New Orleans that you are willing to swap for a new home.
- You suffered the loss of your home and other losses as a result of the storm for which you have not been fully compensated.
- You have an annual income that is at or below 120% of area median income (AMI) according to family size and the minimum income level required by Project Home Again.

Family Size	1	2	3	4	5	6
Income Maximum	\$52,080	\$59,520	\$66,960	\$74,280	\$80,280	\$86,280
Income Minimum	\$20,832	\$23,808	\$26,784	\$29,712	\$32,112	\$34,512

- You will commit to living in the new PHA home as a primary residence for a minimum of 5 years.
- You lived in New Orleans at the time of Hurricane Katrina
- You have the ability to maintain the new home (i.e. pay taxes, insurance and utilities).
- You commit to obtaining and maintaining liability and flood insurance on the home for the duration of your residency in the home.
- You are employed within the New Orleans metropolitan area or have a guaranteed stream of income that meets the income requirements.

***Preference will be given to families who own a damaged home or lot in Gentilly (Planning District 6).**



PROJECT HOME AGAIN

PRELIMINARY APPLICATION FOR A PROJECT HOME AGAIN RESIDENCE

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

Date: _____

PERSONAL INFORMATION

Name: _____

Current Mailing _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address (if applicable): _____

If you are selected, who will 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 _____

How did you hear about us? _____

FINANCIAL INFORMATION

Employer's Name and Address: _____

Name and Phone Number of Your Work Supervisor: _____

Number of Years at Current Job: _____ Yearly Income: _____

If Less Than 6 Months, Number of Years at Previous Job: _____ Yearly Income: _____

If You Are Currently Not Working, Please List Income Amount(s):

Retirement: _____ Social Security: _____ Disability: _____

Other: _____



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IF THERE IS ANY OTHER INCOME FROM OTHER MEMBERS OF THE HOUSEHOLD, PLEASE LIST THE PERSON AND THE AMOUNT:

Name: _____ Yearly Income: _____

Name: _____ Yearly Income: _____

Name: _____ Yearly Income: _____

Name: _____ Yearly Income: _____

Current Rent or Mortgage Payment: _____

Are you Currently Paying or Receiving Child Support or Alimony? Yes No

If yes, what is the amount(s)? Paying _____ Receiving _____

PROPERTY AND LIVING SITUATION

Did you own a home in New Orleans on August 29, 2005? Yes No

If Yes, do you still own that home or land? Yes No

If Yes, what is the address of that property? (please include zip code) _____

Are you currently living in that home? Yes No

Do you currently have a mortgage on that home? 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 were the amounts? Flood _____ Homeowners _____

Was this your residence on 8/29/05? Yes No

If no, what was your address on 8/29/05? _____

Please explain: _____



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If applicable, have you applied any of your compensation monies (i.e. insurance, Road Home) to your damaged property? Yes No

If yes, how much and toward what?

Mortgage payment(s) \$ _____

Demo/Gutting \$ _____

Renovations \$ _____

Lot Maintenance \$ _____

Other \$ _____

Do you currently own any other homes/land in addition to the home or land described above? Yes No

If yes, what is the address? _____

DESCRIPTION OF NEED

PLEASE DESCRIBE YOUR CURRENT LIVING SITUATION.

PLEASE ADD ANY COMMENTS REGARDING YOUR SITUATION THAT WERE NOT COVERED IN THE APPLICATION QUESTIONS.



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

ALL PRELIMINARY APPLICATIONS SHOULD BE MAILED TO:

Project Home Again

P.O. Box 851008

New Orleans, LA 70185-1008

APPLICATIONS ARE ALSO AVAILABLE AT: WWW.PROJECTHOMEAGAIN.NET

Project Home Again

5506 Wickfield Drive

New Orleans, LA 70122

504-529-3522

866-550-4PHA (4742)