



**LIVINGSTON RISES FUND**  
P.O. Box 1515  
Livingston, LA 70754

## **Disaster Relief Fund Guidelines and Application**

### **When was the fund created?**

The Livingston Rises Fund was formed by the community leaders of Livingston Parish and Waste Management, LLC in response to the devastating flooding that occurred in Livingston Parish in August 2016. The fund was established to assist flood victims with support and recovery. Excess funds and continued donations will be available to provide Livingston Parish residents aid in times of future need.

### **What is the purpose of the fund? How does it help victims of disaster/flooding?**

The assistance provided by Livingston Rises seeks to relieve or cushion the financial hardships caused by the disaster. It is important to note that the finding of financial distress does not require the individual(s) to be in a state of poverty or destitution. However, the intent of the relief program is to assist those facing severe financial hardship. Therefore, those determined to have the greatest need will be given a higher priority in the process.

### **What type of assistance will be given?**

Relief funds shall be disbursed in the form of cash grants, with a maximum grant of \$2,000, to eligible beneficiaries.

Funds are intended to meet immediate needs for clothing, shelter, transportation, home cleanup, repair, or remediation.

Assistance will be granted in cases where the beneficiary has exhausted all of their monetary assets to pay for the above listed items (home repair, shelter, or transportation) that would result in loss of essential shelter or transportation.

The Fund's ability to provide grants may be limited by a lack of available funds.

*Only one application per household is permitted.*

### **What criteria must be met in order to apply for a grant?**

Grants may be awarded for the purpose of providing cash for temporary emergency expenses for Livingston Parish residents who suffer financial hardship in cases of natural or man-made disasters including floods and hurricanes, as determined by the Livingston Rises Advisory Board.

**What are the eligibility requirements?**

The applicant must have been a resident of Livingston Parish at the time the disaster occurred.

Eligibility criteria will provide a fair and equitable distribution of funds to victims of disasters. Priority will go to those who need help most.

Applications for assistance from people who are the victims of disasters will be assessed in a fair, equitable, and timely manner and each case will be assessed on its merits so any special needs can be considered.

The recipient's eligibility is based solely on need as determined by the Livingston Rises Advisory Board.

A recipient is only eligible for assistance if he or she meets one or more of the following conditions:

- is displaced from his/her home
- has suffered a loss to his/her home
- has suffered a financial hardship because of the disaster.

**What is the application process for a grant?**

A Livingston Rises Grant application form is available on Livingston Parish websites including:

- Livingston Parish Government - [www.livingstonparishla.gov](http://www.livingstonparishla.gov)
- Livingston Parish School Board - [www.lpsb.org](http://www.lpsb.org)
- Livingston Parish Sheriff's Office - [www.lpsso.org](http://www.lpsso.org)

All applications for relief must be submitted in writing using the Livingston Rises Grant Application Form.

All applications for disaster relief grants should be sent to:

Livingston Rises  
PO Box 1515  
Livingston, LA 70754

Applications may also be emailed to [livingstonrises@hotmail.com](mailto:livingstonrises@hotmail.com).

**Who should I contact if I have questions?**

You may email [livingstonrises@hotmail.com](mailto:livingstonrises@hotmail.com) for questions regarding the Livingston Rises Disaster Relief Fund or the application process.



**2017 LIVINGSTON RISES GRANT APPLICATION COVER SHEET**

**Applications are to remain anonymous. Any personal identifiable information such as name, school, employer, business etc. in any section other than on the Cover Sheet will be disqualified.**

**To qualify, you must meet the following requirements:**

1. Show proof that you are a resident of Livingston Parish
2. Sustained flood damage in August 2016
3. Submit a completed application
4. Do NOT disclose any personal identifiable information such as name, school, employer, business etc. in any section of the application other than the Cover Sheet
5. Show proof of income for **ALL** persons living in the household or proof that you receive food stamps (Food Stamp card is not acceptable proof)

Name of Applicant: \_\_\_\_\_  
First Middle Last

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Location of Damaged Property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Mail completed applications to:**

*Livingston Rises  
 P.O. Box 1515  
 Livingston, LA 70754*

OFFICE USE ONLY		
Application Status:	<input type="checkbox"/> Approved	Amount: _____
	<input type="checkbox"/> Denied	Reason: _____
Date Disbursed: _____		Ck. #: _____

### 2017 LIVINGSTON RISES GRANT APPLICATION

#### I. Household Information

Number of People Living in Household *(including yourself)*: \_\_\_\_\_

Number of Senior Citizens Living in Household *(age 55 or older)*: \_\_\_\_\_

Number of Children Living in Household *(under age 18)*: \_\_\_\_\_

Are any of your children enrolled in Livingston Public Schools?  Yes  No

Are any of your children enrolled college?  Yes  No

Current Living Situation:  In Home  Displaced

Is this your *primary* residence?  Yes  No

Do you own or rent your home?  Own  Rent

#### II. Financial Information

Employment Status:  Employed  Unemployed  Disabled

Estimated Monthly Income *(Include income from all members in household)*: \$ \_\_\_\_\_

Please list any financial assistance you have received from other sources including dollar amount received. *(FEMA, other grants, Church donations etc.)*

#### III. Flood Information

Please provide a brief description of your flood related damages.

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

Estimated Dollar Value of Flood Related Losses: \$ \_\_\_\_\_

Estimated Dollar Value of Losses Covered by Insurance: \$ \_\_\_\_\_

How do you intend to spend the grant funds if awarded?

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

APPLICATION NO. \_\_\_\_\_

Please provide a description of your flood related damages and the impact on you and your family.

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**IV. Applicant Assurance**

By signing below, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal or civil penalties.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_