



**CURRENT LEASE WITH**

The Jolie Apartments

Villa Norte Apartments

The Pines Apartments

**EMERGENCY ASSISTANCE**  
**PROVIDENCE HOUSE**

[assist2024@theprovidencehouse.com](mailto:assist2024@theprovidencehouse.com)

(318) 221-7887, ext. 143  
(318) 221-7887, ext. 125

Wendy Bristo, Director of Housing

Primary Leaseholder's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License or ID Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name and ages of family members on your current lease \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- DOCUMENTS REQUIRED FOR ASSISTANCE**
1. Copy of social security cards and birth certificates for all occupants of the unit
  2. Copy of Driver's License or Louisiana ID for occupants 18 years or older
  3. Copy of Current Lease Agreement
  4. Proof of Income (4 paycheck stubs) or Award Letter (SSI, Child Support, etc.)

**ALREADY LOCATED A UNIT? Please share the details.**

Moving To: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Lease Agreement:  Yes  No

Name of Apartment Complex: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Anticipated move date: \_\_\_\_\_

- I NEED ASSISTANCE WITH**  
*(check all that apply)*
- Housing Options (locating a unit)
  - Rental Assistance
  - Utility Assistance
  - Storage
  - Transportation/Moving Services
  - Vital Documents

- Supportive Services:
- Food
  - Children's Services
  - Veteran Services
  - Medical Services
  - Chronic Health Condition
  - Disability Services
  - HIV/AIDS Services
  - SNAP Benefits
  - Medicaid
  - Other (Please List)
- \_\_\_\_\_
- \_\_\_\_\_

**\*Please note that upon approval, all payments will be made directly to the landlord.**