



# DELIVERANCE INTERNATIONAL FOUNDATION INC.

201 St. Charles Ave. Ste. 2500, New Orleans, LA 70170

(504) 493-8156 DIFNOLA.ORG

Email: [difnola@gmail.com](mailto:difnola@gmail.com)

## EMERGENCY GRANT PROGRAM APPLICATION

### APPLICANT INFORMATION

Names \_\_\_\_\_

(First) (Middle) (Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

Phone:(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

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

Number of Dependents in Household: \_\_\_\_\_

Name:	Dependents SSN:	Dependent Email Addresses
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Emergency: (Please check which area you are applying for assistance. You may check more than one area of need.)

### (SECTION 1)

#### Natural Disaster

Geographical Location: \_\_\_\_\_

Type of Disaster: \_\_\_\_\_

Government Verification:  (No)

(Yes): City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Disaster: \_\_\_\_\_

Name of Disaster: \_\_\_\_\_

Quantified loss: \$ \_\_\_\_\_

(SECTION 2)

\_\_\_ **Housing**

Past-Due Payments, Down Payment Assistance, Utilities Assistance

\_\_\_ **Medical**

Medical Prescriptions, Diabetic Needs

\_\_\_ **Nutrition**

Household Goods, Groceries, Personal Hygiene,

\_\_\_ **Transportation**

Past-Due Car Payments, Repairs, Down-Payment assistance, Insurance, Fuel

\_\_\_ **Re-Entry/Social Justices**

Probationary Fees, Penalties, Attorney Fees, Vital Records

\_\_\_ **Education**

Student Loan Rear Payments, Online Class Fees, School Supplies Fees

*(Please Include the Following)*

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Name of School Representative: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

\_\_\_ **Funeral Cost**

*(Please briefly state the emergency circumstances that have placed you in need of help.  
Be sure to include the details you believe to be important):*

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

**(Please Provide Copies of Vital Records, Driver's License, Birth Certificate, and Social Security Card for all Applicants. Required copies are necessary for approval. Your application is Strictly confidential information and will not be shared with other entities. Your application will be used for this organization's tax purposes.)**

**(After completing this application please mail this information in a sealed envelope and mail it to the DIF Inc. Process center.)**

DIF Inc Process Center Address:  
201 St. Charles Ave. Ste. 2500, New Orleans, LA 70170

**ACKNOWLEDGEMENT STATEMENT**

I, (applicant) \_\_\_\_\_, affirm that the submitted information is true, I promise to use any aid received from DIF Inc. in a manner that is either (1). Explicitly dictated by DIF Inc. or (2). Consistent with satisfying the specific need for which I have requested a grant. I promise to pay all creditors, including lessees (in case of rent assistance), pharmacies, contractors, utility companies, sellers of goods or services, doctors, and any other entities or expenses that I, the applicant, have suggested to DIF Inc. that I must pay for (or the organization, DIF Inc., directs me to pay).

**PAYBACK CLAUSE**

I, (applicant) \_\_\_\_\_, understand and agree that if I do not use this grant as directed or in a manner consistent with the purpose for which it was granted, Deliverance International Foundation Incorporated (DIF Inc.) has the right to (AND WILL) seek repayment of this grant, a 3% interest thereof, and all legal fees expended by DIF Inc. in the course of seeking repayment of this grant. I consent to Louisiana's civil law of contracts as the Choice of Law in the event that DIF Inc. seeks repayment of this grant due to my failure to use the funds in a manner dictated or consistent with its granting. I consent to Louisiana's jurisdiction and that it will be the forum state of any subsequent suit, unless DIF Inc. agrees otherwise.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Attach to the Application!**