

# Welcome to Money \$chool

This class is offered **FREE** (\$450 value) every Tuesday from 9:30 AM to 12:30 PM and can help you to save hundreds of dollars every year for the rest of your life! Catholic Charities of North Louisiana is committed to strengthening the families in our community and welcomes your participation in all of our programs.

## Emergency Assistance Guidelines

Catholic Charities of North Louisiana does not guarantee assistance to anyone. Assistance is provided only to eligible applicants, if and when funding is available. CCNLA pays only a portion of the amount owed, usually \$100-\$200. Priority is given to clients with an eviction or disconnect notice. We do not pay utility bills if you are being evicted from the service address.

### **To qualify, the following criteria must be met:**

- Complete Money \$chool to start your application and **bring all required documents to your scheduled appointment** with a caseworker.
- If approved, **pay your remaining balance and submit a receipt before** a pledge will be made.
- If you have lost income unexpectedly, this must have occurred within the last 3 months and you must have a reliable plan for meeting next month's expenses.
- If you have attended Money \$chool or received assistance in the past, provide proof of **budgeting and tracking for at least 1 month of expenses.**

### **Automatic Disqualification:**

- Your household has applied for assistance here within the last 6 months or received assistance here within the last 24 months.
- Your household income exceeds the Federal Poverty Income Guidelines by more than \$300. [aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines)
- Your rent is more than 75% of your income, and/or your total expenses are more than 125% of your income.
- You owe more than 1 months' rent.
- You have had more than one court case resulting in eviction in the preceding 24 months or more than two eviction notices from the court in the preceding 12 months.
- Your rent is more than \$800 per month or less than \$300 per month.

**I HAVE READ AND UNDERSTOOD THE CATHOLIC CHARITIES EMERGENCY ASSISTANCE GUIDELINES.**

Signature of Applicant

Date