

ATTENTION APPLICANTS PLEASE READ THE FOLLOWING CAREFULLY

This application is designed to be used for placement on the Nevada Rural Housing Authority rental assistance *waiting list only*.

Please return the completed application to:

NEVADA RURAL HOUSING AUTHORITY 3695 DESATOYA DRIVE CARSON CITY, NV 89701

If you have any questions regarding the completion of this application, please call (775) 887-1795 or come into the office.

The Nevada Rural Housing Authority is an Equal Housing Opportunity organization.

Applicant's Signature		Date			
	Applicant to the Nevada Rural Housing Authoristand and agree to all the terms.	nority Rental Assistance Program, I have read the above and I			
	If removed from the list, I understand that I must fill out another application to reapply in order to obtain a position on the Waiting List.				
	I will be contacted by the Nevada Rural Housing Authority office by mail when my name comes up next.				
	I understand that I will be purged (removed) from the waiting list if I do not respond to correspondence from this office. Any mail returned to this office due to insufficient address will also be cause for removal.				
	I understand that periodically the Housing Assistance program will send purge letters requiring immediate response. I understand that I will be notified of these purges by mail.				
	I further agree that under no circumstance will information regarding my application be given to anyone other than me over the phone. I understand that doing so would constitute a breach of confidentiality.				
	I understand that no changes will be taken over the phone.				
	I agree that doing so is my responsibility and that I acknowledge that I will not receive any reminders from this office.				
	By signing this application I understand that I am responsible for reporting any changes to my application in writing.				





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FULL APPLICATION FOR ADMISSION TO THE HOUSING CHOICE VOUCHER PROGRAM WAITING LIST

Applicant Name	e:						Use Only
		A	apt. No.:			- 11	
						III .	
			E-Mail:			II .	
County: E-Mail: Other Phone: Other Phone:				ll l	pply		
		D CHARACTERISTI				Local	
1. List the Head	of Household and al		will be living in the assi	sted unit.		<u> </u>	
Give relations Member	ship of each. Members Full Name	Relationship	Birth Date	Age	Sex	Social So	ecurity #
#	Without Full Name	_	Dirth Date	ng.	БСА	Social Se	
2		Applicant					
3							
4							
5							
6							
2. Race of Head	of Household: (Chec	ck one – used for statis	tical purposes only)	•			
O White O Black	O American Indian/Ala	askan Native O Asian	O Native Hawaiian/Other				
3. Ethnicity of H	lead of Household (C	Check One): O Hispan	ic or Latino O Not	Hispanic or Latir	10		
Explain if you a	nswered YES to eith	er question:					
4. Does anyone	live with you now wh	o are not listed above?	•	O _{Yes} O _N	lo .		
5. Does anyone	plan to live with you	in the future who are r	not listed above? O Yes	O No			
6. Is Head of Ho	ousehold or Spouse a	Veteran?	O Yes	O No			
7. Is Head of Ho	ousehold or Spouse a	person with disabilitie	s? O Yes	○ No			
8. Please identif	y any special housing	g needs your household	has				
9. How many pe	ople live in your uni	t now?	How many bedrooms	do you have? _			
If yes, enter the	date(s) of occupancy	7:					
10. Do you wish	to move? □ Yes □ No	If yes, why?					
		subsidized housing un	it? O Yes	O No			
-		ousing? Yes No If ye					
		Certificate or Voucher		O No			
14. Have you ev	er been evicted from	Public Housing, India	n Housing, a Section 23	or HCV Prog	ram?	O Yes	O No
•		<u>.</u>	For what reason?	_			
			ed substance or activiti		n abuse of	alcohol?	— Yes ONo
16. Have you ev	er been convicted of	a felony?				OYes	O No
		er amounts to this PHA	disqualify you from receivi A or to another PHA in		th	O Yes	O No
18. Name and A	ddress of current lar	ndlord:		Ph	one:		
19. Your last ad	dress:		Dates you	lived there: Fr	om	to	

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "YES" provide details in the charts below

YES	NO	Does ANY member of your hou	sehold:			
OYes	O No	1. Work full-time, part-time, or seasonally?				
OYes	O No	2. Expect to work for any period d		•		
OYes	O No	3. Work for someone who pays the				
OYes	O No	4. Expect a leave of absence from v		medical, mater	nity, or military leave?	
OYes	O No	5. Now receive or expect to receive			•	
Oyes	O No	6. Now receive or expect to receive	child support?			
O Yes	O No	7. Have an entitlement to receive c	hild support that he	she is not now	receiving?	
OYes	O No	8. Now receive or expect to receive				
OYes	O No	9. Have an entitlement to receive a			received?	
	O No	10. Now receive or expect to receive				
O_{Yes}	O No	11. Now receive or expect to receive				
OYes	O No	12. Now receive or expect to receive				
Oyes	O No	13. Now receive or expect to receive individuals not living in the unit		ons from organ	nizations or from	
OYes	O No	14. Receiving income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from				
		rental property?			1.	
OYes	O No	15. Own real estate or any assets for				
Oyes	O No	16. Have you sold or given away re	eal property or other	assets (includi	ing cash) in the past	
		two years?				
MEMBE	ER NO.	SOURCE OF ALL INCOME/TYPI	OURCE OF ALL INCOME/TYPE OF INCOME		ANNUAL INCOME	
ASSETS list all chec	king and	savings accounts (including IRA's, Keogh :	accounts, and Certifica	ates of Deposit) o	of all household	
members.						
MEMBE	ER NO.	BANK NAME	TYPE OF ACCOUNT		BALANCE	
List the val	lue of all	stocks, bonds, trusts, pensions, or other asso	ets owned by any hous	ehold member:		
List the val	lue of any	assets disposed of for less than fair market	value during the past	two years:		

EXPENS	<u>ES</u>				
○ Yes	○ No	Do you have expenses for child care of a child aged 12 or y If yes, provide the name, address, and telephone number o			
_		What is the weekly cost to you for child care?			
O Yes	ONo	Do you pay for a care attendant or for any equipment for a necessary to permit that person or someone else in the hou If you pay a care attendant, provide the name, address, and	sehold to work?		
		What is the cost to you for the care attendant and/or the ed	quipment?		
Elderly l	Families Only	y (62 years of age or older only)			
○ Yes	○ No	Do you have Medicare? If yes, what is your monthly premi	ium?		
○ Yes	○ No	Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount, and agent's name:			
○ Yes	○ No	Do you have outstanding medical bills which you are paying? If yes, list them l			
		What medical expenses do you expect to incur in the next to	twelve months?		
		If you use the same pharmacy regularly, please provide the name and address:			
	·	and Phone numbers of two relatives or friends who generally	y know how to contact you		
<u>APPLIC</u>	ANT CERTIF	FICATION			
income, knowled State, an	net family as: ge and belief. d Local laws.	nformation given to the Nevada Rural Housing Authorisets, and allowances and deductions is accurate and of I/We understand that false statements or information is. I/We also understand that false statements or information of tenancy.	complete to the best of my/our are punishable under Federal,		
Signatur	e of Head:	Date: _			
Signatur	e of Spouse:	Date: _			
Signatur	a of Other Ad	dult. Dato:			

NOTE TO APPLICANT:

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Toll Free Hot Line at 1-800-347-3739.

FEDERAL PRIVACY ACT STATEMENT:

The U.S Department of Housing and Urban Development (HUD) collects information on tenants in HUD assisted rental housing. The U.S Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families. Public Housing Agencies (PHA's), operating such housing, send HUD information on their tenants' income, family composition, rent, etc. This information was already given by the tenants to the PHA's when applying or being re-examined. It is transferred to HUD forms used for data collection. The forms may be sent to a contractor who keypunches the information in preparation for processing by HUD computers.

<u>USE:</u> HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent and to verify the accuracy and completeness of the income information.

<u>PUBLIC ACCESS</u>: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to the appropriate Federal, State or Local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters. The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict the PHA from releasing such information. There may be State and local laws or regulations that govern disclosure by the Public Housing Agency.

INFORMATION REQUIREMENTS: Giving your Social Security number to HUD or the PHA is voluntary. Failure to give it does not affect your eligibility or the amount of your payment. HUD uses the Social Security number as an identifier in computer matching to check the eligibility and rent determinations made by the PHA.

<u>AUTHORITY:</u> HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 U.S.C, 1437 et seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

GNATURE: I have read this Federal Privacy Act St	tatement on (Date)
Head of Household	Spouse
Other Adult over 18	

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Other Helpful Information

INCOME LIMITS FOR SECTION 8
ASSISTANCE PAYMENT PROGRAMS

NEVADA

NUMBER OF PERSONS IN FAMILY *Effective 04/01/09* Very Low Income **COUNTY** 2 1 3 5 6 7 4 8 **CARSON CITY** 22,500 25,700 28,950 32,150 34,700 37,300 39,850 42,450 **CHURCHILL** 22,350 25,500 28,700 31,900 34,450 37,000 39,550 42,100 **DOUGLAS** 25,850 29,500 33,200 36,900 39,850 2,800 45,750 48,700 24,400 27,900 31,350 34,850 **ELKO** 37,650 40,450 43,200 46,000 22,350 25,500 28,700 31,900 34,450 39,550 42,100 **ESMERALDA** 37,000 **EUREKA** 22,400 25,600 28,800 32,000 34,550 39,700 37,100 42,250 HUMBOLDT 23,650 27,050 30,400 33,800 36,500 39,200 41,900 44,600 LANDER 23,400 26,700 30,050 33,400 41,400 36,050 38,750 44,100 **LINCOLN** 22,350 25,500 28,700 31,900 34,450 37,000 39,550 42,100 **LYON** 22,350 25,500 28,700 31,900 34,450 37,000 39,550 42,100 **MINERAL** 22,350 25,500 28,700 31,900 34,450 37,000 39,550 42,100 NYE 22,350 25,500 28,700 31,900 34,450 37,000 39,550 42,100 **PERSHING** 22,350 25,500 28,700 31,900 34,450 37,000 39,550 42,100 STOREY 24,650 28,150 31,700 35,200 38,000 40,850 43,650 46,450 WHITE PINE 22,350 25,500 28,700 31,900 34,450 37,000 39,550 42,100

Nevada State	775-684-0800	2533 N. Carson Street		
Welfare		#200, Carson City, NV		
Wenare		89706		
Vital Statistics	775-684-4242 4150 Technology W			
		Carson City, NV 89706		
		2527 N. Carson Street		
Energy Assistance	775-684-0730	#260 Carson City, NV		
Energy rissistance	775 004 0750	89706		
Social Security	RENO	1170 Harvard Way		
· ·	800-808-5481	Reno, NV 89502		
	LAS VEGAS	1250 S. Buffalo Dr. Suite		
	866-704-4859	150 Las Vegas, NV		
		89117		

Social Service Offices			
Carson City	775-887-2110		
Douglas	775-782-9825		
Elko	775-738-4375		
Pahrump	775-751-7095		
Dayton	775-246-6326		
Fernley	775-575-1703		
Yerington	775-463-6540		
Winnemucca	775-625-3939		
Hawthorne	775-945-2471		
Ely	775-289-3271		