



NRHA - Application for Assistance Security Deposit

- Read each page carefully and answer every question. If the answer is none, then write none.
- If you are applying for someone other than yourself, check boxes and complete blank spaces as they apply to the person for whom the application is for.

Required Documentation

- Assets: checking, savings account statements, 401k, etc (If you have checking (s) account you need to provide the last three months bank statements and recent statement from your savings account)
- Copy of photo ID or Driver's License (All adults over 18 years)
- Social security Cards (All adults over 18 years)
- Proof of Welfare assistance (TANF/ Food Stamps)
- Proof of residence (rental contract, or lease agreement etc.)
- Verification of all monies received into your household for the last 30 days (pay stubs, SS award letters, TANF, unemployment, child support, etc.)
- Other Documentation

NOTE: Please provide all of the above documents. If you do not have the required documents and a completed application, your application will be denied. If you live in an area outside of Carson City, you work through the local Social Service office. It is your responsibility to follow up on your application. If there is anything missing we will not contact you to get the information. You can contact the Security Deposit Coordinator at 775-283-0177 for the status of your Security Deposit application/payment.

NOTE: we are unable to process applications that are older than 60 (sixty) days from the date of move in.



NEVADA RURAL HOUSING AUTHORITY SECURITY DEPOSIT APPLICATION

Eligible households can receive an annual one-time per year up to \$700 Security Deposit loan paid directly to the LANDLORD

Please complete every section and answer each question. Sign the application and the release for information form.

A. Applicant Information (current unit address)

Social Security Number _____ DATE _____
 Applicant's Name (Last, First, MI) _____
 Mailing Address (Street, Apt, PO Box) _____ City/Zip Code _____
 Home Telephone Number _____ Work Telephone Number _____
 Message Telephone Number _____ Email Address _____

B. Dwelling Information (new unit address)

1. Dwelling Type: House Duplex Apartment Town House Mobile Home/Manufactured
2. Number of Bedrooms _____
3. Dwelling address _____
4. Dwelling Cost (Attach Copy) Rent \$ _____ Space Rent \$ _____
5. Security Deposit \$ _____ Amount Requesting \$ _____
6. Landlord, Complex, Management Name _____
7. Address: _____ Telephone No: _____
8. Are you currently on the Housing Choice Voucher Program? YES NO
9. If so are you currently moving or new admission _____
10. Total number in household: _____ Adults _____ Children _____
11. What county do you live in? _____ How long? _____
12. How long have you lived at this address? _____

Household Information

Name (Last,First,Middle)	Relationship To Head of Household	Sex M /F	Date of Birth	AGE	U.S. Citizen or Eligible Non- citizen YES/NO	Disabled YES/ NO	Social	Security	Number

Choose one ethnic group with which you most closely identify: Asian Black/African American
 Hispanic/Latino Native American Hawaiian/Pacific Islander White Other/Multi



3695 Desatoya Drive Carson City, NV 89701 | p: 775-887-1795 | f: 775-887-1798

TDD: 800-545-1833 ext.545 | nvrural.org | help@nvrural.org



C. INCOME

Please answer the following questions

YES	NO	INCOME TYPE	WHO RECEIVES	AMOUNT
		Social Security, SSI, Retirement		
		Welfare assistance (TANF)		
		Welfare assistance (Food Stamps)		
		Unemployment Insurance Benefit		
		Alimony		
		Child Support		
		Church/Charity Contribution		
		Contributions/Gifts		
		County Assistance/General Asst		
		Educational Assistance		
		Foster Care Payments		
		Interest/Dividends/Annuities		
		Loans		
		Lump Sum Payments/settlements		
		Railroad Retirement		
		Supported Living Arrang. (SLA)		
		Temporary Disability		
		Tribal Assistance/IGA		
		Trust Income(provide proof)		
		Strike benefits		
		Veterans Benefits		
		Workers Compensation		
		Other (please identify)		

D. RESOURCES/ASSETS

List all resources you now have. Check all that apply. NONE

- Savings Accounts
- Checking Accounts
- Credit Union Accounts
- Business Checking Accts
- Stocks/Bonds
- Other _____
- Trust Funds
- Individual Retirement Acct
- Individual Indian Acct
- Houses, Land, Buildings
- Promissory Notes or Contracts
- Keogh Accounts (401K)
- Christmas club
- Certificates of Deposits (CD)
- Other Account Types
- Life Insurance Policies



E. EMPLOYMENT

Does any member of the household work? YES NO

CURRENT EMPLOYER	DATES (FROM/TO)	WAGES	HOURS	HOUSEHOLD MEMBER

Have you or anyone in your household ever been evicted and/or terminated from subsidized housing? YES NO
When? _____ Why? _____

STATEMENT OF APPLICATION

Under penalty of perjury, I declare that the contents of this application for assistance are true and complete to the best of my knowledge. I understand information provided on this application is subject to verification by Federal, State or local officials, if any information is found inaccurate, I may be denied assistance and/or be subject to criminal prosecution for knowingly providing false information. I agree to inform the agency where I made application for assistance of any changes in my circumstances that may affect my eligibility.

Note: NRHA is unable to process application that is older than 60 days from the move in date. You must submit all required documentation and completed application, if application is not complete or missing documentation, your application will be denied. NRHA does not contact you if any of the documents that are required are missing. It is your responsibility to follow up on your application.

Print Name of Head of Household _____

Print Name of Spouse _____

Print Name of Other Adult _____

Print Name of Other Adult _____

Signature of Head of Household _____ Date _____

Signature of Spouse _____ Date _____

Signature of Other Adult _____ Date _____

Signature of Other Adult _____ Date _____

LANDLORD INFORMATION

LANDLORDS, COMPLEX, MANAGEMENT NAME _____

LANDLORDS, COMPLEX, MANAGEMENT ADDRESS _____

OWNER OR LANDLORD SIGNATURE _____

ADDRESS OF UNIT THAT REQUIRES THE SECURITY DEPOSIT _____

REQUESTED DEPOSIT AMOUNT _____

Date _____





Name of Employer _____
 Address _____
 Phone # _____
 Fax # _____

Date: _____
 Name: _____
 SS#: _____

Return to: Security Deposit

We are required to verify the incomes of all members of families applying for rental assistance through this Authority and to redetermine periodically the income of tenant families. We ask your cooperation in completing the applicable items on the following report for the employee listed above.

Thank you in advance for your cooperation.

I hereby authorize the release of the requested information.

 Signature of Applicant

1. Employment start date _____ Occupation _____

2. Employment terminated on _____

3. **Salary: Base Rate:** Weekly _____ Bi-weekly _____
 Bi-monthly _____ Monthly _____
 Per hour rate _____; OR Per week _____; OR Per month _____
 Present rate effective date _____
 Average Hours per week at Base pay _____
 Average weeks _____ OR Months _____ worked per year.

Overtime Pay Rate: Per Hour _____
 Expected average number of hours overtime worked per week during next twelve months _____

Other Compensation: Any other compensation not included above (specify for commissions, bonuses, tips, (Amount employee reported) etc.)
 FOR _____ \$ _____ per _____

4. Is pay received for vacation? _____ Number of days per year _____

5. Total Base Pay Earnings Past 12 Months \$ _____
 Total Overtime Earnings Past 12 Months \$ _____

6. Is this income exempt? _____yes _____no

Firm Name: _____

 Signature

 Date

 Title of Representative

 Telephone Number





Consent:

In asking for or seeking assistance or requesting possible assistance, I hereby authorize and direct any Federal, State, Local Agency, Business, Organization, or Church to release any information, which is necessary to receive any type of assistance form any of those listed above. I understand and agree that this authorization or the information obtained may be used and shared with any of the above listed in administering programs and or establishing eligibility for assistance. I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed.

Conditions:

I agree that a photocopy or fax of this authorization may be used for the purposes stated above. I hereby release the bearer as the custodian of such record and or any of the above listed both individually and collectively, from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signatures:

I have read, understand and agree to with the requirements stated on this "Authorization for Release of Information". I, understand that this does not guarantee securing any public/private assistance or services and this information will be used to gather group statistics for grants and assistance given.

Signature – head of household	Print name	Social Security number	Date
Signature – Spouse	Print name	Social Security number	Date
Signature – other adult	Print name	Social Security number	Date
Signature – other adult	Print name	Social Security number	Date



REPAYMENT AGREEMENT NRHA SECURITY DEPOSIT PROGRAM

This Repayment Agreement is made and entered into as of this ____ day of _____, 20____, by and between Nevada Rural Housing Authority having its principal place of business at 3695 Desatoya Drive, Carson City, NV 89701 and _____ (Tenant's name) At _____ (Tenant's address).

In general, Housing Authority has loaned Security Deposit Assistance Program fund money (funds) to Tenant to pay his/her security deposit. Tenant agrees to repay loan to Nevada Rural Housing Authority as follows:

1. The owner will enter into a security contract with Nevada Rural Housing Authority under the Security Deposit Program. Under contract the Nevada Rural Housing Authority will make a payment of _____ to the owner to assist the tenant in securing the unit from the owner.
2. The owner or tenant has given the Nevada Rural Housing Authority a copy of the lease, and any revisions agreed upon by the owner and the tenant.
3. Security deposit assistance must be repaid to the Nevada Rural Housing Authority. The tenant will begin repayment after the first full month they are living in the unit until the amount of _____ has been paid in full. Payments may be Hand Delivered by Money Order, Cashier's Check, Personal check or mailed to Nevada Rural Housing Authority, 3695 Desatoya Drive, Carson City, NV 89701
4. **ATTENTION OWNER AND TENANT**

The tenant will be responsible to repay the full security deposit amount within 12 months of the date of the signed agreement.

If tenant moves before the 12 months, owner MUST REIMBURSE THE REMAINDER of the security deposit still owed to the Nevada Rural Housing Authority.

The owner must not return the security deposit to tenant, unless Security Deposit loan from Nevada Rural Housing Authority has been paid in full.





The security deposit cannot be used for unpaid rent, utilities and storage fees. The security deposit may only be used for repairs and damages to the unit.

Nevada Rural Housing will set the schedule repayment amount and dates for the client. First payment will be due on first day of the month after a full thirty (30) days from the date of disbursement of assistance. Payments received after the 10th of the month are past due.

Tenant Signature _____ Date _____

Owner Signature _____ Date _____

Housing Authority Signature _____ Date _____



NRHA Client Characteristic Worksheet

Please fill in the following categories as completely as possible.

Gender	Number of Persons	Family Size	Number in Families
a. Male		a. one	
b. Female		b. two	
Total		c. three	
Age Number of Persons		d. four	
a. 0-5		e. five	
b. 6-11		f. six	
c. 12-17		g. seven	
d. 18-23		h. eight or more	
e. 24-44		Total	
f. 45-54		Source of Family Income	
g. 55-69		PLEASE FILL IN TOTAL AMOUNTS	
h. 70+		a. no income	
Total		b. TANF	
Ethnicity Number of Persons		c. SSI	
a. Hispanic or Latino		d. Social Security	
b. Not Hispanic or Latino		e. Pension	
Total		f. General Assistance	
Race Number of Persons		g. Unemployment Insurance	
a. Black or African American		h. Employment & other sources	
b. White		i. Employment only	
Other (American Indian/Alaska Native, Asian, Native Hawaiian or			
c. other)		j. Other	
d. Multi Race (any 2 or more)		FOR OFFICIAL USE ONLY	
Total		Number of Families	
Education level of Adults Number of Persons age 25 and older		a. Up to 50%	
a. 0-8		b. 51% to 75%	
b. 9-12 non graduate		c. 76% to 100%	
c. high school grad/GED		d. 101% to 125%	
d. 12+some post secondary		e. 126% to 150%	
e. 2 or 4 yr college graduate		f. 151% and over	
Total		Total	
Other Characteristics # of persons Total in		Housing	
	yes	no	Family
a. Health Insurance			
b. Disabled			
Family Type			
a. Single parent/female			
b. Single parent/male			
c. two-parent household			
d. single person			
e. two adult no children			
f. other			
Total			
			a. Own
			b. Rent
			c. Homeless
			d. Other
			Total

SECURITY DEPOSIT ASSISTANCE

1. **Program Description:** The Security Deposit Assistance Program is to provide Security Deposit on rental properties for eligible citizens within Nevada Rural Housing Authority jurisdiction.
2. **Assistance Unit:** The assistance unit consists of the applicant, applicant's spouse or significant other, applicant's children and any and all persons residing in the unit with the applicant.
3. **Application Process:** All applicants requesting assistance must complete an application and provide all requested documents.
4. **Application Denial:** Denial of an application may be appealed and applicant may be granted an informal hearing based on NRHA hearing guidelines. The applicant must present a written letter requesting an informal hearing and stating their dispute to NRHA's denial within 10 calendar days from the date of denial. Per NRHA hearing guidelines, the hearing will be held at the next hearing date only, no exceptions. Hearings are held once every 1 to 2 months. *The appeal process will not change denial decisions based on program rules and regulations.*
5. **Income Guidelines:** Income is figured as gross for all assistance unit members for the last 30 days. Asset value may be considered.
6. **Maximum Assistance:** Applicants may receive assistance only once during a 12 month period. Payment must be in full for outstanding account balances before further assistance.
7. **Employability:** All applicants and members of the assistance unit 18 years and older are presumed to be employable.
8. **Termination and Resignation:** *Termination* from employment of any member of the assistance unit, because of their own faults or habits, within 30 days prior to the date of interview may result in denial of assistance. *Resignation* of employment by any member of the assistance unit within 30 days prior to the date of interview may result in denial of assistance.
9. **Eligibility Criteria:** Eligibility is determined by the following: income and residency. The assistance unit's income, value of assets, and current situation must meet program specific requirements and gross income may not exceed income limits.
10. **Residency:** All members of the assistance unit must reside in Nevada Rural Housing Authority's jurisdiction.
11. **Gross Income:** Gross income includes but is not limited to: monies from any state, federal or other public assistance agency, social security funds of any kind, child support; money from any form of employment including for cash jobs, money from family or friends, unemployment.
12. **Assets:** Assets include but are not limited to real and personal property of any kind owned by any member of the assistance unit. Household cannot exceed two vehicles, cash, stocks, bonds or IRA's or similar monetary instruments not exceeding \$150 (for applicant and additional \$75 exemption for each additional household member), life insurance cash value cannot exceed \$1500 per person, burial plots purchased more than 30 days before application date.
13. **Distribution of Assistance:** NRHA will render a decision concerning eligibility no later 10 business days from the date of application and/or required documentation is received. Assistance is distributed to landlords only. Assistance is contingent upon eligibility and funding availability. NO CASH ASSISTANCE IS PROVIDED. Landlord and Tenant will enter into a repayment agreement. Repayment must begin 30 days from time funds are distributed. **Failure to repay may jeopardize placement on the Section 8 waiting list and housing.**
Legal action may be taken to collect outstanding debt.
14. **Denial of Benefits:** In addition to any reason described in the preceding sections, application for Security Deposit Assistance may be denied when any member of the assistance unit: fails to meet the eligibility criteria, voluntarily terminates other means of financial support of any kind within 30 days prior to the date of application or interview, is sanctioned by another public assistance agency, voluntarily withdraws or cancels the application, fails to provide all information necessary to the determination of eligibility within the specified time frame, misrepresents information necessary to the determination of eligibility, fails to maintain contact with NRHA office as reasonably requested, has qualified to receive monetary assistance from a public assistance agency, but due to their own faults or habits has not received the assistance, fails to cooperate with the reasonable requests of NRHA, has received the maximum assistance allowed by the guidelines and standards of the program, refuses to pursue a prior resource, has excess income, has excess assets, does not reside in Nevada Rural Housing Authority's jurisdiction, is terminated from employment due to their own faults or habits, is approved for a prior resource, failure to cooperate with **Verification of Information:** information submitted as proof of eligibility for assistance programs shall be subject to verification.
15. **Repayment Agreement:** You must enter into an agreement to repay security deposit. Monthly payments will start on the first of the month after a full thirty (30) days after the funds are disbursed, and the full amount of Security Deposit must be paid no later than 12 months from the disbursement of funds.

**INCOME LIMITS FOR SECURITY DEPOSIT
ASSISTANCE PAYMENT PROGRAMS**

NEVADA
60%

NUMBER OF PERSONS IN FAMILY

COUNTY	1	2	3	4	5	6	7	8
CARSON CITY	27,000	30,840	34,740	38,580	41,640	44,760	47,820	50,940
CHURCHILL	26,820	30,600	34,440	38,280	41,340	44,400	47,460	50,520
DOUGLAS	31,020	35,400	39,840	44,280	47,820	51,360	54,900	58,440
ELKO	29,280	33,480	37,620	41,820	45,180	48,540	51,840	55,200
ESMERALDA	26,820	30,600	34,440	38,280	41,340	44,400	47,460	50,520
EUREKA	26,880	30,720	34,560	38,400	41,460	44,520	47,640	50,700
HUMBOLDT	28,380	32,460	36,480	40,560	43,800	47,040	50,280	53,520
LANDER	28,080	32,040	36,060	40,080	43,260	46,500	49,680	52,920
LINCOLN	26,820	30,600	34,440	38,280	41,340	44,400	47,460	50,520
LYON	26,820	30,600	34,440	38,280	41,340	44,400	47,460	50,520
MINERAL	26,820	30,600	34,440	38,280	41,340	44,400	47,460	50,520
NYE	26,820	30,600	34,440	38,280	41,340	44,400	47,460	50,520
PERSHING	26,820	30,600	34,440	38,280	41,340	44,400	47,460	50,520
STOREY	29,580	33,780	38,040	42,240	45,600	49,020	52,380	55,740
WHITE PINE	26,820	30,600	34,440	38,280	41,340	44,400	47,460	50,520

Effective 04/01/09