

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

(775) 887-1795
 1-800-426-6232
 FAX (775) 887-1798
 TDD 1-800-545-1833 ext 545

Initial Preliminary Application Form

Head of Household: Last Name (Use Legal Name)	First Name:	M.I.	Sex M/F	SSN	DOB / /	Age	Monthly Household Income: \$ Income Source:
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Race: 1. White 2. Black 3. American Indian/Alaska Native 4. Asian or Pacific Islander Ethnicity: 1. Hispanic 2. Non-Hispanic
 Is Head, Co-Head or Spouse disabled? **£ YES** **£ NO**

Current Telephone: () _____ Current Address: Street Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip </div>	Emergency Contact Person Name: _____ Address: _____ Telephone: () _____
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What other adults will be living in the unit?

Legal Name	Sex M/F	Relationship to head	SSN	DOB	Age	School Name or Occupation	Monthly Income

What minors will be living in the unit?

Legal Name	Sex M/F	Relationship to head	SSN	DOB	Age	School Name

At the time your application is pulled from the waiting list for an update, this Authority requires you to sign an **Application Declaration** declaring your citizenship status, or your eligible immigration status. Also, this Authority requires that you verify any and all income received from all family members, and verification of all assets for all family members. Birth Certificates and/or a current ID card will be required for all family members. Also, proof of social security numbers will be required for family members.

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?	£ YES	£ NO	
Type of accommodation requested _____			
Have you or anyone in your household been evicted from Public or Assisted Housing for drug related activity within the past 3 years?	£ YES	£ NO	
Signature	Date and time application completed		
	Date and time application received by NRHA		