



SECURITY DEPOSIT ASSISTANCE LOAN PROGRAM APPLICATION

Qualifications

- **Effective 10/1/16** the Security Deposit Loan program is available to all eligible applicants who reside in the Nevada Rural Housing Authority jurisdiction. **(Excludes Clark/Washoe County)**
- Must have verifiable income that does not exceed program income limits **(Unless Homeless/Veteran)**
- Must not owe any money to Nevada Rural Housing Authority
- Must reside in the unit that is requiring a security deposit
- Must provide all required documents listed below that relate to your household
- At least (1) one household member must be a US citizens or Permanent Resident

Disqualifications

- Applicant has paid security deposit to landlord in full prior to applying for security deposit assistance.
- Applicant has lived in unit **more than 60 days** prior to applying for security deposit assistance.
- Applicant is applying for security deposit assistance on a room rental.
- Landlord/Owner/Manager is living in unit that requires security deposit assistance.

Required Documents

- Current Photo Identification/Drivers License **(All Adults over 18 years old)**
- Legible Social Security Cards **(All Adults over 18 years old)**
- Proof of **All** Current Verifiable Household Income
- Executed Rental Contract/Lease Agreement **(All pages are required)**

Note:

- Incomplete applications will not be processed. Please provide an email address and check the box on page 3 to receive email updates regarding your application status or you may contact the security deposit coordinator at (775) 283-0174 or jthompson@nvrural.org to check the status of your application.
- The security deposit assistance loan application process time is approximately two weeks from the date of complete application submission.
- You may submit applications by email, fax, and mail or personally to the address below.
- **HCV participants:** The unit you are requesting security deposit assistance must pass inspection **before** submitting security deposit application. The security deposit program does not share information with the Housing Choice Voucher program. You may contact your caseworker for HCV information.
- **TBRA Homeless Voucher/VASH/Veterans participants:** Will be exempt from paying loan back to NRHA and are not required to have verifiable income to be approved for security deposit loan.

Updated 11/22/16 JT



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
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Income Limits for Security Deposit Assistance Loan Program NEVADA 50% AMI

Number of Persons in Family

	1	2	3	4	5	6	7	8
Carson County	23000	26250	29550	32800	35450	38050	40700	43300
Churchill County	22200	25350	28500	31650	34200	36750	39250	41800
Douglas County	24600	28100	31600	35100	37950	40750	43550	46350
Elko County	27050	30900	34750	38600	41700	44800	47900	51000
Esmeralda County	21100	24100	27100	30100	32550	34950	37350	39750
Eureka County	25800	29450	33150	36800	39750	42700	45650	48600
Humboldt County	26750	30600	34400	38200	41300	44350	47400	50450
Lander County	26950	30800	34650	38450	41550	44650	47700	50800
Lincoln County	21100	24100	27100	30100	32550	34950	37350	39750
Lyon County	21100	24100	27100	30100	32550	34950	37350	39750
Mineral County	22000	25150	28300	31400	33950	36450	38950	41450
Nye County	21100	24100	27100	30100	32550	34950	37350	39750
Pershing County	21100	24100	27100	30100	32550	34950	37350	39750
Storey County	23350	26650	30000	33300	36000	38650	41300	44000
White Pine County	23000	26250	29550	32800	35450	38050	40700	43300

Effective 3/28/16



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SECURITY DEPOSIT ASSISTANCE LOAN PROGRAM APPLICATION

A. Head of Household/Applicant Information

Date: _____ Social Security Number _____

Name (First) _____ (Middle) _____ (Last) _____

Current Mailing Address _____ City, State, Zip _____

PO Box Address _____ City, State, Zip _____

Home Telephone Number _____ Cell Phone Number _____

Email Address _____ Application updates will be provided via email

1a. Please choose one of the following race groups that closely identify with you:
 White African American American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander

1b. What's your ethnicity? Hispanic Non Hispanic

2. Have you or anyone in your household ever received security deposit assistance in the past?
If yes, who? _____ Yes No

3. Are you a current participant on one of the following programs?
 Housing Choice Voucher Program Yes No
 TBRA Homeless Voucher Program Yes No
 VASH Program Yes No
 Veteran Yes No

If yes, date unit passed Inspection: _____

B. Household Information

Name (First, MI, Last)	Relationship To Head of Household	Sex M/F	DOB	Age	US Citizen/ Eligible Non Citizen Yes/No	Disabled Yes/No	Social Security Number
	HOH						





C. Income Information

Please include ALL household member(s) information.

Please check all boxes that relate to your household and provide proof of income as follows:

- Alimony or Child Support Payments (**Current 12 month printout**)
- Annuities, Whole Life Insurance policies (**Current Statement with all pages**)
- Employment (**Last 4 consecutive pay stubs or Employment Verification form**)
- Self Employment: Net Business Income (**Current year tax return**)
- Social Security, Supplemental Security Income (**Current year award letter**)
- Retirement Funds, Pension and VA benefits (**Current year award letter**)
- Unemployment (**Payment history for the last 30 days**)
- Disability Compensation, Worker’s Compensation (**Current award letter**)
- TANF Benefits (**Current award letter**)

Household Member Name	Type of Income	Monthly Gross Income

Statement of Application

Under Penalty of perjury, I declare that the contents of this application for the security deposit assistance loan program are true and complete to the best of my knowledge. I understand the information I have provide is subject to verification by Federal, State and Local offices. If any information is found inaccurate I may be denied assistance and/or be subject to criminal prosecution for knowingly providing false information.

Signature of Head of Household Date

Signature of Spouse Date

Signature of Adult over 18 years Date

Signature of Adult over 18 years Date





This page must be completed by Owner/Manager/Agent

D. New Unit Information

- 1. Rental Address: _____ Apartment Number _____
City, State, Zip _____ County _____
2. Unit Type: [] Apartment/3 or More Units [] Row/Townhouse [] Duplex/Twin
[] House/Detached [] High Rise [] Mobile/Manufactured Home
3. Number of Bedrooms: _____
4. Total Number in Household: Adults _____ Children _____
5. Length of Lease: [] Month to Month [] 6 Months [] 12 Months [] Other (Specify) _____
6. Tenant(s) Move In Date? _____
7. Rent Amount \$ _____ Security Deposit Amount \$ _____
8. Amount Tenant has paid towards Security Deposit \$ _____
9. Amount Tenant is requesting to borrow from NRHA Security Deposit program \$ _____

NRHA Security Deposit Loan amount is equal to rent but not to exceed \$700.00
NRHA does not assist with "Non Refundable" Deposits
NRHA does not assist with "Pet" Deposits

E. Landlord Information

This information will be used to issue check. Make sure the information is accurate and corresponds with lease agreement.

Owner/Manager/Agent Name _____
Complex Name _____
Owner/Complex/Agent Mailing Address _____
City, State, Zip _____
Owner/Manager/Agent Signature _____ Title _____ Date _____
Phone # _____ Fax # _____ Email _____





EMPLOYMENT/TERMINATION VERIFICATION

Name of Employee: _____ Last 4 of Social Security #: _____

Name of Head of Household: _____ Attn: Security Deposit Coordinator

I hereby authorize the release of the information requested below.

Signature: _____ Date: _____

Name of Employer: _____ Name of Supervisor: _____

Company Address: _____ City, State, Zip _____

Phone #: _____ Fax #: _____ Email: _____

EMPLOYER TO COMPLETE BOTTOM PORTION

Status of Employment: [] Full-time [] Part-time [] Temporary [] Other (Specify): _____

Date employment began: _____ Basic hourly rate of pay: \$ _____

Scheduled hours per week: _____ Average overtime hours per week: _____

Shift Differential/Tips/Bonuses/Incentives: \$ _____ per [] Hour [] Day [] Week [] Month

If this is a temporary job, how long is it anticipated to last? _____

If employment is with a temporary agency, please attach employee's gross wage check history printout from date of hire.

Is this a Job Training program? [] Yes [] No

Has employment ended? [] Yes [] No

If yes, what was the last day worked? _____ Gross amount of last check: \$ _____

Employer's Signature: _____ Title: _____ Date: _____

Phone #: _____ Fax #: _____ Email: _____

Warning: Title 18, Sect 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the authorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a)(6)(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Sect 408(a)(6)(7) and (8).

THIS FORM WILL ONLY BE ACCEPTED IF IT IS FAXED OR MAILED DIRECTLY BY THE EMPLOYER.





Authorization for Release of Information

Consent:

I authorize and direct any federal, state or local agency, organization, business or individual to release to the Nevada Rural Housing Authority any information or materials needed to complete or verify my application for assistance with the Security Deposit Assistance Loan Program. I understand and agree that this authorization or the information obtained with its use may be given to or used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Conditions:

I agree that a photocopy or fax of this authorization may be used for the purpose stated above.

Public Records Law:

I understand and acknowledge that the Nevada Rural Housing Authority is a municipal corporation and the records maintained by it as a public agency are public records subject to inspection pursuant to **NRS 239.010**

Signatures:

I have read, understand and agree to the requirements stated on this “Authorization for Release of Information” form. 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.

Print Name of Head of Household Signature SSN Date

Print Name of Spouse Signature SSN Date

Print Name of Adult over 18 years Signature SSN Date

Print Name of Adult over 18 years Signature SSN Date





Nevada Rural Housing Authority Security Deposit Assistance Loan Program

Repayment Agreement

This repayment agreement is made and entered into as of this ____ (day) of _____ (month), 20 ____ (year), by and between Nevada Rural Housing Authority and _____ (tenant's name).

Nevada Rural Housing Authority has approved to loan Security Deposit Assistance program funds to _____ (tenant's name) to pay his/her security deposit for rental unit at _____ (tenant's address).

I, _____, (tenant's name) agree to repay the security deposit loan to Nevada Rural Housing Authority as follows:

- I/We, the tenant(s), will be responsible to repay the full security deposit loan amount within 12 months from the date of application approval. **There is no penalty to pay loan in full prior to 12 months.**
- All adult household members over the age of 18 years of age will be responsible to repay security deposit loan in full. If security deposit loan is not paid in full to NRHA all adult household members will not be eligible for any future assistance through NRHA until security deposit loan has been paid in full.
- The tenant's first payment will be due on the first day of the month after a full 30 days from the date of application approval and every month after until loan is paid in full. If no payment is received by the due date your housing benefits may be terminated. **Grace period is up to the 10th of the due month.**
- Payments received after the 10th of the due month will be considered past due. Tenant will receive a "Termination Notice" via mail. **There are no late fees and/or interest on the loan.**
- The tenant will pay 10% of loaned amount as his/her minimum monthly payment until loan has been paid in full. **(Example: If tenant borrows \$700.00 minimum payment will be \$70.00 a month)**
- The tenant will make minimum monthly payments in the form of a money order, cashier's check or personal check, made payable to NRHA by mail or personally deliver to NRHA at 3695 Desatoya Drive Carson City, NV 89701. **No Cash payments will be accepted.**
- There will be a \$25.00 NSF check fee for all returned checks and no future checks will be accepted as a form of payment towards loan.

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- The NRHA security deposit funds are **non transferrable**. Tenant must pay original security deposit loan in full to NRHA upon vacating premises, even if tenant is moving within the same complex and/or under the same owner. ***Tenant may apply for a new security deposit loan.***
- Upon tenant vacating assisted rental unit, tenant will be reimbursed from owner the remainder of security deposit funds minus any damages and/or repairs within 30 days. The tenant is responsible for any remaining balance owed on the security deposit loan to Nevada Rural Housing Authority. If loan is not paid in full, tenant(s) will not be eligible for any future assistance through Nevada Rural Housing Authority.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Adult over 18 years

Date

Signature of Adult over 18 years

Date

NRHA Security Deposit Coordinator Signature

Date

