



## EMERGENCY ASSISTANCE PROGRAM APPLICATION

### Qualifications

- Effective 10/15/17 the Emergency Assistance program applicants and must reside in Nevada Rural Housing Authority jurisdiction. (Excludes Clark/Washoe County)
- Facing eviction or utility shut-off for non-payment.
- Facing eviction due to nonpayment of rent
- Facing foreclosure due to non-payment of mortgage
- Must have verifiable income that does not exceed program income limits.
- Must not owe any money to Nevada Rural Housing Authority
- Must reside in the unit that is requiring emergency assistance
- 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

- Has received emergency assistance within the last 24 months
- An assisted family cannot receive emergency assistance while receiving any other housing subsidy under any federal, state or local housing assistance program

### Required Documents

- Current Photo Identification/Drivers License (**All Adults over 18 years old**)
- Social Security Cards for all family members that have SS numbers
- Proof of **All** Current Household Income
  - Employed
  - Self employed
  - Unemployment
  - Social Security or Pension
  - Child Support
  - TANF
- Proof of all assets-current statement dated within the past 30 days including
  - Bank Accounts
  - Whole Life Insurance
  - Retirement Accounts
  - Real Estate
  - Any other asset
- Executed Rental Contract/Lease Agreement or Mortgage Contract (**All pages are required**)
- Current disconnect notice from Utility Company – If applicable
- Current letter from Landlord or Mortgage Company showing that you are behind in rent or mortgage. – If Applicable



3695 Desatoya Drive Carson City, NV 89701 • P: 775-887-1795 • F: 775-887-1798  
TDD: 800-545-1833 ext. 545 • [nvrural.org](http://nvrural.org) • [help@nvrural.org](mailto:help@nvrural.org)  
This institution is an equal opportunity provider and employer





Note:

- If you do not provide a completed application and copies of all required documents that relate to your household, your application will be denied.
- It is your responsibility to contact the emergency assistance coordinator at (775) 886-7970 or [rsmith@nvrural.org](mailto:rsmith@nvrural.org) to check the status of your application. The emergency assistance coordinator will contact you if you are missing any required documents or send a denial letter.
- The emergency assistance application process time is approximately two weeks from the date of application submission.
- You may submit applications by email, fax, and mail or personally to 3695 Desatoya Drive Carson City, NV 89701.



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Application for Emergency Assistance

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Who helps you pay your rent or mortgage?  Housing or Government Agency

Other: \_\_\_\_\_

No one. I pay for my rent or mortgage myself.

Monthly Gross Income \$ \_\_\_\_\_

Total amount: \$ \_\_\_\_\_

Do you have savings or other liquid assets?  Yes  No

Check the boxes and fill in the blanks below to show the types and amounts of assistance you need.

**Rent/Mortgage**

Rent \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Deposit First Month's Rent Past Due Amount

Landlord Name & Phone

# \_\_\_\_\_

Mortgage Principal and Interest \$ \_\_\_\_\_

Mortgage Co. Name &

Phone#: \_\_\_\_\_

**Utility**

Gas  Propane  Oil  Water/Sewer  Electricity  Other:

\$ \_\_\_\_\_  
Cost

\$ \_\_\_\_\_  
Past Due Amount

Utility Company Name &

Phone#: \_\_\_\_\_





**Home Heating Fuel Delivery**

Gas     Propane     Oil                       Wood/Pellets     Coal     Other:

\$ \_\_\_\_\_  
Cost

\$ \_\_\_\_\_  
Past Due Amount

Fuel Delivery Company Name &  
Phone#: \_\_\_\_\_

If you need help with a back bill, indicate which weeks or months you are behind on:

\_\_\_\_\_  
\_\_\_\_\_

**Certification:** I do hereby swear and attest that all of the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Housing Authority IN WRITING within 10 days. WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

