



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 • 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 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 _____

1. Head of Household								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
								HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
2. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
3. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
4. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
5. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
6. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		





Income Limits for Emergency Assistance Program
 NEVADA 50%AMI
 Number of Persons in Family County

county	1	2	3	4	5	6	7	8
CARSON CITY	24,550	28,050	31,550	35,050	37,900	40,700	43,500	46,300
CHURCHILL	24,550	28,050	31,550	35,050	37,900	40,700	43,500	46,300
DOUGLAS	25,100	28,650	32,250	35,800	38,700	41,550	44,400	47,300
ELKO	29,200	33,350	37,500	41,650	45,000	48,350	51,650	55,000
ESMERALDA	24,550	28,050	31,550	35,050	37,900	40,700	43,500	46,300
EUREKA	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
HUMBOLDT	26,950	30,800	34,650	38,450	41,550	44,650	47,700	50,800
LANDER	28,950	33,100	37,250	41,350	44,700	48,000	51,300	54,600
LINCOLN	24,550	28,050	31,550	35,050	37,900	40,700	43,500	46,300
LYON	24,550	28,050	31,550	35,050	37,900	40,700	43,500	46,300
MINERAL	24,550	28,050	31,550	35,050	37,900	40,700	43,500	46,300
NYE	24,550	28,050	31,550	35,050	37,900	40,700	43,500	46,300
PERSHING	24,550	28,050	31,550	35,050	37,900	40,700	43,500	46,300
STOREY	25,750	29,400	33,100	36,750	39,700	42,650	45,600	48,550
WHITE PINE	25,200	28,800	32,400	35,950	38,850	41,750	44,600	47,500





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: _____





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 Emergency Assistance 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

