



## SECURITY DEPOSIT ASSISTANCE GRANT PROGRAM APPLICATION

### Qualifications

- Effective 10/1/14 the Security Deposit Grant program applicants and must reside in 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:

- 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 security deposit coordinator at (775) 886-7970 or [rsmith@nvrural.org](mailto:rsmith@nvrural.org) to check the status of your application. The security deposit coordinator will contact you if you are missing any required documents or send a denial letter.
- The security deposit assistance grant 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.
- **HCV participants:** The security deposit program does not share information with the Housing Choice Voucher program. You may contact your caseworker for HCV information.

Updated 4/25/16



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Income Limits for Security Deposit Assistance Grant 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 PINES	25,200	28,800	32,400	35,950	38,850	41,750	44,600	47,500



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## SECURITY DEPOSIT ASSISTANCE GRANT PROGRAM APPLICATION

❖ Please complete every section and answer every question thoroughly. If the answer is none then write none or N/A.

### A. Head of Household/Applicant Information

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix) \_\_\_\_\_  
 Current Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 PO Box Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
 Work Telephone Number \_\_\_\_\_ Message Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

1. Please choose one of the following race groups that closely identify with you:

- White  Black/African American  American Indian/Alaskan Native  Asian  
 Native Hawaiian/ Other Pacific Islander

2. What is your ethnicity?  Hispanic  Non Hispanic

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

4. Are you currently a 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 of inspection: \_\_\_\_\_

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						



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**C. Household 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 grant 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**



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**This page must be completed by Landlord/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 \$ \_\_\_\_\_ Original Security Deposit Amount \$ \_\_\_\_\_
- 8. Amount applied towards Security Deposit by Tenant \$ \_\_\_\_\_
- 9. Amount to be borrowed from NRHA Security Deposit Assistance Grant program \$ \_\_\_\_\_

- ❖ *NRHA Security Deposit Grant amount is a maximum \$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.*

Owner/Manager/Agent Name \_\_\_\_\_

Complex Name \_\_\_\_\_

Owner/Complex/Agent Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone number \_\_\_\_\_

**Owner/Manager/Agent Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_





**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: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER ONLY**

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

Does Schedule vary?  Yes  No **If yes**, please indicate: Min hours \_\_\_\_\_ Max hours \_\_\_\_\_

Did the employee have an increase in wages and/or hours?  Yes  No  
**If yes**, please provide effective date with increases: Date \_\_\_\_\_ Wages \$ \_\_\_\_\_ Hours \_\_\_\_\_

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



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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 Grant 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.

_____	_____	_____	_____
<b>Print Name of Head of Household</b>	<b>Signature</b>	<b>SSN</b>	<b>Date</b>
_____	_____	_____	_____
<b>Print Name of Spouse</b>	<b>Signature</b>	<b>SSN</b>	<b>Date</b>
_____	_____	_____	_____
<b>Print Name of Adult over 18 years</b>	<b>Signature</b>	<b>SSN</b>	<b>Date</b>
_____	_____	_____	_____
<b>Print Name of Adult over 18 years</b>	<b>Signature</b>	<b>SSN</b>	<b>Date</b>



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