

Attention

There are new requirements for the Emergency Assistance Program.

Rents will now have to be below the 50th Percentile (FMR) Fair Market Rent @ 110%

Please see the attached FMR worksheet



2019 SUCCESS RATE PAYMENT STANDARDS HOUSING CHOICE VOUCHER PROGRAM

Effective 1/1/20

COUNTY	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
CARSON	715	848	1091	1574	1916	2203
CHURCHILL	784	789	1039	1488	1637	1883
DOUGLAS	961	968	1219	1708	2141	2462
ELKO	740	882	1136	1639	1679	1931
ESMERALDA	511	596	785	1111	1224	1407
EUREKA	684	797	1050	1485	1636	1882
HUMBOLDT	728	850	1117	1392	1513	1740
LANDER	786	916	1206	1526	1879	2161
LINCOLN	552	713	847	1222	1320	1518
LYON	743	748	985	1422	1730	1989
MINERAL	511	654	785	1133	1224	1407
NYE	631	749	969	1301	*1435	1650
PERSHING	528	*616	810	1009	1262	1452
STOREY	823	997	1263	1823	2218	2551
WHITE PINE	694	911	1065	1522	*1527	1757

Asterisk * = 5% Decrease in FMR- Rent Reasonable Required

NOTE: The FMRs for unit sizes larger than 4 BRs are calculated by adding 15% to the 4 BR FMR for each extra bedroom. For example, the FMR for a 5 BR unit is 1.15 times the 4 BR FMR, and the FMR for a 6 BR unit is 1.30 times the 4 BR FMR. Be advised unit not only must be within Fair Market Rents, it must meet Rent Reasonable test.



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





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





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	24,400	27,900	31,400	34,850	37,650	40,450	43,250	46,050
CHURCHILL	24,400	27,900	31,400	34,850	37,650	40,450	43,250	46,050
DOUGLAS	25,550	29,200	32,850	36,500	39,450	42,350	45,300	48,200
ELKO	30,600	35,000	39,350	43,700	47,200	50,700	54,200	57,700
ESMERALDA	24,400	27,900	31,400	34,850	37,650	40,450	43,250	46,050
EUREKA	33,750	38,600	43,400	48,200	52,100	55,950	59,800	63,650
HUMBOLDT	27,650	31,600	35,550	39,450	42,650	45,800	48,950	52,100
LANDER	31,650	36,200	40,700	45,200	48,850	52,450	56,050	59,700
LINCOLN	24,400	27,900	31,400	34,850	37,650	40,450	43,250	46,050
LYON	24,400	27,900	31,400	34,850	37,650	40,450	43,250	46,050
MINERAL	24,400	27,900	31,400	34,850	37,650	40,450	43,250	46,050
NYE	24,400	27,900	31,400	34,850	37,650	40,450	43,250	46,050
PERSHING	24,400	27,900	31,400	34,850	37,650	40,450	43,250	46,050
STOREY	27,350	31,250	35,150	39,050	42,200	45,300	48,450	51,550
WHITE PINES	25,350	29,000	36,200	36,200	39,100	42,000	44,900	47,800





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

