NRHA COVID-19 Emergency Assistance Program

The NRHA COVID-19 Emergency Assistance program provides one-time funding to Nevada residents experiencing financial hardship due to the COVID-19 pandemic of 2020. This program provides financial assistance to Nevada residents who are having difficulty paying and/or staying current on their rent, mortgage or utilities. It also helps provide financial aid to individuals having trouble paying for groceries and household supplies that are necessary to maintain safety and well-being.

Qualifications:

- Must be a Nevada resident, residing within NRHA’s jurisdiction (excludes Clark and Washoe counties)
- Verifiable Income that does not exceed program income limits (50% AMI)
- Must not owe any money to Nevada Rural Housing Authority
- Required documents listed below that relate to your household
- At least (1) one household member must be a US citizen or Permanent Resident

Required Documents:

- Photo ID (all adults 18 years or older)
- Social Security Card for all members that have SS numbers (all adults 18 years or older)
- Proof of Household Income (employed, self-employed, unemployment, social security or pension, child support, TANF)
- Current Lease, mortgage, or utility bill (if requesting housing related assistance)

Examples of Qualifying Assistance:

- Delinquent on rent, mortgage or utilities due to reduction in income/loss of employment
- Food insecurity (lack of access to a sufficient quantity of affordable, nutritious food)
- Housing instability (homelessness, overcrowding)

Applications will be accepted by email, fax, mail or hand delivered to our office at 3695 Desatoya Drive, Carson City 89701. Application process time is typically within two weeks from the date of application submission. For questions, please contact our Emergency Assistance Coordinator at 775-886-7970 or via email at rsmith@nvrural.org
NRHA COVID-19 Emergency Assistance Application
Application period: April 20, 2020 – August 31, 2020

Applicant Information

First Name: ___________________ MI: _____ Last Name: ___________________
Address: _______________________________________________________________
City: _________________________ State: ___________ Zip: _______________
Daytime Phone: _____________ E-Mail Address: __________________________
Date of Birth: _____________ Age: __________ Gender: [ ] Male [ ] Female
Social Security Number: __________________________ Race: __________________
Household Size: _____________ Monthly Gross Income: $ _________________

Assistance Needed: 

☐ Rent (assistance will be paid directly to landlord) $ _______________
☐ Mortgage (assistance will be paid directly to mortgage company) $ _______________
☐ Utilities (Gas, propane, oil, water/sewer, electricity, other) $ _______________
☐ Food $ _______________
☐ Household supplies $ _______________
☐ Other ____________________________ $ _______________

Provide a brief explanation of your request for assistance:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Authorization for Release of Information

Certification
I certify that the information supplied is true and correct.

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 need to complete or verify my application for assistance with the NRHA COVID-19 Emergency Assistance Program.

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 statistics for grants and assistance.

_____________________________  ________________________________  _________
Print Name                  Signature                     Date

_____________________________  ________________________________  _________
Print Name                  Signature                     Date