

Attention

There are new requirements for the Security Deposit 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.



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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 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 HOUSING CHOICE VOUCHER **(SECTION 8) ASSISTANCE PAYMENT PROGRAMS**

NEVADA
50%
Very Low Income

NUMBER OF PERSONS IN FAMILY

county	1	2	3	4	5	6	7	8
CARSON CITY	26,350	30,100	33,850	37,600	40,650	43,650	46,650	49,650
CHURCHILL	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
DOUGLAS	26,400	30,200	33,950	37,700	40,750	43,750	46,750	49,800
ELKO	32,150	36,750	41,350	45,900	49,600	53,250	56,950	60,600
ESMERALDA	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
EUREKA	36,400	41,600	46,800	52,000	56,200	60,350	64,500	68,650
HUMBOLDT	29,800	34,050	38,300	42,550	46,000	49,400	52,800	56,200
LANDER	33,950	38,800	43,650	48,500	52,400	56,300	60,150	64,050
LINCOLN	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
LYON	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
MINERAL	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
NYE	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
PERSHING	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
STOREY	27,900	31,850	35,850	39,800	43,000	46,200	49,400	52,550
WHITE PINE	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500

Effective 5/19/20



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.

_____	_____	_____	_____
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



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