Attention

There are new requirements for the Security Deposit Program.

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

Please see the attached FMR worksheet
### 2021 FMR

**FMR effective 10/1/21**

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>0 BR</th>
<th>1 BR</th>
<th>2 BR</th>
<th>3 BR</th>
<th>4 BR</th>
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<td>1428</td>
<td>1780</td>
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<tr>
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<td>898</td>
<td>1255</td>
<td>1436</td>
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<tr>
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<td>1418</td>
<td>1790</td>
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</table>

**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.**
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 NRHA at (775) 887-1795 or operator@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 completed 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 5/29/2020
### Income Limits for Security Deposit Assistance Grant Program

**NEVADA 50%AMI**

**Number of Persons in Family County**

<table>
<thead>
<tr>
<th>County</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tr>
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<td>43,500</td>
<td>46,500</td>
<td>49,500</td>
</tr>
</tbody>
</table>

**Effective 5/19/2020**
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: __________________________

<table>
<thead>
<tr>
<th>Name (First, MI, Last)</th>
<th>Relationship To Head of Household</th>
<th>Sex M/F</th>
<th>DOB</th>
<th>Age</th>
<th>US Citizen/ Eligible Non Citizen Yes/No</th>
<th>Disabled Yes/No</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOH</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Type of Income</th>
<th>Monthly Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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: ______________

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY EMPLOYER ONLY</th>
</tr>
</thead>
</table>

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

3695 Desatoya Drive Carson City, NV 89701 • P: 775-887-1795 • F: 775-887-1798
DD: 800-545-1833 ext. 545 • nv rural.org • help@nv rural.org
This institution is an equal opportunity provider and 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 ___________