

SECURITY DEPOSIT ASSISTANCE GRANT PROGRAM APPLICATION

Qualifications

- Effective 10/1/14 Security Deposit Grant program applicants must reside in a Nevada Rural Housing 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 citizen or Permanent Resident
- Must be a Nevada Resident for 2 years prior to applying.
- Must meet current FAIR MARKET RENT LIMITS (FMR)

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.
- Applicant has been a Nevada Resident for less than 2 years prior to applying.



Required Documents

- Current Photo Identification/Driver's License (**For all Adults over 18 years old**)
- Legible Social Security Cards (**For all Adults over 18 years old**)
- Proof of **All Current Verifiable Household Income (Dated within the last 30 days)**
- Executed Rental Contract/Lease Agreement (**All pages are required**)
- Proof of 2-year Residence of Nevada:
Driver's License Utility Bills signed leases from the past 2 years

Note:

➤ **To avoid delays in processing, please make sure you provide a complete application and copies of all required documents that relate to your household.**

- It is your responsibility to contact Nevada Rural Housing at operator@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 a completed application submission.
- You may submit applications by email at operator@nvrural.org, or fax to (775) 887-1798, or mail to 3695 Desatoya Drive Carson City, NV 89701.
- For further assistance please call (775) 887-1795.

Updated 02/08/2023



3695 Desatoya Drive Carson City, NV 89701 • P: 775-887-1795 • F: 775-887-1798

DD: 800-326-6868 • NVRural.org • help@nvrural.org

This institution is an equal opportunity provider and employer



INCOME LIMITS FOR SECURITY DEPOSIT AND EMERGENCY ASSISTANCE PROGRAMS

NEVADA

50%

Income Limit

NUMBER OF PERSONS IN FAMILY

county	1	2	3	4	5	6	7	8
CARSON CITY	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
CHURCHILL	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
DOUGLAS	32,100	36,650	41,250	45,800	49,500	53,150	56,800	60,500
ELKO	37,350	42,700	48,050	53,350	57,650	61,900	66,200	70,450
ESMERALDA	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
EUREKA	35,900	41,000	46,150	51,250	55,350	59,450	63,550	67,650
HUMBOLDT	33,750	38,600	43,400	48,200	52,100	55,950	59,800	63,650
LANDER	38,400	43,850	49,350	54,800	59,200	63,600	68,000	72,350
LINCOLN	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
LYON	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
MINERAL	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
NYE	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
PERSHING	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
STOREY	34,650	39,600	44,550	49,450	53,450	57,400	61,350	65,300
WHITE PINE	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200

Effective 5/15/23

2023 FMR
FMR effective 3/1/23

COUNTY	0 BR	1 BR	2 BR	3 BR	4 BR
CARSON	906	1043	1355	1926	2308
CHURCHILL	763	889	1141	1622	1944
DOUGLAS	937	1145	1378	1958	2077
ELKO	931	1062	1393	1874	1952
ESMERALDA	742	843	1109	1569	1827
EUREKA	788	896	1179	1668	1943
HUMBOLDT	796	931	1191	1450	1963
LANDER	772	877	1155	1634	1903
LINCOLN	642	729	960	1358	1582
LYON	880	977	1157	1644	1971
MINERAL	986	1121	1475	2086	2431
NYE	746	848	1116	1468	1614
PERSHING	729	846	1091	1530	1798
STOREY	1151	1365	1722	2447	2933
WHITE PINE	819	931	1225	1551	2019

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

❖ 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: _____

5. Have you been a Nevada Resident for at least 2 years? Yes No
If yes, enter date you became a Nevada Resident. _____

Month
Year



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						

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



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 _____

Email _____

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 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

