

EMERGENCY ASSISTANCE PROGRAM APPLICATION

Qualifications

- Effective 10/15/17 the Emergency Assistance program applicants must reside in Nevada Rural Housing Authority jurisdiction. (Excludes Clark/Washoe County)
- **Must be a renter**
- Facing eviction or utility shut-off for non-payment.
- Facing eviction due to nonpayment of rent
- 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
- Must be a Nevada Resident for 2 years prior to applying.
- Must meet FAIR MARKET RENT LIMITS (FMR)

Disqualifications

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



Required Documents

- Current Photo Identification/Driver’s License (**All Adults over 18 years old**)
- Social Security Cards (**All adults over 18 years old**)
- Proof of **All** Current Household Income **Dated with in the last 30 days**
 - 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 (checking and Savings)
 - Whole Life Insurance
 - Retirement Accounts
 - Real Estate
 - Any other asset
- Executed Rental Contract/Lease Agreement (**All pages are required**)
- Current disconnect notice from Utility Company – If applicable
- Current letter from Landlord showing that you are behind in rent.
- Proof of 2-year Residence in Nevada (Driver's license, utility bills, signed lease)

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.



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.



Application for Emergency Assistance

Name _____ Date Submitted: _____
 Phone _____
 Number _____

Address _____

Street _____ City _____ State _____ Zip Code _____
 Email: _____

Have you been a Nevada Resident for at least 2 years? Yes NO

If yes, enter date you became a Nevada Resident. _____

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		



Who helps you pay your rent?

Housing or Government Agency Other: _____ No one. I pay for my rent

Income Source: _____

Monthly Gross Income \$ _____

Do you have savings or other liquid assets? Yes No Total amount: \$ _____

What type of unit do you have? Single-family home Multifamily home
 Apartment Townhouse Condo Other: _____

Number of bedrooms? 1 2 3 4 5 Other: _____

Check the boxes and fill in the blanks below to show the types and amounts of assistance you need.
Rent:

Enter late rent per month including late charges and then add total:

Rent \$ _____ \$ _____ \$ _____
 First Month Second Month Past Due Amount

Landlord Name: _____
Address: _____
Phone Number: _____
Email: _____

Utility

Gas Propane Oil Water/Sewer Electricity

\$ _____ \$ _____
 Cost Past Due Amount

Utility Company Name: _____
Phone number: _____





Home Heating Fuel Delivery

Gas Propane Oil Wood/Pellets Coal

\$ _____
Cost

\$ _____
Past Due Amount

Fuel Delivery Company Name:

Fuel Delivery Company Phone number:

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 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

