

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

Effective 5/15/23

## 2024 Fair Market Rents

FMR effective 11/16/2023

COUNTY	0 BR	1 BR	2 BR	3 BR	4 BR
CARSON	978	1132	1443	2033	2449
CHURCHILL	873	978	1285	1811	2181
DOUGLAS	1034	1260	1526	2150	2339
ELKO	1041	1169	1536	2012	2284
ESMERALDA	1037	1161	1526	2150	2552
EUREKA	934	1046	1374	1936	2298
HUMBOLDT	873	978	1285	1564	2149
LANDER	820	918	1206	1510	2017
LINCOLN	709	929	1043	1470	1745
LYON	1051	1099	1279	1802	2170
MINERAL	1083	1213	1594	2246	2666
NYE	818	965	1203	1630	1842
PERSHING	746	856	1097	1546	1835
STOREY	1160	1360	1711	2411	2887
WHITE PINE	907	1015	1334	1683	2231

**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.



3695 Desatoya Drive Carson City, NV 89701  
NVRural.org • help@nvrural.org

Phone: (775) 887-1795 • Fax: (775) 887-1798 • TTY: (800) 545-1833 ext. 545  
This institution is an equal opportunity provider and employer.



## 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.

<b>Print Name of Head of Household</b>	<b>Signature</b>	<b>SSN</b>	<b>Date</b>
<b>Print Name of Spouse</b>	<b>Signature</b>	<b>SSN</b>	<b>Date</b>
<b>Print Name of Adult over 18 years</b>	<b>Signature</b>	<b>SSN</b>	<b>Date</b>
<b>Print Name of Adult over 18 years</b>	<b>Signature</b>	<b>SSN</b>	<b>Date</b>

