



## EMERGENCY ASSISTANCE - PROGRAM APPLICATION

Nevada Rural Housing Authority (NRHA) provides Emergency Rental Assistance to eligible applicants residing in NRHA's jurisdictions (excludes Clark/Washoe County) who are facing eviction or utility shut-off due to non-payment.

To qualify, applicants must meet the requirements listed below and must provide all the required documents listed on page 2 of this application. Failure to provide the required documents may result in a delay in processing or cancellation of the file.

Applications are processed in the order they are received. The estimated processing time is approximately two weeks from the date a **complete application is received. To avoid delays in processing, please provide a complete application and copies of all required documents at the time of submission.**

Applications can be submitted via email to: [operator@nvrural.org](mailto:operator@nvrural.org), via fax at (775) 887-1798 or via mail at 3695 Desatoya Dr., Carson City, NV 89701.

For questions or additional information please contact (775) 887-1795.

### Requirements:

- Applicants/renters must be facing eviction or utility shut-off due to non-payment.
- Applicants must not owe any money to NRHA or other Housing Authorities.
- Applicants must be a Nevada Resident for 2 years prior to applying.
- Applicants must meet the current income & rent limits established for the program.
- Applicants must reside in the unit that requires assistance.
- At least (1) one household member must be a US citizen or Permanent Resident
- Landlord must be willing to cancel eviction and work with the tenant on any remaining balances.
- The Landlord/owner/manager cannot reside in the same unit/property that is requesting the emergency assistance.

### Disqualifications:

- Applicants cannot receive emergency assistance while receiving any other housing subsidy under any federal, state, or local housing assistance program.
- Applicants cannot receive emergency assistance if they've already received assistance within the last 24 months.



3695 Desatoya Drive Carson City, NV 89701  
NVRural.org • [help@nvrural.org](mailto: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.



## REQUIRED DOCUMENTS

**To avoid delays, please make sure all required documents are submitted along with the application request. Failure to provide the required documents may result in a delay in processing or cancellation of the file.**

- Current Government issued Identification/Driver's Linces (required for all adults over 18 years old)
- Legible social security card (required for all adults over 18 years old)
- Proof of all current household income (required for all adults in the household and must be dated within the last 30 days)
  - Paystubs
  - Social security or pension
  - Child support
  - TANF
  - Unemployment
  - Self-Employment
- Proof of all assets/ bank statements (required for all adults in the household and must be dated within the last 30 days)
  - Checking & savings bank statements
  - Retirement accounts
  - Whole Life Insurance
  - Real Estate
  - Any other assets available
- Signed lease agreement/ rental contract (all pages required)
- Current disconnect notice from utility company – if applicable
- Eviction Notice or Ledger showing current balance due
- Proof of 2-year residency in Nevada (i.e. Driver's license, utility bills, signed leases from the past 2 year)



**EMERGENCY ASSISTANCE & SECURITY DEPOSIT ASSISTANCE  
PROGRAM INCOME LIMITS**

**NEVADA  
50% AMI**

**Very Low-Income**

**Family Size**

<b>county</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>CARSON CITY</b>	32,350	36,950	41,550	46,150	49,850	53,550	57,250	60,950
<b>CHURCHILL</b>	33,350	38,100	42,850	47,600	51,450	55,250	59,050	62,850
<b>DOUGLAS</b>	35,250	40,300	45,350	50,350	54,400	58,450	62,450	66,500
<b>ELKO</b>	37,300	42,600	47,950	53,250	57,550	61,800	66,050	70,300
<b>ESMERALDA</b>	33,200	37,950	42,700	47,400	51,200	55,000	58,800	62,600
<b>EUREKA</b>	34,150	39,000	43,850	48,700	52,600	56,500	60,400	64,300
<b>HUMBOLDT</b>	32,350	36,950	41,550	46,150	49,850	53,550	57,250	60,950
<b>LANDER</b>	37,900	43,300	48,700	54,100	58,450	62,800	67,100	71,450
<b>LINCOLN</b>	32,350	36,950	41,550	46,150	49,850	53,550	57,250	60,950
<b>LYON</b>	32,350	36,950	41,550	46,150	49,850	53,550	57,250	60,950
<b>MINERAL</b>	32,350	36,950	41,550	46,150	49,850	53,550	57,250	60,950
<b>NYE</b>	32,350	36,950	41,550	46,150	49,850	53,550	57,250	60,950
<b>PERSHING</b>	32,350	36,950	41,550	46,150	49,850	53,550	57,250	60,950
<b>STOREY</b>	35,450	40,500	45,550	50,600	54,650	58,700	62,750	66,800
<b>WHITE PINE</b>	33,350	38,100	42,850	47,600	51,450	55,250	59,050	62,850

**Effective 04/01/2024**

## 2024 SUCCESS RATE PAYMENT STANDARDS 120% HCV/EAP/SD PROGRAMS

COUNTY	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
CARSON	1173	1358	1731	2439	2938	3379
CHURCHILL	1047	1173	1542	2173	2617	3009
DOUGLAS	1240	1512	1831	2580	2806	3227
ELKO	1249	1402	1843	2414	2740	3151
ESMERALDA	1244	1393	1831	2580	3062	3521
EUREKA	1120	1255	1648	2323	2757	3171
HUMBOLDT	1047	1173	1542	1876	2578	2965
LANDER	984	1101	1447	1812	2420	2783
LINCOLN	850	1114	1251	1764	2094	2408
LYON	1261	1318	1534	2162	2604	2994
MINERAL	1299	1455	1912	2695	3199	3679
NYE	981	1158	1443	1956	2210	2541
PERSHING	895	1027	1316	1855	2202	2532
STOREY	1392	1632	2053	2893	3464	3984
WHITE PINE	1088	1218	1600	2019	2677	3078

**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.*





**EMERGENCY ASSISTANCE – PROGRAM APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address:

street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you been a Nevada Resident for the last 2 years?  Yes  No  
 If yes, provide date when you became a Nevada Resident \_\_\_\_\_

1. Head of Household							
Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household	
						<b>Head of Household</b>	
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full- Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number		Alien Registration No.
2. Household Member							
Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household	
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full- Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number		Alien Registration No.
3. Household Member							
Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household	
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full- Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number		Alien Registration No.
4. Household Member							
Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household	
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full- Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number		Alien Registration No.
5. Household Member							
Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household	
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full- Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number		Alien Registration No.



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2. Do you receive housing assistance from any Government Agency or housing provider?  Yes  No

If yes, what program are you currently enrolled in? \_\_\_\_\_

Does anyone help you pay your rent?  Yes  No

If yes, who: \_\_\_\_\_

3. **Household Income Information** – Please provide proof of ALL income received such as paystubs, social security pension, retirement funds, child support, alimony, TANF, unemployment, self-employment, disability compensation, etc.

Household Member Name	Type of Income Received	Monthly Gross Income

4. **Assets** – If any of the following apply please provide bank statements for each account dated within the last 30 days (required for all adults over 18 years old)

Does anyone in your household have any liquid assets?  Yes  No

If yes, who: \_\_\_\_\_

Does anyone in your household have a checking account?  Yes  No

If yes, who: \_\_\_\_\_

Does anyone in your household have a savings account?  Yes  No

If yes, who: \_\_\_\_\_





**5. Unit Information**

Have you received an eviction notice?  Yes  No  
**\*\*If yes, please provide a copy of the eviction notice\*\***

Are you currently behind on rent?  Yes  No

Current monthly rent \$ \_\_\_\_\_ Current balance due \$ \_\_\_\_\_

Do you need assistance with Utilities?  Yes  No

If yes what utilities do you need assistance with:

Gas  Propane  Oil  Water/Sewer  Electricity

**\*\*Please provide a current utility statement showing the current balance due\*\***

**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 of Head of Household**

\_\_\_\_\_  
**Date**





**THIS PAGE MUST BE COMPLETED BY THE LANDLORD/MANAGER/AGENT.**

**4. Unit Information**

Applicants Name: \_\_\_\_\_

Rental Address: \_\_\_\_\_ Apartment/Unit Number: \_\_\_\_\_

County: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Unit Type:  Apartment/3 or more units       Row/Townhouse       Duplex/Twin  
 House/Detached       High Rise       Mobile/Manufactured Home

Number of Bedrooms: \_\_\_\_\_

Total number of household members: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Length of lease:  12 months     6 months     Month to month     other (specify): \_\_\_\_\_

Monthly Rent amount \$ \_\_\_\_\_ Current balance due \$ \_\_\_\_\_

Has an eviction notice been filed?  Yes       No

**If yes, please provide a copy of the eviction notice and current rent ledger.**

If approved, are you willing to cancel the eviction notice and work with the tenant on any remaining balances?  Yes       No

**Landlord Information – This information will be used to issue payment upon approval.**

Owner/Manager/Agent Name: \_\_\_\_\_

Apartment Complex Name: \_\_\_\_\_

Mailing address (*this is where the payment will be sent to*): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Owner/Manager/Agent Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the Landlord Page directly to operator@nvrural.org and include a copy of your W-9**







**AUTHORIZATION FOR RELEASE 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 purposes 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.

**SIGNATURES:**

_____	_____	_____
Head of Household Signature	Print Name	Date
_____	_____	_____
Spouse Signature	Print Name	Date
_____	_____	_____
Adult Member Signature	Print Name	Date
_____	_____	_____
Adult Member Signature	Print Name	Date

