



SECURITY DEPOSIT ASSISTANCE - PROGRAM APPLICATION

Nevada Rural Housing Authority (NRHA) provides Security Deposit Assistance to eligible applicants residing in NRHA's jurisdiction (excludes Clark/Washoe County). The assistance is a federally funded grant and does not have to be paid back. The Security Deposit Program is an alternative to security deposit payment plans.

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, 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 must not owe any money to NRHA or other Housing Authorities
- Applicants must reside in the unit that is requesting the security deposit assistance & must apply within the first 60 days of moving into the unit.
- Applicants must be a Nevada Resident for 2 years prior to applying.
- Applicants must meet the current income & rent limits established for the program.
- At least (1) one household member must be a US citizen or Permanent Resident
- Landlord must be willing to accept deposit after lease has been signed.
- If the applicant has already paid the security deposit in full prior to applying for the security deposit, the assistance request will be denied.
- The Landlord/owner/manager cannot reside in the same unit/property that is requesting the security deposit assistance.
- The security deposit assistance does not cover deposits for a room rental.



3695 Desatoya Drive Carson City, NV 89701
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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 Lincex (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

☐ Signed lease agreement/ rental contract (all pages required)

☐ 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

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





SECURITY DEPOSIT 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
						Head of 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.

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. Are you currently a participant in any of the following programs?

Housing Choice Voucher Program ☐ Yes ☐ No
(TBRA) Homeless Voucher Program ☐ Yes ☐ No
VASH Program ☐ Yes ☐ No
Are you a Veteran? ☐ Yes ☐ No

Prior living situation:

☐ Place not meant for habitation (e.g. vehicle, abandoned building, anywhere outside)
☐ Staying or living with friends, permanent tenure
☐ Rental with no housing subsidy
☐ Rental with ongoing housing subsidy

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

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 provided 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



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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): _____

Tenant (s) move in date: _____

Monthly Rent amount \$ _____ Original Security Deposit Amount \$ _____

Security deposit amount paid by tenant \$ _____

Current balance due for security deposit \$ _____

❖ **NRHA does not assist with "Non-Refundable" deposits.**

❖ **NRHA does not assist with "Pet" deposits.**

❖ **NRHA Security Deposit Grant amount is a maximum \$1,000.00**

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: _____



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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

