



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 application.**

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 housingassistance@nvrural.org, via fax at (775) 887-1798 or mailed to: 3695 Desatoya Dr., Carson City, NV 89701.

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

Eligibility Requirements:

- Applicants must not owe any money to NRHA or other Housing Authorities
- Applicants must reside in the unit that is requesting security deposit assistance **AND** 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 income & rent limits (Fair Market Rents) established for the program.
- At least (1) one household member must be a US citizen or Permanent Resident
- Landlord must be willing to accept security 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.
- Sublease arrangements or shared housing where the landlord & tenant occupy the same unit are not eligible.
- NRHA does not assist with "Non-Refundable" deposits or "pet" deposits.





REQUIRED DOCUMENTS

To be considered for assistance, applicants must submit all required documentation listed below. Incomplete application will not be processed and will be denied assistance.

- ☐ Complete and signed Security Deposit Assistance Application
- ☐ Proof of Nevada residency for the past two consecutive years (Proof may include driver's license/state ID, utility bills, lease agreements, or other documentation verifying Nevada residency during that period.)
- ☐ Current Government issued Identification/Driver's Linces (required for all adults over 18)
- ☐ Legible social security card (required for all adults over 18)
- ☐ Proof of household income (required for all adults in the household, 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)

Program Disclosure & Acknowledgement

By submitting this application, the applicant understands and agrees that applications missing required documentation will be considered incomplete and will not be processed until all items are received. NRHA reserves the right to request additional documentation as needed to verify eligibility, confirm property ownership or tenancy, and ensure program integrity. All payments will be made directly to the verified landlord or management company. No payments will be issued to applicants. Submission of an application does not guarantee approval, as assistance is subject to eligibility, available funding, and program priorities. Providing false or misleading information will result in denial of assistance.



**EVICTON MITIGATION AND SECURITY DEPOSIT ASSISTANCE PROGRAM
INCOME LIMITS**

NEVADA

60% AMI

Family Size

county	1	2	3	4	5	6	7	8
CARSON CITY	43,200	49,320	55,560	61,680	66,660	71,580	76,500	81,420
CHURCHILL	44,340	50,640	57,000	63,300	68,400	73,440	78,540	83,580
DOUGLAS	46,860	53,520	60,240	66,900	72,300	77,640	82,980	88,320
ELKO	46,860	53,520	60,240	66,900	72,300	77,640	82,980	88,320
ESMERALDA	47,820	54,600	61,500	68,280	73,740	79,260	84,720	90,180
EUREKA	43,200	49,320	55,560	61,680	66,660	71,580	76,500	81,420
HUMBOLDT	44,340	50,640	57,000	63,300	68,400	73,440	78,540	83,580
LANDER	44,340	50,640	57,000	63,300	68,400	73,440	78,540	83,580
LINCOLN	44,040	50,340	56,580	62,880	67,920	72,960	78,000	82,980
LYON	43,680	49,920	56,160	62,400	67,440	72,420	77,400	82,380
MINERAL	43,200	49,320	55,560	61,680	66,660	71,580	76,500	81,420
NYE	43,200	49,320	55,560	61,680	66,660	71,580	76,500	81,420
PERSHING	44,340	50,640	57,000	63,300	68,400	73,440	78,540	83,580
STOREY	49,080	56,100	63,120	70,080	75,720	81,300	86,940	92,520
WHITE PINE	44,760	51,120	57,540	63,900	69,060	74,160	79,260	84,360

Effective 10/01/2026

2027 Fair Market Rents (FMRs)

FMRs effective 10/01/2026

COUNTY	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
CARSON	1057	1131	1453	2012	2429	2793
CHURCHILL	1040	1047	1369	1896	2118	2436
DOUGLAS	1110	1219	1594	2207	2664	3064
ELKO	1045	1070	1400	1842	2340	2691
ESMERALDA	1019	1026	1342	1858	2243	2579
EUREKA	1008	1014	1327	1837	2218	2551
HUMBOLDT	947	953	1247	1547	2084	2397
LANDER	887	893	1168	1413	1952	2245
LINCOLN	824	920	1068	1479	1785	2053
LYON	1076	1082	1279	1771	2138	2459
MINERAL	950	956	1254	1744	2104	2420
NYE	877	900	1149	1591	1920	2208
PERSHING	783	855	1014	1404	1695	1949
STOREY	1279	1460	1837	2452	2842	3268
WHITE PINE	918	1021	1190	1571	1989	2287

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.





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 Yes No	U.S. Citizen Yes No	Full- Time Student Yes No	Race	Hispanic/Latino Yes No	Social Security Number	Alien Registration No.	
Household Members							
Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household	
Disability Yes No	U.S. Citizen Yes No	Full- Time Student Yes No	Race	Hispanic/Latino Yes 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
HUD-VASH Program ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No

3. Current Living Situation?

- ☐ Homeless -Place not meant for habitation (e.g. vehicle, abandoned building, anywhere outside)
☐ Homeless – Emergency Shelter
☐ Rental with no housing subsidy
☐ Rental with ongoing housing subsidy

4. Household Income Information – Please provide proof of ALL income received by all adult household members age 18 or older, including paystubs, social security benefits, pension, retirement funds, child support, alimony, TANF, unemployment, self-employment, disability compensation, and any other sources of income.

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





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

5. Landlord/ Property Manager Information

This section must be completed in full by the landlord, property manager, or authorized agent. Incomplete forms may delay processing or payment.

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 \$ _____

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: _____

W-9 Currently on file? ☐ Yes ☐ No

If no, please include a completed W-9 with this application.





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

