FOR RENT / LEASE

Please complete this form and fax back to the number at the bottom

Property Address: ______________________________________________________________

Property Zip Code: _________  Rent Per Month: $_________  Security Deposit: $ __________

Number of Bedrooms: __________________    Number of Bath Rooms: __________________

Unit Type:  (Apt., Condo, House..) __________________________________________________

Is this unit fully wheelchair accessible?                            Yes                        No

Contact Name: ______________________________      ________________________________
              (Last Name)                                                 (First Name)

Contact Phone Number: (_________) ______________________________

Move-In Date: _________________________________________________

Signature: ______________________________ Date: ___________________

ALL LISTINGS WILL BE REMOVED AFTER 60 DAYS.
YOU MAY ALSO LIST YOUR UNIT(S) ONLINE …     www.GoSection8.com

Southern Nevada Regional Housing Authority
HCV Department
380 N. Maryland Parkway
Las Vegas, NV  89101
(702) 477-3100

FAX: (702) 922-6929

For Rent - Lease
Revised 3-2017
Thank you for your interest in our Housing Choice Voucher (HCV) Program. Enclosed is a copy of the Owner’s Handbook, which contains information on our HCV Program and Unit Listing form. The Unit listing form may be used to list your available unit so that persons on the program can contact you about renting your unit or you can log onto our website at www.SNVRHA.org.

Please review the handbook. It contains valuable information. You may contact our main office at (702) 477-3100 for further clarification or an appointment.

Again, thank you for your interest in our HCV Program. We look forward to assisting you with your housing concerns. If you would like to list your available unit, you can do this via our website by logging onto www.snvrha.org. Please scroll to the right side of the first page under the heading of LANDLORDS then click on Landlord Web Form. Enter your last name first in the screen. The listing will remain on our landlord listing for 60 calendar days and then removed. If you lease the unit prior to 60 days, please advise our office. Listings are made available to clients with vouchers in our lobby and updated each Thursday. We do no refer clients to any landlord. The client selects the unit and will contact you, if they are interested in viewing your unit.

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority’s personnel [24 CFR § 982.552(c)(1)(ix.)]

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.