



**PREFERENCE: VETERANS STATUS**

- Yes  No Have you been discharged or released from active duty in the Armed Forces under honorable condition.
- Yes  No Are you a Veteran, spouse of a deceased Veteran and remain unmarried, or related to a deceased Veteran who was an immediate family member at the time of death (children, dependent, parent)?
- Yes  No Is the Veteran permanently absent from the household, but legally responsible for the support of one or more family members and the spouse is not remarried?

**INCOME:** Using the chart below, please calculate your **TOTAL HOUSEHOLD MONTHLY Income** from **ALL MEMBERS OF YOUR HOUSEHOLD**.

	<b>Monthly Income</b>		<b>Monthly Income</b>	(Before Deductions) <b>TOTAL MONTHLY HOUSEHOLD INCOME</b>
Wages		Child Support		
TANF		Disability Payments		
SSI/SSA		Pension		
Unemployment		Other- Explain		\$

Does any family member (who is listed on this application) owe any money to a Public Housing agency?  
 Yes  No If yes, state name of Public Agency and amount owed? *(If any family member owes any money, to any Housing Authority in the United States, make arrangements now to repay that Housing Authority, before your final eligibility interview.)*

Is the **Head or Co-head disabled** ?  Yes  No If yes, who? \_\_\_\_\_  
**Does anyone in the household need Reasonable Accommodation?** \_\_\_\_Yes \_\_\_\_No If yes, \_\_\_\_\_ please describe\_\_\_\_\_

<input type="checkbox"/> <b>Dorothy Kidd Mobile Home Park</b>	<b>*INCOME GUIDELINES</b>
<b>NOTE:</b>	<b>There are minimum and maximum limits</b>
Rents range from \$525 to \$575 based on lot size	<b>based on household composition.</b>
<b>* Income guidelines varies depending on family size</b>	

**SIGNATURES:**

In order to process this application, a **signature from Head and Co-Head (if applicable) is required**. If signatures are missing, this application will be considered incomplete, mailed back to you and you will be issued a new date and time of application when it is returned.

I/We understand it is **my/our obligation to report changes in 1) ADDRESS, 2) PHONE NUMBER, 3) INCOME, 4) FAMILY COMPOSITION and/or 5) PREFERENCES, IN WRITING, directly to the Housing Authority**, by mail or by visiting the office at 5390 E. Flamingo Road, Las Vegas, NV 89122. An update form can be downloaded from our website at [www.snrha.org](http://www.snrha.org). Changes must be reported within (10) working days of the change. If I/We cannot be contacted at the address provided, the application will be canceled, and I/We will have to reapply.

I/We declare and certify that the statements made and information supplied is true, complete and correct. I/We understand that false statements or information given may be punishable under federal law and/or will be sufficient cause for rejection of my application. I/We hereby authorize the Southern Nevada Regional Housing Authority to verify the information supplied on this application.

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Print Name – Head of Household \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Name – Spouse or Other Adult Family Member \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature of any person who assisted in filling out this application \_\_\_\_\_ Date \_\_\_\_\_

**All applicants, over age 18, will be subject to criminal background screening.**