



Please read carefully before completing

- **Must be current Nevada State Resident**
- **Note: Out of State applications will not be accepted**
 - **Must meet income limits at time of applying**
- **All applicants will receive a decision of waitlist letter in the mail**
- **No appointments will be given or accepted at time of application process**

<i>Household Size</i>	<i>30% Minimum Income</i>	<i>50% Maximum Income</i>
<i>3</i>	<i>\$1,701.66</i>	<i>\$2,362.50</i>
<i>4</i>	<i>\$2,050.00</i>	<i>\$2,620.83</i>
<i>5</i>	<i>\$2,398.33</i>	<i>\$2,833.33</i>
<i>6</i>	<i>\$2,746.66</i>	<i>\$3,041.66</i>
<i>7</i>	<i>\$3,095.00</i>	<i>\$3,250.00</i>
<i>8</i>	<i>\$3,433.33</i>	<i>\$3,462.50</i>
<i>9</i>	<i>\$3,670.83</i>	<i>\$3,738.83</i>
<i>10</i>	<i>\$3,879.16</i>	<i>\$3,947.16</i>

Effective 04/28/2017

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**.

	Monthly Income		Monthly Income	(Before Deductions) TOTAL MONTHLY HOUSEHOLD INCOME
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"/> Neighborhood Stabilization Program (City)	*INCOME GUIDELINES
NOTE:	There are minimum and maximum limits
Rents range from \$600 to \$900 and vary based bedroom size	based on household composition.
* Income guidelines varies depending on family size	

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 on our website at 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.

Print Name – Head of Household	Signature	Date
Print Name – Spouse or Other Adult Family Member	Signature	Date
Signature of any person who assisted in filling out this application	Date	

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