



PRELIMINARY APPLICATION (CITY)
Affordable Housing- Neighborhood Stabilization Program
 SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
 5390 E. Flamingo Rd, Las Vegas, NV 89122-5335 (East Campus)
 Phone: (702) 451-8041 TTY: (702) 433-1472
 Visit our website at: www.snrha.org

Office Use Only	
Resident ID: _____	By: _____
Date Entered: _____	By: _____
DATE & TIME RECEIVED	

This form MUST BE COMPLETED IN INK.

To properly assist you, we MUST HAVE ACCURATE AND COMPLETE INFORMATION
ALL questions must be answered. If the question does not apply, write "N/A" or "NONE".
 Failure to answer all questions may delay your interview and/or eligibility determination.

Total number of people who will be living in the unit? (including yourself) _____
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MAILING ADDRESS:					Home Phone Number: (____) _____ Ext. _____			RACE You may specify more than one race code per family member				Ethnicity CHECK ONLY ONE			
Number _____ Street _____ Apt. # _____					Work Phone Number: (____) _____ Ext. _____										
City _____ State _____ Zip Code _____					Cell Phone Number: (____) _____										
					E-Mail: _____										
ABOUT YOUR FAMILY LIST EACH MEMBER INCLUDING YOURSELF THAT WILL BE LIVING IN YOUR HOUSEHOLD. PLEASE PRINT CLEARLY.								MARITAL STATUS		1 = White 2 = Black 3 = American Indian/ Alaskan Native 4 = Asian 5 = Native Hawaiian/ Pacific Islander				HISPANIC (1) NON-HISPANIC (2)	
								M = Married S = Single C = Separated D = Divorced W = Widowed U = Unknown L = Legal Separation							
		LAST NAME	FIRST NAME	M.I.	SEX M/F	SOCIAL SECURITY NUMBER	DATE OF BIRTH MO-DA-YYYY	Relationship to Head of Household							
1	HEAD														
2	Co-Head														
3	Member														
4	Member														
5	Member														
6	Member														
7	Member														
8	Member														

