PRELIMINARY APPLICATION (COUNTY)

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 TYY: (702) 433-1472
Visit our website at: **www.snvrha.org**

Office Use Only
Resident ID: _____
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) _____

MAILING ADDRESS:

Number Street Apt. #

City State Zip Code

Home Phone Number: (_____)_____Ext._____
Work Phone Number: (_____)_____Ext._____
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
M = Married
S = Single
C= Separated
D = Divorced
W = Widowed
U = Unknown
L = Legal Separation

RACE
You may specify more than one race code per family member
1 = White
2 = Black
3 = American Indian/ Alaskan Native
4 = Asian
5 = Native Hawaiian/ Pacific Islander

Ethnicity
CHECK ONLY ONE

		LAST NAME	FIRST NAME	M.I.	SEX M/F	SOCIAL SECURITY NUMBER	DATE OF BIRTH *MO-DA-YYYY*	Relationship to Head of Household	MARITAL STATUS	RACE **Primary** (Write One Number)	RACE **Other** (Write any other Numbers)	HISPANIC (1)	NON-HISPANIC (2)
1	**HEAD**												
2	Co-Head												
3	Member												
4	Member												
5	Member												
6	Member												
7	Member												
8	Member												

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_____

☐ **Neighborhood Stabilization Program: (County)** Single Family Homes 3,4,5 bedroom	***INCOME GUIDELINES**
NOTE:	**Min. $1366.00 PER MONTH**
Rents range from $653.00 to $804.00 per month depending on the bedroom size.	**Max. $ 3833.00 PER MONTH**
*** 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.snvrha.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.