



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY  
 Admissions Department: 5390 East Flamingo Road, Las Vegas, NV 89122-5335  
 Phone: (702) 477-3100 TTY: (702) 387-1898 Visit our website at: [www.snrha.org](http://www.snrha.org)

DATE: \_\_\_\_\_ APPLICATION ACCEPTED & REVIEWED BY: \_\_\_\_\_ APPLICATION # \_\_\_\_\_ INPUT BY: \_\_\_\_\_

**INITIAL PRELIMINARY APPLICATION (PLEASE PRINT CLEARLY)**

Do you require future correspondence in a format other than written English, such as: SPANISH, LARGER FONT, OTHER? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, what format do you require? \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN INK.** We will not accept applications completed in pencil. 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.

MAILING ADDRESS: \_\_\_\_\_  
 Number Street Apt. # City State Zip Code

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

**ABOUT YOUR FAMILY:** List each member, including yourself, that will be living in your household.

		LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX M / F	SOCIAL SECURITY NUMBER	DATE OF BIRTH MO-DA-YYYY	RELATIONSHIP TO HEAD OF HOUSEHOLD	<b>RACE</b> 1= White 2= Black 3=American Indian/ Alaskan Native 4= Asian 5= Native Hawaiian/ Pacific Islander	<b>ETHNICITY</b> 1= Hispanic 2= Non-Hispanic
1	HEAD									
2	SPOUSE/ CO-HEAD									

**Other Household Members:**

1) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age    2) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age    3) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age    4) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age

5) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age    6) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age    7) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age    8) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age

**OTHER HOUSEHOLD MEMBER INFORMATION:**

Is the Head, Spouse or Co-Head Disabled? Yes \_\_\_\_ No \_\_\_\_ If yes, who? \_\_\_\_\_

Do you or any member of your household have a disability that requires any of the following (check all that apply):

\_\_\_\_ Unit for Hearing impaired    \_\_\_\_ Unit for Visually Impaired    \_\_\_\_ Wheelchair accessible unit: Name of person requiring the items checked: \_\_\_\_\_

4WEB PRELIMINARY APPLICATION - PATRIOTS PLACE 5-1-17-7-31-17 English.docx The Southern Nevada Regional Housing Authority shall not discriminate against anyone because of race, color, sex, religion, familial status, disability, gender identification, national origin, marital status, or sexual orientation in providing housing assistance. Information provided to SNRHA will be kept confidential and used solely to determine housing eligibility and unit type. Please be advised that results of criminal screening (which may include FBI checks) may be grounds for denial of housing. **The Southern Nevada Regional Housing Authority** 5390 E.

Does your household meet the definition of homeless? (Family lacks a fixed regular and adequate night time residence, or has a primary night time residence that is a supervised publicly or privately operated shelter to provide temporary living accommodations, such as welfare voucher hotels, congregate shelters or transitional housing designed for homeless persons, or a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.) \_\_\_ Yes \_\_\_ No.

Is anyone in your household a US Citizen? \_\_\_ Yes \_\_\_ No. If no, does at least one household member have eligible INS status? \_\_\_ Yes \_\_\_ No

**INCOME:** Please indicate the TOTAL MONTHLY OR ANNUAL HOUSEHOLD INCOME for ALL members of this applicant household, from all sources.

**Total Monthly/Annual Household Income from all sources for all Household members.** \$ \_\_\_\_\_ \_\_\_Month \_\_\_Annual

**PREFERENCES:**

Is the Head/Spouse/Co-Head a Veteran? YES \_\_\_ NO \_\_\_; The Spouse of a Deceased Veteran whose death was service connected? YES \_\_\_ NO \_\_\_; A Disabled Veteran with a Service Connected Disability? YES \_\_\_ NO \_\_\_

Is the Head/Spouse/Co-Head a full time student enrolled in an accredited program? YES \_\_\_ NO \_\_\_, Employed at least 20 hours per week? YES \_\_\_ NO \_\_\_ Receiving SSI/SSD or any disability pension? YES \_\_\_ NO \_\_\_, 62 year of age or older? YES \_\_\_ NO \_\_\_

Does Head/Spouse/Co-Head: Currently live, work, or has been hired to work, in Clark County? YES \_\_\_ NO \_\_\_

**If a balance is owed to any Housing Authority or Subsidized Housing Program, the balance MUST BE PAID IN FULL in order to be eligible for our program(s).**

Are you or anyone in your household a registered sex offender? \_\_\_ Yes \_\_\_ No. If yes, name of household member: \_\_\_\_\_

**Please indicate what program(s) you are most interested in by placing check mark on selected line(s):**

\_\_\_\_\_ ***Patriots Place Apartments Las Vegas (1, 2, bedroom)***

**Reasonable Accommodations:** I understand that if I am disabled, I have the right to request a reasonable accommodation to make services and programs accessible, and request must be submitted in writing to SNRHA for review and approval.

**Criminal and Administrative Actions for False Information:** I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information may be considered fraud and is grounds for denial of assistance, termination of housing assistance and/or eviction from public housing. Financial assistance in the form of housing subsidy is contingent upon submission and verification, as appropriate, of the evidence of citizenship or eligible immigration status. I swear that I have honestly reported the citizenship of myself and anyone whom I am applying for.

I certify under penalty of perjury, my answers are correct and complete to the best of my knowledge and ability.

**Signatures and Date of Head of Household and Spouse/Co-Head:**

1) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ INDICATE IF YOU UNDERSTOOD THIS APPLICATION: YES \_\_\_ NO \_\_\_

2) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ INDICATE IF YOU UNDERSTOOD THIS APPLICATION: YES \_\_\_ NO \_\_\_

**If this application was completed by someone other than the Head of Household or Spouse/Co-Head of the applicant household, please complete:**

**Name (print clearly):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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