



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.snvrha.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	RACE 1= White 2= Black 3=American Indian/ Alaskan Native 4= Asian 5= Native Hawaiian/ Pacific Islander	ETHNICITY 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: _____

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):

- ___ Espinoza Terrace (Henderson) (0/1,2 bedrooms) *Until 6/30/17* ___ Designated Elderly (0/1 bedroom) *Until 8/31/17* ___ Conventional Public Housing (1 & 4 bedrooms) *Until 7/31/17*
- ___ Conventional Public Housing (2 & 3 bedrooms) *Until 8/31/17* ___ Vera Johnson A – Mixed Finance (2 bedrooms) *Until 6/30/17*
- ___ Vera Johnson B – PBVRAD (2 bedrooms) *Until 6/30/17* ___ Biegger Estates-PBVRAD (2 bedrooms) *Until 8/31/17* ___ Biegger Estates-PBVRAD (4 bedrooms) *Until 6/30/17*
- ___ Landsman Gardens - PBVRAD (4 bedrooms) *Until 6/30/17* ___ Landsman Gardens – PBVRAD (5 bedrooms) *Until 8/31/17*

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:** _____