

PRELIMINARY APPLICATION

Affordable Housing- Neighborhood Stabilization Program

SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY

5390 E. Flamingo Rd, Las Vegas, NV 89122-5335 (East Campus)

Phone: (702) 477-3385 TYY: (702) 433-1472

Visit our website at: www.snvrha.org

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

Deadline 11/10/23 5:00PM or when 100 applications received

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 ADD	RESS:				Home Phone Number: (_)						
	Number City	Street State	Apt.#			Work Phone Number: (Cell Phone Number: (E-Mail:)			You may specify mor	RACE e than one race code per / member	Ethn CHE ON	ECK ILY
		LIST EACH MEMBER THAT WILL BE LIVING	DUR FAMILY INCLUDING YOURSELF IN YOUR HOUSEHOLD. NT CLEARLY.						MARITAL STATUS M = Married S = Single C = Separated D = Divorced	1 = White 2 = Black 3 = American Indian, Alaskan Native 4 = Asian 5 = Native Hawaiian, Pacific Islander		(1)	ANIC (2)
		LAST NAME	FIRST NAME	M.I.	SEX M/F	SOCIAL SECURITY NUMBER	DATE OF BIRTH <i>MO-DA-YYYY</i>	Relationship to Head of Household	W = Widowed U = Unknown L = Legal Separation	Primary (Write <u>One</u> Number)	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												

□ Yes	□ No Have yo condition.	ou been discharged or	released from active duty	in the Armed Ford	es under honoral	ble
□ Yes			a deceased Veteran and rethe time of death (childre			ceased Veteran who was an
□ Yes		eteran permanently a rs and the spouse is n		, but legally respo	nsible for the sup	port of one or more family
INCOM	IE: Using the chart below HOUSEHOLD.	ι, please calculate yοι	ır <mark>TOTAL HOUSEHOLD MC</mark>	NTHLY Income fro	om <u>ALL</u> MEMBERS	S OF YOUR
		Monthly Income	<u> </u>	Mo	onthly Income	(Before Deductions)
	Wages	, ,,		Support		TOTAL MONTHLY
						HOUSEHOLD INCOME
	TANF		Disability P			
	SSI/SSA Unemployment		Other	Pension - Explain		\$
	ghborhood Stabiliza	tion Program: Sir only	ngle Family Homes 4 E	Bedroom waitli		OME GUIDELINES
OTE:		only	ngle Family Homes 4 E	Bedroom waitlis	There a	are minimum and
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OTE: Dedroo		only 00/mo		Bedroom waitlis	There a	are minimum and
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All applicants, over age 18, will be subject to criminal background screening.