



Executive Director
Hilary Lopez, Ph.D.

Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512
775.786.1712 Fax 385.770.7166 TDD
775.329.3630 RenoHA.org

Homeless Prevention Program Emergency Rental Assistance Application

ATTENTION:

BEFORE completing this application, please **READ** this page to ensure you are eligible for Homeless Prevention Program assistance. Applications that indicate you are not eligible will be denied.

Are you being evicted for **non-payment of rent because of an emergency situation you have had in the last 90 days?** (Examples of emergencies: medical event, job loss, death in the family, accident, etc.)

- If yes, you might be eligible for an Emergency Assistance Payment to pay your back rent, up to a maximum of two months.
- If you have not received an eviction notice **yet**, you are not currently eligible for this program.
- If you are being evicted for a reason other than non-payment of rent, you are not eligible for this program.

You must provide the following documentation before RHA can provide assistance:

- Completed application
- Government-issued photo ID for all adult household members.
- Proof of all household income
- Proof of household assets (if over \$50,000)
- Proof of emergency situation
- Proof of pending eviction or utility shut-off notice
- Lease
- Ledger

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.

RENO HOUSING AUTHORITY HOMELESS PREVENTION PROGRAM APPLICATION FOR EMERGENCY RENTAL ASSISTANCE

**PLEASE PRINT ALL INFORMATION CLEARLY.
YOU MUST ANSWER ALL QUESTIONS OR THE APPLICATION WILL BE RETURNED TO YOU.**

RHA reserves the right to obtain verification of the information provided herein.

Physical Address:	City:	State	Zip Code:
Mailing Address (If different than Physical Address):	City:	State	Zip Code:
E-Mail Address:		Area Code and Telephone No. ()	

PART A: ELIGIBILITY

Have you lived in the state of Nevada for at least the last two (2) years? Yes No

If you answered 'No' above, STOP HERE. You are not eligible for the Emergency Assistance Payment. If you answered 'Yes', proceed to questions a. and b., below.

- a. Are you facing eviction **for non-payment of rent**? If yes, provide a copy of the eviction notice. Yes No
- b. Are you facing a shut-off of utility service (gas, electric, water, trash) due to non-payment? If yes, provide a copy of the utility shut-off notice. Yes No

If you answered 'No' to both a. and b. above, STOP HERE. You are not eligible for the Emergency Assistance Payment. If you answered 'Yes' to either a. or b., proceed to question c., below.

- c. Have you already been locked out of your unit? Yes No

If you answer 'Yes', STOP HERE. You are not eligible for the Emergency Assistance Payment. If you answered 'No' to c., proceed to questions d., and e., below.

- d. Is the reason you cannot afford to pay your unpaid rent and/or utilities because of an emergency situation (indicate below) that occurred in the last 90 days? If yes, provide documentation such as bills, accident report, employment termination, etc. Yes No
Emergency Situation (Circle One): medical event, job loss, death in the family, accident, or other emergency within the last 90 days.
- e. Is the total amount of the costs associated with the emergency situation equal to at least one month of rent in your current unit? If yes, provide documentation such as bills, invoices, receipts. Yes No

If you answered 'No' to either d. or e. above, STOP HERE. You are not eligible for the Emergency Assistance Payment. If you answered 'Yes' to either d. or e., proceed with the application below.

PART B: HOUSEHOLD COMPOSITION

List **ALL** persons who live with you. **Submit a copy of each adult's valid government-issued picture identification (ID) with this application.**

1. Head of Household	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:



2. Spouse/ Co-Head	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
3. Other Family Member	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
4. Other Family Member	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
5. Other Family Member	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
6. Other Family Member	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:

*If you have more than 6 family members, please use a separate sheet of paper to list the additional members.

PART C: PROGRAM INTEGRITY INFORMATION

1. Have you or any household member ever used a first/last name other than the one you are using now? Yes No
If yes, what name? _____
2. Have you or any household member ever used a social security number other than the one you listed on this application? Yes No
If yes, provide previously used social security number(s) _____
3. Name of current landlord or name of apartment complex _____
Landlord/complex mailing address _____
Landlord phone # _____ Landlord email _____
Total Monthly Rent \$ _____ Bedroom Size _____



PART D: INCOME INFORMATION

***Provide proof of income, including copies of 4-6 current and consecutive paycheck stubs, award letters, pension statements, etc. with this application.**

Source of Income	Income	Name of Family Member(s)
Employer: Address:	Rate of Pay: _____ # of hours per week: _____	
Employer: Address:	Rate of Pay: _____ # of hours per week: _____	
Employer: Address:	Rate of Pay: _____ # of hours per week: _____	
Self-employment	\$	
Unemployment	\$	
TANF (Cash Aid)	\$	
Child Support for _____	\$	
Child Support for _____	\$	
Child Support for _____	\$	
Spousal Support	\$	
Military pay	\$	
Pension, retirement, Annuity, etc.	\$	
Social Security	\$	
SSI – Social Security Supplemental Income	\$	
SSD – Social Security Disability	\$	
Disability Payments - NOT through Social Security	\$	
Cash contributions from someone outside household	\$	
Other (specify: _____)	\$	
Other (specify: _____)	\$	
Other (specify: _____)	\$	

If more space is needed for income, write on a clean sheet of paper and attach to the application.

1. Does anyone outside of your household (other than individuals listed on this application) pay any of your bills? Yes No

2. Do you or does any household member receive money to pay bills from someone outside of your household? Yes No
 If yes, household member receiving income _____ Amount \$ _____
 Name and address of party paying the bills _____



PART E: ASSETS

The following items are considered assets: checking accounts; savings accounts; money market funds; retirement accounts (IRA, 401k, etc.); trust funds; annuities; cryptocurrency; stocks; bonds; certificates of deposit (CDs); treasury bills; whole life insurance policies; real estate; personal property being held as an investment.

Please check the box that applies:

I certify that **no one** in my household has any assets.

I declare that my household has the following assets:

Member Name	Type of Asset	Current Balance/ Cash Value	Name of Bank / Financial Institution
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

APPLICANT CERTIFICATION – Please Initial Each Line

_____ I/we certify that my household has not already been provided rental assistance, through any other program, that covers the costs requested in this application.

_____ I/we certify that the information given to RHA on family composition and characteristics, income, assets, and expenses, is accurate and complete.

_____ I/we understand that failure to provide requested documentation will result in the denial of my application.

_____ I/we understand that false statements or information are grounds for denial or termination of assistance and may result in collections for amounts paid in error.

_____ I/we understand that my household will receive a maximum of two (2) months of rental assistance and will not be eligible to receive additional assistance through this program within three (3) years from the date of approval.

_____ I/we understand that that any rental assistance payment will be paid directly to the property owner or manager.

_____ I/we understand that the property owner or manager must agree to accept payment on my behalf and must provide any requested documentation to determine eligibility and should the property owner or manager choose not to participate, my application will be denied.

_____ I/we understand that if this application is denied, I/we will be ineligible to apply for future assistance for 90 days from the date of the denial.

WARNING: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

Signature of Head of Household: _____

Date: _____

Signature of Spouse/Co-Head: _____

Date: _____

Signature of other adult: _____

Date: _____

Signature of other adult: _____

Date: _____



DO NOT WRITE IN THIS SPACE – FOR RHA USE ONLY:

Date / Time Application Received:

