



Executive Director
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LANDLORD INCENTIVE PROGRAM REQUEST FOR SECOND MONTH RENT

Updated 7/1/2024

Owner/Manager Name: _____ Phone Number: _____

Date of Request: _____ Date Unit Vacated: _____

Tenant Name: _____ Client #: _____

Unit Address: _____

As an owner/manager participating in the Housing Choice Voucher (HCV) program, you may request a payment in the amount of one additional month's Housing Assistance Payment (HAP) upon discovery of damages after move-out which exceed the tenant's security deposit. **To qualify for this additional payment, a copy of the deposit accounting must be provided.**

All requests must be received by RHA no later than 30 calendar days from the date the unit was vacated.

Owner/Manager Signature: _____ Date: _____

RHA Use Only

Required Documentation Received: **Y N** Approved: _____ Denied: _____

RHA Management Signature: _____ Date: _____

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 lenguaje en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.