



REQUEST TO ADD A MEMBER TO MY APPLICATION
ADMISSIONS

Name of Head of Household: Client #

This form must be completed by the adult who is requesting to be added to the household.

If the member being added is a minor, the minor's guardian must answer the following questions on the minor's behalf.

The head of the household must also sign and date this request.

The person being added is:

- Other Adult Live-in Attendant
Minor -The adult responsible for the minor being added must provide answers on behalf of the minor.

DEMOGRAPHIC INFORMATION

Last name of Adult or Minor being added:

First name of Adult or Minor being added:

Social Security number of Adult or Minor being added:

Date of Birth of Adult or Minor being added:

Sex: Male Female

RACE:

- White Black American Indian or Alaskan Native Asian Pacific Islander

ETHNICITY:

- Hispanic Non-Hispanic

Phone number of Adult or Minor being added:

Reason for adding the adult or Minor to the application:

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.



PROGRAM INTEGRITY INFORMATION

1. Have you ever used a social security number other than the one provided above? YES NO

2. Have you ever committed fraud in connection with any federally-assisted housing program? YES NO
 If yes, Please explain _____

3. Are you currently residing, or have you ever resided in HUD subsidized housing? YES NO

4. Do you owe money to any HUD subsidized housing complex or Housing Authority? YES NO
 If yes, How Much do you owe? \$ _____
 Name of HUD Subsidize housing complex or Housing Authority _____
 Address _____

5. Have you ever been convicted of a crime other than a traffic violation? YES NO
 If yes, Year? _____

6. Are you required to register as a sex offender? YES NO

7. Have you ever been engaged in violent criminal activity or drug-related activity? YES NO

8. Have you ever been convicted of manufacturing or producing methamphetamine(speed) on the premises of public or assisted housing? YES NO

9. Do you have any pets? YES NO

10. Is this pet(s) a service or companion animal? YES NO

11. Is there a Doctor or medical professional that can confirm this pet is needed as a service or companion animal due to a disability?
 If Yes, Name of Doctor or medical Professional _____
 Address _____
 Phone _____

12. Are you requesting a barrier free or wheelchair accessible unit? YES NO
13. Are stairs or steps to access the unit acceptable? YES NO

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.



RENTAL HISTORY OF ADULT OR MINOR BEING ADDED

Within the last 3 years, I am or was responsible on a signed lease agreement at the following address:

1. Rental Address:
Name of apartment complex or Landlord/Manager mailing address:

I still reside here. Move Out Date:
Month Year

2. Rental Address:
Name of apartment complex or Landlord/Manager mailing address:

I still reside here. Move Out Date:
Month Year

Within the last 3 years, I have resided as follows:

(check all that apply)

- Family & Friends. Shelters. Motels. I rent or rented a room

The following question applies to the adult or Minor being added to your application.

- I currently receive HUD subsidized housing assistance.
I received HUD subsidized housing assistance.

Name: From: to
Month Year Month Year

Name of housing agency / HUD subsidized complex:

Subsidized unit address:

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.



INCOME OF THE ADULT OR MINOR BEING ADDED

Provide complete income information for the ADULT or MINOR being added.

Employed YES NO

Self Employed YES NO

Name of current employer: _____

Address of current employer: _____

Phone: _____ Hours per week: _____ Amount paid per hour \$ _____

TANF YES NO AMOUNT \$ _____

Child Support YES NO AMOUNT \$ _____

Family Support YES NO AMOUNT \$ _____

Spousal Support YES NO AMOUNT \$ _____

Pension Retirement YES NO AMOUNT \$ _____

Unemployment YES NO AMOUNT \$ _____

Social Security YES NO AMOUNT \$ _____

SSI YES NO AMOUNT \$ _____

SSD YES NO AMOUNT \$ _____

Financial Aid YES NO AMOUNT \$ _____

Military Pay YES NO AMOUNT \$ _____

Other YES NO AMOUNT \$ _____

Please list and explain Other: _____

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.



ALLOWABLE EXPENSES OF THE ADULT OR MINOR BEING ADDED

(Live in Aide does not qualify for expense deduction)

Provide complete information for the ADULT or MINOR being added.

- 1. Is the minor being added 12 or younger and are you paying childcare for this Minor? YES NO

If yes, please specify:

Child care provider's name:

Complete address

Phone number:

Amount paid per week/month: \$

- 2. Is the Applicant paying for a care attendant for any household member with disabilities or paying for any equipment that is necessary to permit the person or someone else in the family to work? YES NO

If yes, please specify:

Care attendant's name:

Complete address:

Phone number:

Amount you pay per week/month: \$

Equipment type:

Amount you pay per week/ month: \$

- 3. Is the Head of Household or Co-Head elderly or disabled? YES NO

If yes, does the Adult being added have any unreimbursed medical expenses such as Medicare, supplemental health care insurance, prescriptions, doctor bills, medical equipment expenses? YES NO

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.



APPLICANT BEING ADDED AND HEAD OF HOUSEHOLD CERTIFICATION

We certify that the preceding information given to the Reno Housing Authority about the applicant to be added to my application concerning household composition, income, assets, allowances and deductions is accurate and complete to the best of our knowledge and belief. We also understand that false statements or information, are grounds for denial of my application, termination of housing assistance or termination of tenancy. We also understand that we (both the applicant and head of household) must report **all changes of income, deductions, assets, household composition, mailing address, and housing need in writing within 10 days** of the change.

If the applicant is a Live-in Aide, we (the applicant and the household member) certify that the individual is not obligated for the support of any household members and that the individual would not be living in the unit except to provide the necessary supportive services.

The RHA will verify your answers on this application through a combination of utilizing national databases and third party verifications. The Housing Authority reserves the right to complete credit and/ or criminal history checks.

Failure to answer all questions completely may result in the denial of an applicant. Falsified answers may result in the withdrawal of the application for the entire household.

Signature of ADULT requesting to be added to my application

Date

Signature of LIVE-IN ATTENDANT requesting to be added to my application.

Date

Signature of ADULT RESPONSIBLE / GUARDIAN of the Minor requesting to be added to my application.

Date

Signature of Head of Household

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.



MOST COMMON DOCUMENTS NEEDED

Adult:

- Social Security Card
- Valid state or government issued identification
- Proof of income
- Public Housing only: Two (2) personal reference letters.

Minor:

- Social Security Card
- Proof of Identity. You must provide one of the following options: An original government-issued birth certificate or Certified Copy; an original confirmation of birth; a NUMIDENT (The Housing Authority can provide you with a printed form to order this upon request); a current or recently expired (within the last 6 months) passport; an original VA-certified copy of DD214; a valid Certificate of Naturalization; a valid Permanent Resident Alien card

Live-in Attendant:

- Social Security card
- Valid state or government issued identification
- Public Housing only: Two (2) personal reference letters
- Timeline certification for a Live-in Attendant Form(will be provided)

- An admissions staff member will review your request and inform you of any additional documents and forms needed.
- Please note all adults requesting to be added to an application will be fingerprinted. Depending on the status of your application an Admissions staff member may set up an appointment for fingerprints.
- Depending on the status of your application a personal interview with an Admissions staff member may be necessary when requesting to add an adult or minor to the household.

You may return all pages of the completed form via:

In person or by mail to 1525 E. 9th St. Reno, NV 89512
Fax 775-329-3630
Email to admissions@renoha.org

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.