



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

Admissions Update of Information

Client Name _____

Social Security No. _____ or Client No. _____

You may email or fax all 4 completed pages to admissions@renoha.org - Fax 775-786-1712

Directions: **Answer all questions.** Failure to provide complete information may result in the withdrawal of your application from all housing assistance programs. **All changes in income, asset, deduction, family composition, contact information and preferences must be reported in writing within 10 days of the change.** If available, please include pay stubs, benefit letters, or other documentation for the change. **Do not** delay reporting the change while waiting for supporting documents.

Check if new mailing address.

Address _____ City _____ State _____ Zip Code _____

Current home phone number _____ Message phone _____

Email Address _____

1. Have there been any changes in the membership on your Housing Assistance application?

Yes No

For example, removing or adding someone to your Housing Assistance application, marriage, divorce, child born, etc.?

If yes, describe changes: _____

Date change became effective: _____

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.



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2. If you have any other changes on your Housing Assistance application, please specify on the lines below (i.e. no longer living in a subsidized unit, moved out of Washoe County, out of state, now living in a shelter etc.).

3. Are you employed? (Head of household) Yes No

If yes, employer's name: _____

Employer's address: _____

City: _____ State: _____ Zip: _____

Hire Date: _____ Rate of Pay: \$ _____ per hour Hours per week: _____

Other, such as tips, meal allowance, bonuses, or overtime (specific type, amount, and frequency):

4. Since you applied has anyone on your Housing Assistance application lost employment?

Yes No

If yes, who? _____ Termination date: _____

If yes, last employer's name: _____

Last employer's address: _____

City: _____ State: _____ Zip: _____

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5. Are any other members on your Housing Assistance application employed (minor or adult)?

Yes No

Person Employed: _____

Employer's name: _____

Employer's address: _____

City: _____ State: _____ Zip: _____

Hire Date: _____ Rate of Pay: \$ _____ per hour Hours per week: _____

Other, such as tips, meal allowance, bonuses, or overtime (specific type, amount, and frequency):

6. Does anyone on your Housing Assistance application have a second job? Yes No

If yes, second employer's name: _____

Second employer's address: _____

City: _____ State: _____ Zip: _____

7. Does any member on your Housing Assistance application receive a pension?

Yes No

Name of person receiving pension: _____

Name of company / agency paying pension: _____

Address of company / agency paying pension:

City: _____ State: _____ Zip: _____

Amount received: \$ _____ Start date: _____ End date: _____

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8. Are you or any member on your Housing Assistance application is receiving Child Support? Yes No

(List any monthly or weekly amounts the absent parent provides for minor(s). These amounts can be either monetary or the value of items he/she provides even if no court order has been issued.)

Information on parent or agency from which you receive child support payments:

Name of person / agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount receiving: \$ _____ Start Date: _____ End Date: _____

9. Does any member on your Housing Assistance application receive income from another source?

Yes No

(For example, family/friend pays directly for expenses or gives you or someone on your application money to pay for expenses)

Name of person receiving income: _____

Describe the type of income: _____

Amount receiving: \$ _____ per month per week

Name of person/ agency you receive this income from? _____

Address: _____

City: _____ State: _____ Zip: _____

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10. List all money earned or received by everyone listed on your Housing Assistance application.

Source of Income	Income	Name of Family Members
EMPLOYMENT: List name and address of current employer(s)	\$	
SELF-EMPLOYED (Uber, Lyft, Grubhub, Door Dash, cleaning houses, own business etc.) even if not done on regular basis	\$	
Unemployment	\$	
TANF	\$	
SNAP- FOOD STAMPS	\$	
SPOUSAL SUPPORT:	\$	
MILITARY PAY	\$	
SOCIAL SECURITY	\$	
SSD Social Security Disability	\$	
SSI Supplemental Income	\$	
PENSION	\$	
DISABILITY PAYMENTS - NOT through Social Security	\$	
Scholarships/Financial Aid	\$	
Other:	\$	
Earned Income of a Minor:	Source:	\$

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11. Does any member on your Housing Assistance application pay for childcare?

Yes No

Child care provider's name: _____ Phone: _____

Complete mailing address: _____

Amount paid by family per week: \$ _____ Number of children cared for: _____

Cost of childcare per week: \$ _____

12. ASSETS

1. Does anyone ON your Housing Assistance Application own or have an interest in any real estate, boat and/or mobile home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is anyone ON your Housing Assistance Application retaining personal property (Antiques, coin collection etc.) as an investment? If yes, details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does anyone ON your Housing Assistance Application own any stocks, bonds, treasury bills, certificates of deposit or money market funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any retirement funds (IRA, 401k, annuities, etc.) available to anyone on your Housing Assistance Application? If yes , company name and address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any trust funds available to members on your Housing Assistance Application? If yes , trust fund name and address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does anyone on your Housing Assistance Application have a checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does anyone on your Housing Assistance Application have a savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has anyone on your Housing Assistance Application sold, disposed of, or otherwise transferred any assets for less than fair market value within the past two years? If yes , details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does anyone on your Housing Assistance Application have a whole life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Policy # _____	
Insurance Company name & address _____	

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13. Is any member on your Housing Assistance application over the age of 18 attending school?

Yes No

Student Name: _____

Name of School: _____

Address of School: _____

City: _____ State: _____ Zip Code: _____

Start date: _____

Amount received per year in financial aid:

Loans: \$ _____ Grants: \$ _____ Scholarships: \$ _____

I certify that the information given to the Reno Housing Authority (RHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing to RHA all changes in family composition, income, assets, and expenses of any family member(s) within ten calendar (10) days of the change. Further that no one is permitted to move into my unit without prior written approval of RHA and my landlord. I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of assistance or denial of my Housing Assistance application. I further acknowledge the following warning:

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.

I requested assistance completing this form and I have reviewed all the information on this 4-page form.

Signature of Head of Household / Spouse or Co-Tenant

Date

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