

NSP and HOME Rental Application

Reno Housing Authority owns homes for rental in several target areas which were purchased using Neighborhood Stabilization Program funds.

These homes are available only to families whose income does not exceed 50% of the Area Median Income (AMI) and whose income or assistance is enough to pay the rent without hardship.

Upper income limit:

To qualify for this program, your family's yearly income cannot exceed these FY 2014 Area Median Income (AMI) limits for your family size.

	1 Person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
Very low (50%) income limits	\$22,650	\$25,850	\$29,100	\$32,300	\$34,900	\$37,500	\$40,100	\$42,650

Does your family's income exceed 50% AMI? Yes No

Are you Washoe County residents? Yes No

Lower income limit:

To qualify for this program, your family's monthly income or assistance must be at least 2.5 times the property's monthly rent.

For example, if the property you would like to rent is \$650 per month, your income could be no less than 2.5 x \$650, or \$1,625 per month.

EMPLOYMENT (Applicant)

Current employer:	Hourly Wage: \$
Hire Date:	Hours per week::
Address:	Phone #:
Previous employer:	Hourly Wage: \$
Hire Date:	Hours per week::
Address:	Phone #:
Previous employer:	Hourly Wage: \$
Hire Date:	Hours per week::
Address:	Phone #:
Previous employer:	Hourly Wage: \$
Hire Date:	Hours per week::
Address:	Phone #:

EMPLOYMENT (Other adult household members)

Household member:	Hourly Wage: \$
Current employer:	
Hire Date:	Hours per week::
Address:	Phone #:
Household member:	Hourly Wage: \$
Previous employer:	
Hire Date:	Hours per week::
Address:	Phone #:
Household member:	Hourly Wage: \$
Previous employer:	
Hire Date:	Hours per week::
Address:	Phone #:

OTHER INCOME

Type	Yes/No	Household Member	Amount	Frequency
Social Security				
SSI/SSD				
Veterans				
Pension				
TANF				
Unemployment / Workers Comp				
Child support				
Alimony				
Other:				
Other:				

LANDLORD INFORMATION (list past two years, attach additional pages if needed)

Previous Landlord Name and Address	Address of unit	Landlord Phone #	From (date)	To (date)

ASSETS

Household member name	Bank or financial institution name & address	Type	Account #

ELIGIBILITY SCREENING

Have you or any member of your household ever been arrested for any drug related or violent criminal activity?

Yes No If yes, explain: _____

Are you or any member of your household required to register as a sex offender?

Yes No If yes, who and explain: _____

Have you or any member of your household ever been evicted or asked to leave by any of your past landlords?

Yes No If yes, explain: _____

Do you own any pets? Yes No If yes, size/type? _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: _____ Relationship: _____

Address: _____ Telephone: _____

REMINDER: Without the following your application is incomplete.

Additional documents to be completed:

- **Verification of Employment (a separate form must be completed for all employed members 18 and over)**
- **Authorization for Release of Information (must be signed by all household members 18 and over)**
- **Criminal History Check (a separate form must be completed for all household members 18 and over)**
- **Last 3 months bank statements (if applicable)**

Documents that MUST be submitted with application:

- Current valid Nevada ID card/Drivers License for all adult (18 and over) family members.
- Valid credit Report for all adult (18 and over) family members (must be less than 30 days old)*

*Note: A free credit report can be obtained online (ie. www.freecreditreport.com, www.freescore.com, www.annualcreditreport.com)

The Reno Housing Authority reserves the right to contact current/former landlords and to conduct credit and criminal history checks. I/we understand that the information on this form will be used to determine eligibility to lease properties owned by the Housing Authority of the City of Reno. I/we have provided accurate information regarding family composition, income, and assets. I/we agree to notify the RHA immediately if there are any changes in household composition or income.

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understand that providing false representations herein constitutes an act of fraud and can result in denial of your application, or eviction.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES GOVERNMENT.

Applicant Signature

Date

Co-applicant or other adult member signature

Date

Please return completed application to:

**Reno Housing Authority Admissions Office
1400 Silverada Blvd.
Reno, NV 89512**



Housing Authority of the City of Reno



Verification of Employment income This section to be completed by applicant

To: (Name & address of employer)

Date: _____

Re: _____
(Applicant name)

SS#: _____

I, _____ hereby authorize release of my employment information.
(Signature of applicant)

We are required to verify the income and expense of all members of families applying for or residing in housing. This information will be held in confidence for use only in determining the eligibility status of the family. Please return form promptly in the enclosed self-addressed postage paid envelope.

This section to be completed by employer

Job Title: _____ Hire Date: _____

Current wage/salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly

Date present rate effective: _____ Average hours per week _____

Date of anticipated rate increase: _____ New rate of pay: \$ _____

Is this employee considered full time or part time?: _____

Total base pay earnings in past 12 months: \$ _____ Date from _____ to _____

Other compensations: Reported tips \$ _____ Date from _____ to _____

Meals \$ _____ (per day)

Bonus pay \$ _____ (past 12 months)

Commission \$ _____ (past 12 months)

Overtime rate per hour \$ _____ Anticipated # of overtime hours per week _____

Total overtime earnings past 12 months \$ _____ (from _____ to _____)

Signature

Date

Telephone #

Fax #

Criminal History Check

Requested by: _____ Reno Housing Authority _____

Date: _____

File Number: _____ Dept: _____

Outstanding Warrant
Contact RPD if in office

PLEASE PRINT CLEARLY

NAME: Last _____ First _____ MI _____

AKAs: _____

DOB: _____ Male Female

SSN: _____

Drivers License / ID #: _____ State _____

Physical Description (hair, eyes, height, weight, approx. age, etc.): _____

CLEAR / NO RECORD WITH RPD

MAY REQUIRE FINGERPRINTS

I hereby give authorization to allow the Housing Authority to investigate criminal records of all family members over 18 years of age that reside/will reside in the household.

Signature

Date

**Authorization for the
Release of Information**
Housing Agencies/Authorities



Housing Authority of the City of Reno

HA requesting release of information:
Reno Housing Authority
1525 E 9th St
Reno NV 89512-3012
(775) 329-3630 Fax# (775) 786-1712

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a Copy of Tax Form.

La Autoridad de Viviendas de Reno se ha comprometido a ofrecer accesibilidad a sus programas y actividades para todos los clientes elegibles, inclusive para aquellas personas limitadas en sus habilidades del manejo del idioma Ingles. Por favor informe a nuestro personal si requiere otra forma diferente de comunicaci3n que no sea verbal o por escrito en ingles.

Purpose: To verify household income. In signing this consent form, you and each member of your household who is 18 years of age or older are authorizing Reno Housing Authority to obtain income and expense information from sources as indicated below. This is to ensure that you are eligible for assisted housing benefits, and that these benefits are set at the correct level.

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Child support | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Medical/ Prescription expenses | <input type="checkbox"/> Family support contributions | <input type="checkbox"/> Student Status |
| <input type="checkbox"/> Insurance company | <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Previous Housing |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Utility information from supplier | <input type="checkbox"/> Stocks & Bonds |

Computer Matching Notice & Consent: I understand that Reno Housing Authority may conduct computer-matching programs with other agencies, including federal, state, tribal or local agencies including, but not limited to:

- | | |
|---|--|
| <input type="checkbox"/> U.S. Postal Service | <input type="checkbox"/> Welfare and food stamp agencies |
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> Employment Security |

The match will be used to verify information supplied by my family.

Public Records Law: I understand and acknowledge that the Housing Authority of the City of Reno is a municipal corporation and the records maintained by it as a public agency are public records subject to inspection pursuant to NRS 239.010. Reno Housing Authority is required to protect the information it obtains in accordance with any applicable Nevada State privacy laws.

Conditions: I/we agree that photocopies of this authorization may be used for the purposes stated above.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

Original is retained by the requesting organization

Non-Smoking Policy Agreement
To be signed by applicants for RHA Single Family Rentals

Effective May 20, 2013, RHA will lease single family rentals only to nonsmokers or to smokers who will not smoke inside the unit or within six feet of the unit. All single family rentals have been designated as non-smoking properties, so neither tenants nor their guests may smoke in the designated non-smoking areas. RHA will only rent to tenants who are non-smokers or will commit to adhere to the guidelines in place for designated non-smoking buildings and refrain from smoking within the building or within 6 feet of the building.

With this policy now in place, applicants for RHA single family homes are required to sign the “Non-Smoking Policy Agreement”. This agreement will become part of their permanent file. If you have any questions, please contact the property manager. Thank you.



- I have been informed that, if I become a resident in an RHA single family home, neither I nor my guests may smoke in the building or within six feet of the building.
- I also understand that I am responsible for informing any guests that they may not smoke in the building or within six feet of the building.
- I acknowledge that any violations of this policy by either members of my household or any guests can result in the Authority terminating my lease.

Head of Household Signature

Date