



## A LETTER TO APPLICANTS

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 comunicación que no sea verbal o por escrito en ingles.

Welcome! The Housing Authority would like to make your experience as pleasant as possible. The application process is involved and requires time and energy on your part. I am hopeful that this letter will assist you in understanding the process.

The Housing Authority normally offers housing assistance to approximately 60 families per month. That is why it is so important that you claim and document your need for housing assistance on page 7 of the application addressing preferences. Please read them carefully and provide the necessary documents at your scheduled interview.

The Housing Authority has also prepared a pamphlet called "An Applicant's Guide to Housing Assistance" to explain our various programs and requirements. Please read it carefully, it should answer most of your questions. Although you may call the Admissions Office when you have questions, please remember that staff time is very limited and time on the phone takes away from processing files. Your assistance will be greatly appreciated.

If you are dissatisfied with a determination made by the Housing Authority, you may request an informal review. If you are disabled, you have the right to request reasonable accommodation to participate in the informal review process.

Good luck,

John D. Blake  
Deputy Executive Director

### **THIS IS AN OUTLINE OF THE APPLICATION PROCESS THAT YOU MAY USE AS A GUIDE. I HOPE IT WILL BE OF ASSISTANCE TO YOU.**

- ◆ **Completion of the application.** Fill in **ALL** the blanks in **BLACK OR BLUE INK** and answer **ALL** the questions. If the application is incomplete, it will be returned to you.
- ◆ **Turn in your completed application.** Remember to answer all preference questions on page 7. For all preferences claimed, you must bring the required documentation to your interview or you may not be seen.
- ◆ **Interview.** The Housing Authority will contact you by mail for an interview when your name reaches the top of the interview list. *(Be sure we have your correct mailing address at all times.)*
- ◆ **Attending the Interview.** Come to the interview on time and with all required documentation. These items are listed on the form provided with your application. You also receive a copy of this list with your interview schedule letter. All persons over 18 listed on the application must attend. *(Failure to bring the required documentation will mean that your interview will be rescheduled to give you time to gather the necessary documents.)*
- ◆ **File Processing.** The Housing Authority will process your file in order from the waiting list. You may receive an update form from the Admissions Office from time to time. Please complete the form and return it as soon as possible. You must report all changes, in writing, within 10 days of the occurrence.
- ◆ **Eligibility Determination.** When you have been determined eligible, your name reaches the top of the waiting list, and the Housing Authority has assistance available, you will be notified in writing.

## LIST OF ITEMS YOU MUST BRING TO THE INTERVIEW

**YOU MUST BRING THESE DOCUMENTS WITH YOU TO THE INTERVIEW AND ALL ADULT MEMBERS ON THE APPLICATION MUST BE PRESENT OR THE INTERVIEW WILL BE RESCHEDULED.**

Reno Housing Authority will require applicants to furnish verification of legal identity for all household members. There are three separate proofs of identity required for each member of the household, each of which is detailed below:

### IDENTITY

**Proof of Your Identity.** You must provide ONE of the following options for **every member** of your household:

- An **original** government-issued birth certificate or CERTIFIED COPY
- OR an **original** confirmation of birth
- OR an **original** Social Security birth information printout
- OR current or recently expired passport
- OR an **original** or VA-certified copy of a DD214
- OR a valid Certificate of Naturalization

### AND

**Picture Identification.** A current Department of Motor Vehicle-issued driver's license or identification card, or other state or federal-issued picture identification card, is required for all adult members of your household.

### AND

**Social Security Cards.** The original Social Security card, an original document issued by a federal or state government agency, which contains the name of the individual and the social security number of the individual along with other identifying information of the individual or other documentation as specified in HUD guidance for every member of the household including live-in aides and foster children. No copies of the card or other forms listing the Social Security number are acceptable. If a household member is not contending eligible immigration status, certification is required.

### YOU MUST ALSO PROVIDE PROOF FOR EACH PREFERENCE CLAIMED ON THE APPLICATION AS FOLLOWS:

#### Veterans Preference:

If you claimed a *veteran preference* you must bring verification such as a DD214, VA patient card, or statement from the VA showing disability, and death certificate (if applicable) or military identification and proof of your relationship to the veteran.

#### Family Status:

If you claimed *disability status* you must provide a disability statement from your physician. If you are a *single pregnant woman*, you must provide proof of pregnancy from your physician.

#### Residency:

If you claimed *residency*, you must provide documentation such as a current lease or current utility bills; current pay stubs or offer letter for employment; certification of completion of a training/education program or documentation from a training/education facility of enrollment in a training/education program.

#### Involuntary Displacement:

If you claimed *involuntary displacement*, you must provide an official document from city, state or other government body, an eviction notice, police or fire report, letter from a social worker, utility provider, and/or letter or receipts from shelters.

#### Substandard Housing:

If you claimed *substandard housing* you must bring documentation such as a notice from the health department, landlord verification, letter from social service agency, fire department or utility provider, and/or letter or receipts from shelters.

### INCOME/ASSETS

**Income:** Proof of your income is needed. Bring:

- Name and address of current employer (for each adult member of the household)
- Award letter from Social Security Administration
- Award letter showing pension or retirement amount
- Award letter showing unemployment benefits
- Award letter showing welfare cash assistance
- Verification of child support (divorce decree, court order or support documentation)
- Self-employment statement of income and expenditures
- Other income

**Assets.** Bring:

- Three consecutive months of bank statements including the current month
- Certificates of deposit
- Stocks or bonds
- Real estate or property documentation

### DEDUCTIONS

**Child Care Expenses.** If you are seeking employment, employed, or attending school, you may be eligible for child care deductions. Bring:

- Receipt showing name and address of person/company caring for your child and the amount paid weekly.

**Medical Expenses.** If the head or spouse is elderly (62 years of age or older), handicapped or disabled, you may declare your out-of-pocket medical expenses. You cannot declare expenses covered by medical insurance or non-reimbursement. You may declare any medical insurance premiums you pay.

Bring:

- Name and address of your doctor(s)
- A current printout of out of pocket expenses from your pharmacy
- Outstanding medical bills on which you are currently making payments
- Payment agreements with health care providers or medical institutions
- Insurance premium statements

### OTHER

**Proof of Pregnancy.** A letter from your doctor or the health department verifying your pregnancy and listing your expected due date.

**Student Status.** Verification of student status for any member of the household who is enrolled in an "institution of higher education" i.e. university, community college, trade school, etc.

### PUBLIC HOUSING ONLY

**Two Personal Reference Letters.** These letters need to be from persons who are NOT related to you, who have known you for at least three months, and who can attest to your good character.

**Rental History.** You need to have the last three years of rental history. Include the unit and landlord address and phone number.

**Additional documents may be requested at the time of your interview.**

**RENO HOUSING AUTHORITY APPLICATION FOR HOUSING ASSISTANCE**  
**PLEASE PRINT ALL INFORMATION CLEARLY. USE BLUE OR BLACK PEN; NO PENCIL ACCEPTED.**

<b>Physical Address:</b>	<b>City:</b>	<b>State</b>	<b>Zip Code:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>State</b>	<b>Zip Code:</b>
<b>E-Mail Address:</b>		<b>Area Code and Telephone No.</b> (       )	

**CHECK ALL THE HOUSING PROGRAM(S) YOU WISH TO APPLY FOR. YOU CAN APPLY FOR MORE THAN ONE PROGRAM.**

- Elderly (households whose head, spouse or sole member is 62 years or older or disabled)    
 Family (various locations in Reno)    
 Smoke free unit  
 Stead (a family complex located in Stead)    
 Pilgrim Rest (a project based voucher community for seniors 62 years or older)    
 Section 8 HCV  
 Section 8 Moderate Rehabilitation (one bedroom units owned by a private landlord where residents pay 30% of their adjusted income for rent)

**Check any of the following that are applicable:**   
 Wheelchair Accessible Unit   
 Hearing-impaired unit   
 Barrier-free unit

**PART A: HOUSEHOLD COMPOSITION**

List **ALL** persons who will live with you when you receive housing assistance. Also, if you or a member of your household is expecting a child, list "unborn child" in one of the "family member" lines and give the expected due date in the column for date of birth. **DO NOT** list persons who will **NOT** be living with you when you are housed.

<b>1. Head of Household</b>	<b>Legal Last Name:</b>		<b>First Name:</b>		<b>MI</b>	<b>Social Security/Tax ID #:</b>	<b>Date of Birth:</b>	
	<b>Marital Status:</b>	<b>Sex</b>	<b>Race (may check multiple boxes if applicable.)</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Pacific		<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>US Citizen:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Alien Registration #:</b>
	<b>Full Time Student:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>If Yes, School Name, Address &amp; Phone #:</b>					
<b>2. Spouse/ Co-tenant</b>	<b>Legal Last Name:</b>		<b>First Name:</b>		<b>MI</b>	<b>Social Security/Tax ID #:</b>	<b>Date of Birth:</b>	
	<b>Marital Status:</b>	<b>Sex</b>	<b>Race (may check multiple boxes if applicable.)</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Pacific		<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>US Citizen:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Alien Registration #:</b>
	<b>Full Time Student:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>If Yes, School Name, Address &amp; Phone #:</b>					
<b>3. Family Member</b>	<b>Legal Last Name:</b>		<b>First Name:</b>		<b>MI</b>	<b>Social Security/Tax ID #:</b>	<b>Date of Birth:</b>	
	<b>Marital Status:</b>	<b>Sex</b>	<b>Race (may check multiple boxes if applicable.)</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Pacific		<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>US Citizen:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Alien Registration #:</b>
	<b>Full Time Student:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>If Yes, School Name, Address &amp; Phone #:</b>					
<b>4. Family Member</b>	<b>Legal Last Name:</b>		<b>First Name:</b>		<b>MI</b>	<b>Social Security /Tax ID#:</b>	<b>Date of Birth:</b>	
	<b>Marital Status:</b>	<b>Sex</b>	<b>Race (may check multiple boxes if applicable.)</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Pacific		<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>US Citizen:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Alien Registration #:</b>
	<b>Full Time Student:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>If Yes, School Name, Address &amp; Phone #:</b>					
<b>5. Family Member</b>	<b>Legal Last Name:</b>		<b>First Name:</b>		<b>MI</b>	<b>Social Security/Tax ID #:</b>	<b>Date of Birth:</b>	
	<b>Marital Status:</b>	<b>Sex</b>	<b>Race (may check multiple boxes if applicable.)</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Pacific		<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>US Citizen:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Alien Registration #:</b>
	<b>Full Time Student:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>If Yes, School Name, Address &amp; Phone #:</b>					

6. Family Member	Legal Last Name:		First Name:		MI	Social Security /Tax ID#:		Date of Birth:	
	Marital Status:	Sex	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 Pacific			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
	Full Time Student: <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, School Name, Address & Phone #:						
7. Family Member	Legal Last Name:		First Name:		MI	Social Security/Tax ID #:		Date of Birth:	
	Marital Status:	Sex	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 Pacific			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
	Full Time Student: <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, School Name, Address & Phone #:						
8. Live-In Aide	Legal Last Name:		First Name:		MI	Social Security/Tax ID #:		Date of Birth:	
	Marital Status:	Sex	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 Pacific			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
	Full Time Student: <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, School Name, Address & Phone #:						

9. Are any household members temporarily absent from the home?  Yes  No

If yes, state the reason they are

absent: \_\_\_\_\_

10. Emergency Contact

Name of person:		Relationship:		Area code and telephone No.: ( )	
Street address:		City:		State:	Zip Code:

11. Is any member of your household currently receiving any kind of housing assistance?  Yes  No

Describe where: \_\_\_\_\_

**PART B: PROGRAM INTEGRITY INFORMATION**

- Do you expect anyone to move in or out of your household?  Yes  No
- Does anyone live with you now who is not listed on the application?  Yes  No
- Have you ever used a first or last name other than the one you are using now?  Yes  No  
If yes, what name? \_\_\_\_\_
- Have you ever used a social security number other than the one you listed on this application?  Yes  No  
If yes, provide social security number \_\_\_\_\_
- Are you or is any member of your household required to register as a sex offender?**  Yes  No
- Do you or does any household member abuse alcohol or show a pattern of abuse of alcohol?  Yes  No  
If yes, name of household member \_\_\_\_\_ If this household member is currently enrolled in a treatment program, please describe: \_\_\_\_\_
- Have you or has anyone in your household ever been engaged in violent criminal activity or drug-related criminal activity?  
 Yes  No If yes, who? \_\_\_\_\_ When? \_\_\_\_\_
- Have you or any household member ever received any type of housing assistance or lived in HUD subsidized housing?  
 Yes  No  
If yes, When: \_\_\_\_\_ Where? \_\_\_\_\_ Under what name? \_\_\_\_\_  
Who was head of household? \_\_\_\_\_
- Do you owe any money to a Public Housing Agency?  Yes  No
- Have you or has anyone in your household ever been convicted of the manufacture or production of methamphetamines (speed) on the premises of public or assisted housing?  Yes  No If yes, who? \_\_\_\_\_  
When? \_\_\_\_\_
- Have you ever been evicted from public or assisted housing for violent or drug-related criminal activity?  Yes  No  
If yes, who? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
- Have you ever committed fraud in connection with any federally-assisted housing program?  Yes  No  
If yes, please explain. \_\_\_\_\_

**PART C: CURRENT MONTHLY EXPENDITURES**

Rent	\$	Phone	\$	Medical	\$	Credit Card	\$
Electric	\$	Auto Payment	\$	Cable	\$	Credit Card	\$
Gas	\$	Auto Insurance	\$	Insurance	\$	Loan	\$
Water	\$	Child Care	\$	Rentals	\$	Other	\$

Do you have any other regular monthly payments besides those above?  Yes  No  
 If yes, specify: \_\_\_\_\_

**PART D: UNIT INFORMATION**

Name of current complex or landlord: \_\_\_\_\_  
 Landlord/complex address \_\_\_\_\_ Landlord phone # \_\_\_\_\_  
 Monthly Rent \$ \_\_\_\_\_ Amount you pay each month for rent \$ \_\_\_\_\_

**PART E: PUBLIC HOUSING**

<p align="center"><b>APPLICANT DECLARATION ON REQUESTED BEDROOMS</b></p> <p>Using the occupancy guidelines shown at right, I am requesting that the Housing Authority provide me with housing assistance for a unit of _____ bedrooms.</p>	<b>RHA OCCUPANCY STANDARD FOR PUBLIC HOUSING ONLY</b>		
	Number of Bedrooms	Number of Persons Minimum	Number of Persons Maximum
	0	1	1
	1	1	3
	2	2	5
	3	4	7
	4	6	9

**PART F: ASSETS IN THE HOUSEHOLD**

- Do you or does any household member own stocks, bonds, certificates of deposit, trust funds, or other assets?  Yes  No  
 If yes, describe: \_\_\_\_\_
- Do you or does any household member own or have any interest in real estate, mobile home and/or land?  Yes  No  
 If yes, describe: \_\_\_\_\_
- Have you or any household member sold or disposed of any of the above ASSETS in the last 2 years?  Yes  No  
 If yes, describe: \_\_\_\_\_
- List bank account information for all household members? Provide all information below.

Name of household member	Bank Name/Address	Type of Account	Account Number

- Do you or does any household member have any type of retirement account (Company, IRA, Keogh)?  Yes  No  
 If yes, describe: \_\_\_\_\_
- Have you or has any household member received any inheritances, lottery winnings, or lump sum payments in the past 2 years?  
 Yes  No If yes describe: \_\_\_\_\_
- Do you or does any household member have any whole life insurance policies?  Yes  No  
 If yes, Policy # \_\_\_\_\_ Face Value \$ \_\_\_\_\_ Name of Company \_\_\_\_\_  
 Complete Address \_\_\_\_\_

**PART G: INCOME INFORMATION**

1. Provide complete information requested for everyone in the household, including minors:

Name:	Rate per hour: \$
Current Employer:	Average hours/week
Address:	Tips (weekly): \$ Bonus (annual): \$
	Food Allowance (per day):
Phone:	Dates of employment From (date) to (date)
Name:	Rate per hour: \$
Name of Employer:	Average hours/week
Address:	Tips (weekly): \$ Bonus (annual): \$
	Food Allowance (per day):
Phone:	Dates of employment From (date) to (date)

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

2. Does any household member receive any other income? Provide complete information requested for everyone in the household, including minors:

Source	Yes	No	Monthly	Source	Yes	No	Monthly
TANF (cash aid)			\$	Social Security			\$
Child Support			\$	SSD			\$
Disability Payments			\$	SSI			\$
Pension, Retirement, etc.			\$	Spousal Support			\$
Self-employed			\$	Unemployment			\$
Social Security			\$	Other (family contribution, general assistance, etc.)			\$

3. Do you or does any household member receive any type of military pay/allotment (including the Coast Guard, National Guard and Reserve Units)?  Yes  No If yes, household member name \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source of allotment \_\_\_\_\_

4. 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 H: ALLOWABLE EXPENSES**

1. Does any household member have expenses for child care of a child under the age of 13?  Yes  No If yes, provide:

Minor's Name	Childcare Provider Name & Address	Provider Telephone	Amount you pay each month	Amount paid by outside agency/person each month
			\$	\$
			\$	\$
			\$	\$
			\$	\$

2. Do you pay for a care attendant or for any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the family to work?  Yes  No If yes, provide:

Care Attendant name	Care Attendant Address	Amount you pay each month	Amount paid by outside agency/person each month
		\$	\$
		\$	\$
Equipment Type		Amount you pay each month	Amount paid by outside agency/person each month
		\$	\$
		\$	\$

**PART I: ELDERLY OR DISABLED FAMILIES ONLY**

Answer the following 4 questions only if the head of family or spouse is 62 years of age or older OR if the head or spouse is a person with a disability.

1. Do you have Medicare?  Yes  No If yes, amount of monthly premium \$ \_\_\_\_\_

2. Do you have a Medicare prescription card?  Yes  No

3. Do you pay for any other kind of medical insurance?  Yes  No If yes, provide:

Name of Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Monthly Premium \$ \_\_\_\_\_

4. Do you have any outstanding unreimbursed medical expenses on which you are making monthly payments?  Yes  No If yes, provide:

Name of Health Care Provider	Address of Health Care Provider	Telephone #	Amount you pay each month
			\$
			\$
			\$
			\$

5. Do you or does any household member have any regular recurring medications prescribed by your physician that are not reimbursed?  Yes  No

**PUBLIC HOUSING SUITABILITY SCREENING**

1. Have you ever been evicted?  Yes  No If yes, by whom? \_\_\_\_\_

When? \_\_\_\_\_

Why? \_\_\_\_\_

2. Beginning with the most current, list the address and landlord references of applicant for past **three years**. If you were not on the lease agreement, please explain living situation including dates (i.e. family, shelter, etc.).

Complex Name & Street Address	Landlord Name & Address	From	To	Telephone

3. PETS - Do you have any pets?  Yes  No How many? \_\_\_\_\_ Size: \_\_\_\_\_ Weight: \_\_\_\_\_

If yes, what kind? \_\_\_\_\_

4. Does anyone in your household smoke?  Yes  No

**PREFERENCE DECLARATION FORM WORKSHEET**

The following are questions about preference points you may be eligible to receive. These preference points can affect your position on the waiting list. Each program has different preferences, which must be verified.

**ALL HOUSING PROGRAMS**

<b>VETERANS PREFERENCE</b>	<b>Yes</b>	<b>No</b>
1. Are you or is any member of your household a veteran with a disability that was service-connected?		
2. Are you the widow/widower or is any member of your household a minor child of a veteran whose death was service-connected?		
3. Are you the widow/widower or is any member of your household a minor child of a veteran whose death was NOT service-connected?		
4. Are you or is any member of your household a family member of a veteran or active military personnel?		
<b>If you answered "yes" to any of the above questions, you may be eligible for a "veterans" preference. You must bring to your interview verification such as a DD214, VA patient card, or statement from the VA showing disability, and death certificate (if applicable) or military identification and proof of your relationship to the veteran.</b>		

<b>FAMILY STATUS</b>	<b>Yes</b>	<b>No</b>
1. Are you age 62 or over or disabled, which is defined as follows: 42 U.S.C. Section 423 d) (1) (A) "Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months?" <i>If you are disabled, you must provide a disability statement from your physician at your interview. The Housing Authority can provide you with a printed form upon request.</i>		
2. Is there more than one person in your household? (If you are a single pregnant woman, you should answer yes and must, <b>at your interview</b> , provide proof of pregnancy from your physician).		
<b>If you answered "yes" to either of the above questions, you may be eligible to receive a preference over single, non-elderly applicants.</b>		

<b>RESIDENCY</b>	<b>Yes</b>	<b>No</b>
1. Do you currently reside in Washoe County?		
2. Do you currently work or have you recently been hired to work at a job located in Washoe County?		
3. Are you a graduate of or a current participant in an education or training program that is located in Washoe County and that is designed to prepare you for the job market?		
<b>If you answered "yes" to any of the above questions, you may be eligible for a "residency" preference. You must bring to your interview documentation such as a current lease or current utility bills; current pay stubs or offer letter for employment; certification of completion of a training/education program or documentation from a training/education facility of enrollment in a training/education program.</b>		

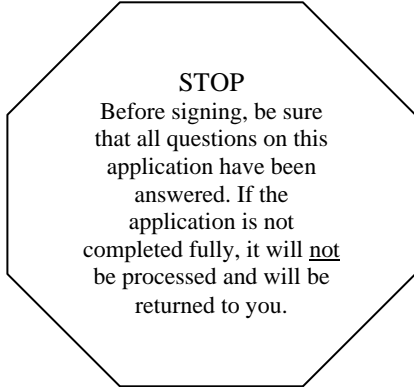
<b>SUBSIDY PREFERENCE</b>	<b>Yes</b>	<b>No</b>
1. Is any person who is listed on the application currently living in a subsidized unit?		
2. Does any person listed on the application live in a unit where the rent is based upon income?		
<b>If you answered "no" to either of the above questions, you may be eligible to receive a preference.</b>		

**SECTION 8 HOUSING PROGRAMS ONLY**

<b>INVOLUNTARY DISPLACEMENT</b>	<b>Yes</b>	<b>No</b>
1. Are you being displaced (forced to move) as a result of a disaster, such as fire, flood, or earthquake?		
2. Are you being displaced or will you be displaced within the next six months due to federal, state, local government or Housing Authority action related to code enforcement, public improvement, and purchase and/or disposition of dwelling units?		
<b>If you answered "yes" to either of the above questions, you may be eligible for a "displacement" preference. You must bring to your interview a police/fire report, letter from a government agency, or a statement from your social worker, etc., regarding displacement.</b>		

<b>ARE YOU BEING FORCED TO MOVE, OR HAVE YOU MOVED, AS THE RESULT OF:</b>	<b>Yes</b>	<b>No</b>
1. Actions by the owner of your current residence for things beyond your control? (A rent increase does not count.)		
2. Actual or threatened physical violence directed against you or members of your family by a spouse or other member of your family?		
3. Threatened or actual reprisals because you or members of your family have provided information on criminal activities to a law enforcement agency (police or sheriff) and, based on threat assessment, the law enforcement agency recommends re-housing your family?		
4. You or any member of your family has been the victim of hate crimes, or the fear associated with such crime has destroyed your peaceful enjoyment of the unit?		
5. A member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit; and the owner is not legally obligated to make the changes to the unit that would make those critical elements accessible to the disabled person as a reasonable accommodation?		
6. Is the Department of Housing and Urban Development disposing of the development where you live?		
<b>If you answered "yes" to any of the above questions, you may be eligible for a "displacement" preference. You must bring to your interview necessary verification(s), which include, but are not limited to: official document from city, state or other government body, an eviction notice, police or fire report, letter from a social worker.</b>		

SUBSTANDARD HOUSING		Yes	No
1.	Do you have unusable indoor plumbing, toilet or bath?		
2.	Do you have an inadequate or unsafe heating or electrical system?		
3.	Does your unit have a kitchen that is substandard (defined as not usable)?		
4.	Has your unit been declared unfit for habitation?		
5.	Are you homeless (defined as living in a shelter or transitional housing)?		
<b>If you answered "yes" to any of the above questions, you may be eligible for a "substandard housing" preference. You must bring to your interview documentation such as a notice from the health department, landlord verification, letter from social service agency, fire department or utility provider, and/or letter or receipts from shelters.</b>			
		Yes	No
<b>Do you need an interpreter at the time of the interview?</b>			
If so, what language?			



**APPLICANT/PARTICIPANT CERTIFICATION**

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** all changes of information on this application to the Reno Housing Authority within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption or court awarded custody must be reported in writing to the Reno Housing Authority within ten (10) days of the change. Further that no one is permitted to move into my unit without prior approval of the Reno Housing Authority and my landlord. I understand that any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime.

The Housing Authority Reserves the right to complete a **credit and/or criminal history check**, as well as obtain verification of the information provided herein.

**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.**

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult: \_\_\_\_\_ Date: \_\_\_\_\_

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

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of RHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
 • 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 •  
 • comunicación que no sea verbal o por escrito en •  
 • ingles. •  
 •.....