



Silver Sage application

## **Reno Housing Authority Rental Application**

Silver Sage Court an affordable housing property of 16 one-bedroom units. They are specifically designated for very low income families who are elderly and/or disabled.

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 2016 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
Low (50%) income limits	\$23,350	\$26,650	\$30,000	\$33,300	\$36,000	\$38,650	\$41,300	\$44,000

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

### **Lower income limit:**

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

For example, if the property you would like to rent is \$495 per month, your income could be no less than 2.5 x \$495, or \$1,238 per month.

If you believe you qualify for Silver Sage Court housing, please complete the application below. Applications are open to the public as well as current Section 8 recipients.



# Housing Authority of the City of Reno

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Tenant I.D. \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Work Telephone: \_\_\_\_\_

Does anyone in your household smoke?     No         Yes

Have you ever been arrested for any drug related or violent criminal activity?    No         Yes

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

## FAMILY COMPOSITION

Name	Age	Birth Date	Relationship	Social Security #	Sex	Race	Ethnicity

Anticipated changes in family composition:

\_\_\_\_\_

Codes for RACE, and ETHNICITY (if applicable)

RACE: 1 - White 2 – Black or African American 3 - Asian 4 - Native Hawaiian or Other Pacific Islander 5 - American Indian or Alaska Native 6 – American Indian or Alaska Native *and* White 7 – Asian *and* White 8 – Black or African American *and* White 9 American Indian or Alaska Native and Black or African American 10 – Other multi-racial

ETHNICITY: 1 - Hispanic 2 - Non-Hispanic

## PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Work Telephone: \_\_\_\_\_

**LANDLORD INFORMATION (list past two years)**

Previous Landlord Name	Address	Phone #	From (date)	To (date)	RHA use only

**EMPLOYMENT RECORD - Applicant**

Present Employer Name:	Gross Annual Income: \$
Address:	From:            To:
Previous Employer Name:	Gross Annual Income: \$
Address:	From:            To:
Previous Employer Name:	Gross Annual Income: \$
Address:	From:            To:

**EMPLOYMENT RECORD - Co-Applicant**

Present Employer Name:	Gross Annual Income: \$
Address:	From:            To:
Previous Employer Name:	Gross Annual Income: \$
Address:	From:            To:
Previous Employer Name:	Gross Annual Income: \$
Address:	From:            To:

**OTHER INCOME**  
(Child Support, Alimony, Assets)

Describe:	Gross Annual Income: \$
Describe:	Gross Annual Income: \$
Describe:	Gross Annual Income: \$

**ASSETS**

CHECKING ACCOUNT Address:	Bank:	Account Number:	Balance: \$
SAVINGS ACCOUNT Address:	Bank:	Account Number:	Balance: \$
STOCKS OR BONDS (including U.S. Savings Bonds) Name:	Type		Amount \$
REAL ESTATE OWNED	Description:	Original Purchase Price: \$ _____ Less unpaid balance: \$ _____	Equity: \$
OTHER ASSETS:	(Describe)		\$

**CREDIT REFERENCES**

(List any bank or auto loans, credit cards, retail accounts, etc.)

Applicant or Co-Applicant	Bank or company name and address	Type	Account #

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.

I certify that all information contained herein is true, complete and correct to the best of my knowledge. Failure to provide accurate information could be cause for eviction.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

# Non-Smoking Policy Agreement

To be signed by applicants for residency at Silver Sage

RHA will lease nonsmoking units only to nonsmokers or to smokers who will not smoke inside the unit or within 20 feet of the unit. 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 20 feet of the building.

With this policy now in place, applicants for RHA owned properties 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 a nonsmoking RHA unit, neither I nor my guests may smoke in the building or within 20 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 20 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.

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Head of Household Signature

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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



# Housing Authority of the City of Reno

## 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