



# Reno Housing Authority Rental Properties Application



This program is open to eligible low income families who have a proven history of: maintaining a clean unit, making all rent payments on time, and following all rules set forth by the landlord. Applications are open to the public as well as current Section 8 or Public Housing recipients.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

DOB: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

Name	Age	Birth Date	Relationship	Social Security #	Sex	Race	Ethnicity
			Self				

### Codes for RACE and ETHNICITY

**RACE:**

- 1 White            2 African American            3 American Indian or Alaska Native & White
- 4 Asian            5 Native Hawaiian or Other Pacific Islander

**ETHNICITY:**

- 1. Non- Hispanic
- 2. Hispanic

Do you anticipate any changes to your household composition?  Yes  No

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

## EMPLOYMENT (Applicant)

Current Employer:	Hourly wage:\$
Hire date:	Hrs per wk:
Address:	Phone #

Previous Employer:	Hourly wage: \$ From:                      To:
Address:	Phone #
Previous Employer:	Hourly wage: \$ From:                      To:
Address:	Phone #
Previous Employer:	Hourly wage: \$ From:                      To:
Address:	Phone #

**EMPLOYMENT (Other adult household members)**

Household member: Current Employer:	Hourly wage:\$  Hrs per wk:
Hire date:	Phone #
Address:	
Household member: Previous Employer:	Hourly wage:\$ From:                      To:
Address:	Phone #
Household member: Previous Employer:	Hourly wage: \$ From:                      To:
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	Address	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 adult members)**
- **Authorization for Release of Information (must be signed by all adult household members)**
- **Criminal History Check (a separate form must be completed for all adult members)**
- **Last 3 months bank statements (if applicable)**

**Documents that MUST be submitted with application:**

- **Current valid ID card/Drivers License for all adult family members.**
- **Credit Report for all adult family members (must be less than 30 days old)\***

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

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Applicant Signature

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Date

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Co-applicant or other adult member signature

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Date



# 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

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*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.**

Please return completed applications to:  
Reno Housing Authority Admissions Office  
1400 Silverada Blvd.  
Reno, NV 89512