



## Silver Sage Application

### Reno Housing Authority Rental Application

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

#### Income Qualifications:

You family's **maximum yearly income** cannot exceed the 2022 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	\$32,700	\$37,400	\$42,050	\$46,700	\$50,450	\$54,200	\$57,950	\$61,650

Your family's **minimum monthly income** must be at least 1.5 times the property's monthly rent.

For example, Silver Sage's current monthly rent is \$775 per month, your minimum monthly income needs to be \$1,162.50 per month.  
(\$775 x 1.5 = \$1,162.50)

#### Occupancy Guidelines:

62 years of age.

or

Disabled

1 to 2 adults members on the application.

# Documents Needed at Time of Submitting Silver Sage Application

Applicant Name: \_\_\_\_\_

Your application cannot be processed without the following documents:

Included with my application	Item
	Completed, signed, and dated rental application.
	Valid government issued ID for all adult members listed on the application.
	Copy of Social Security card for all adults listed on the application.
	Release of information, signed and dated by all adults listed on your application.
	Proof of Income for all currently employed members listed on your application, such as 6 weeks of current and consecutive paystubs, current letter from Social Security administration, 6 weeks print out of self-employment like doordash, grubhub, etc. or complete, sign and date the verification of employment-do not take to employer.
	6 months of current and consecutive bank statements for all savings, checking and investment accounts for all members listed on your application.
	Non-Smoking Policy signed and dated by all adults listed on your application.

Submit your completed application and required documents to:

**Reno Housing Authority**  
**1525 E. Ninth St. Reno, NV 89512**  
**775-329-3630**



# 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**

(Social Security, Pension, Annuities, Alimony, Assets, Family Support, etc.)

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: \_\_\_\_\_



**GENERAL RELEASE OF INFORMATION**

I hereby authorize the Housing Authority of the City of Reno (RHA) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive and continue receiving housing assistance. RHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. If RHA makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determination(s). If I participate in the Project-Based or Mod Rehab program, I also authorize RHA and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized housing. This consent expires 39 months after it is signed.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along well with neighbors;
- Serious or repeated violation(s) of the signed lease agreement and damages caused to a unit;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community and relatives;
- References from employers, including wage and salary information, and job performance;
- Criminal history, including fingerprint submission where necessary to effect positive identification;
- Information on payment history and balances owed to utility companies including but not limited to NV Energy;
- Medical, prescription and insurance expenses;
- HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verification;
- Child care;
- School registration for minor children and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Verification with U.S. Postal Service;
- Credit reports and/or tenant screening reports from private contractors;
- Termination for violation of family obligations and reasons for the termination;
- Involvement in fraud, bribery or other corrupt or criminal acts;
- Drug trafficking by household members;
- Balance of money owed to RHA;
- Outstanding debts to other housing agencies.

\_\_\_\_\_  
Head of Household (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head, Spouse, Partner, or Other Adult (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authority:** This release of information is in lieu of the HUD-9886 Authorization for the Release of Information/Privacy Act Notice.



## **GENERAL RELEASE OF INFORMATION**

### **Who must sign the consent form:**

Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

### **Failure to sign consent form:**

Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to RHA's grievance and Housing Choice Voucher informal hearing procedures.

### **Privacy Act Notice:**

**Authority:** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility.

### **Penalties for misusing this consent:**

HUD, RHA and any owner (or any employee of HUD, RHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purpose cited on the form. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, RHA or the owner responsible for the unauthorized disclosure or improper use.



**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

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date