

Reno Housing Authority owns a variety of units including homes, condos, duplexes, and apartments that are available for rent throughout Washoe County. The funds used to build or purchase the units have come from a variety of sources, all of which have income limitations and rent restrictions.

These current units that are available have income restrictions between 50% to 120% of Area Median Income (AMI) and whose income or assistance is enough to pay the rent without hardship.

To qualify for this program, your family's yearly income cannot exceed these FY 2024 Area Median Income (AMI) limits for your family size.

			_	4 people		6 people	7 people	8 people
(50%) Income Limits	\$38,700	\$44,200	\$49,750	\$55,250	\$59,650	\$64,100	\$68,500	\$72,950
(60%) Income Limits	\$46,440	\$53,040	\$59,700	\$66,300	\$71,580	\$76,920	\$82,200	\$87,540
(80%) Income Limits	\$61,920	\$70,720	\$79,600	\$88,400	\$95,440	\$102,560	\$109,600	\$116,720
(120%) Income Limits	\$92,800	\$106,100	\$119,350	\$132,600	\$143,200	\$153,800	\$164,400	\$170,050

Does your family's income exceed 50% AMI?	Yes	No
Does your family's income exceed 60% AMI?	Yes	No
Does your family's income exceed 80% AMI?	Yes	No
Does your family's income exceed 120% AMI?	Yes	No
Are you Washoe County resident?	Yes	No

To Qualify:

Your family's gross monthly income must be at least two times the tenant's portion of monthly rent.

For example, if the property you would like to rent is \$1315.00 per month, your income could be no less than 2 x \$1,315.00, or \$2,630.00 per month.



We are accepting applications for the following units:

1-Bedroom Units	Income Limits	Monthly	y Rent

• 419 10th St., Sparks 89431 **(6 Brand New Units)** (60% AMI) \$1,256.00



Documents Needed at Time of Submitting Application

Applicant's Name:

process.

our application	will not be processed without the following documents.
Included with my application	Documents Needed
	Completed, signed, and dated rental application.
	Valid government issued ID for all adult members listed on the application.
	Proof of current residency (lease agreement, utility bills, mortgage statement)
	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 8 weeks of current and consecutive paystubs, current letter from Social Security administration. 8 weeks print out of self-employment like doordash, grubhub, etc.

Applications may be submitted in person:

and investment accounts for all members listed on your application.

or complete, sign and date the verification of employment-do not take to employer.

After the initial screening for income qualifications has been completed you will be required to submit a money order for \$26.00 to complete the background check

2 months of current and consecutive bank statements for all savings, checking

1525 E 9th St. Reno, NV 89512

By Email:

management@renoha.org

or Printed by Visiting:

www.renoha.org



Please answer all questions. Do not leave any space blank, write No or N/A where appropriate. Date: Client #: Name: Telephone: Address: ____ Work Telephone: _____ Does anyone in your household smoke? U No U Yes Do you own any pets? No Yes If yes, size/type? _____ Have you ever been arrested for any drug related or violent criminal activity? \square No \square Yes If yes, explain: If yes, a copy of the divorce decree will be required. Yes No Is anyone in the household divorced? **FAMILY COMPOSITION** Social Security # Birth Date Relationship Sex Race Ethnicity Name Age Self Anticipated changes in household size within the next 12 months? (Y/N) ______ If Yes, Explain: 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 - Appl	icant					
Present Employer Name:	Present Employer Name:				Gross Annual Income: \$			
Address:			From:	To:				
Previous Employer Name:				ıal Income: \$				

From:

From:

To:

To:

Gross Annual Income: \$

Address:

Address:

Previous Employer Name:

EMPLOYMENT RECORD - Co-Appli	cant
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:



STUDENT STATUS CERTIFICATION		
STUDENTS: Are ALL members of the household students? (Circle one)	YES	NO
If yes, then this Student Certification Section must be completed.		
Except for the exceptions listed below, households comprised totally of full-time students are considered in this property due to federal law. Changes in student status must be reported to manage they occur and may be grounds for terminating your lease if you do not meet one of the exceptions	gement as s	
A student is a person who is carrying a subject load considered full-time student at an educational (for a minimum of five months per year) or will be a full-time student at an educational institution wi (12) months. This includes evening classes, vocational schools with diploma or certificate program degree programs. Full-time students working full-time are still considered full-time students. Statu your school. 1. I certify that I am NOT a full-time student, nor do I anticipate enrolling as a full-time st	thin the nex s, and colle s must be v	t twelve ge verified by
months. Further, I agree to notify the manager immediately if my student status change	es in the nex	xt twelve
(12) months.		
(12)		
Residents whose households are comprised fully of students must initial the items that apply.		
2. I certify that I am a part-time student and I authorize the manager to verify my student school. I agree to notify management immediately if my student status changes in the months.	next twelve	(12)
3. I certify that all members of my household are full-time students, but that we mee exceptions:	t one of the	following
a) single parent and dependent child(ren), both of whom are not dependents of	of a third pai	rty
(attach copy of last IRS tax return)		
b) married to another household member and have filed a joint income tax return)	urn (attach d	copy of
c) receiving assistance under title IV of the Social Security Act (AFDC) (verific	ation require	ed)
d) enrolled in a federal/state or local job training program (verification required) Describe:	
	:1:4	
I understand that this certification is made as part of the qualification procedure to determine eligib	lity for resid	iency at
these apartments and that providing false information or any misrepresentation herein will be cons	idered a ma	ıterial
breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I	certify the a	above
representations are true.		
WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify make a false statement in any matter within the jurisdiction of a federal agency.	a material f	act or



HOUSEHOLD ASSETS

Da wan an anwana in tl	ha hausahald hawa any	of the following assets? Ple	aca mault "was" on "No" fo	n agah saurag of ingama

	Head of Household Co-Head		Additional Household Members			
Type of Asset	Check One	Value of Asset	Check One	Value of Asset	Check One	Value of Asset
Checking Accounts	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Savings Accounts	Yes No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Certificates of Deposits*	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Money Market Funds	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Mutual Funds/Stock*	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Treasury Bills	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
IRA or 401K*	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Company Retirement Accounts*	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Annuities Income*	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Life Insurance Policies (Whole Life)*	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Pension Funds*	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Trust Accounts	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
If yes, is it revocable?	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Personal Property Held for Investment	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Mortgage or Deed of Trust	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Cash held in Safety Deposit Boxes, etc.	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
House/Real Estate*	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Rental Property	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Other Investments	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Have you received any lump sum payments such as the following:		1	1	1	1	1
Inheritances	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Lottery or other Winnings	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Insurance Settlements	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐	\$
Workers' Compensation Settlements	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Social Security Disability Settlements	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Unemployment Compensation Settlements	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
VA Disability Settlements	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Severance Pay	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Capital Gains	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Other	☐Yes ☐No	\$	☐ Yes ☐ No	\$	☐Yes ☐No	\$
Note: *When listing the cash value of a deducted to convert the asset to cash. F mortgage, the realtor etc.? That's the a Have you disposed of any assets for less bankruptcy or divorce.) Yes No	For example, if you amount you should	owned a home, and list in the "value"	nd sold it, how mo	uch cash would yo	u have after you p	oaid off the



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	Head of	Household	Co-Head		Additional Hou	isehold Member
Type of Income	Check One	\$ Amount	Check One	\$ Amount	Check One	\$ Amount
Wages, Salary, etc. thru Employment	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Income from a Business or Profession	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Military Pay, including all allowances	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Social Security	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
SSI	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
TANF or other Public Assistance	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Alimony	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Child Support	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Unemployment Compensation	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Workers' Compensation	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Severance Pay	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Retirement Income	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Pensions	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Annuities Income	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Insurance Policies Income	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Disability or Death Benefits	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Income from Rental Property	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Regularly Recurring gifts	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Scholarships	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Grants	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Educational Entitlements	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Work Study Programs	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Regular Recurring Gifts	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Long Term Care Payments	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
Income from Training Programs	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
List Other Income:						
	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
	☐Yes ☐No	\$	☐Yes ☐No	\$	☐Yes ☐No	\$
I understand that the above information is being collected to determine my eligibility for residence. I authorize the owner/manager to verify information provided on this application and my signature is my consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law.						
I understand that this application and	all related inqui	res will be used o	only for its relevanc	ce to screening a	and occupancy at t	his property.

Signature Signature Date Date Signature Date Signature Date



The Reno Housing Authority reserves the right to contact current/former landlords and to conduct a credit check and a background or fingerprint check to verify past criminal history. I/we understand that the information on this form will be used to determine eligibility to lease properties owned or managed 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.

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

Applicant Signature	Date
Co-applicant or other adult member signature	Date
Co-applicant or other adult member signature	Date
Co-applicant or other adult member signature	 Date

Please return your completed application and all supporting documentation to:

Reno Housing Authority Asset Management Department 1525 East Ninth Street Reno, NV 89512

Or

Email to: Management@renoha.org