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| **Lot Rent Subsidy Program Application****State of Nevada Department of Business and Industry****Nevada Housing Division****Manufactured Housing**1830 E. College Parkway, Ste. 120, Carson City, Nevada 89706(775) 684-2940 ∙ Fax: (775) 684-2949 https://mhd.nv.gov |  | **Mail application to:**Manufactured HousingLot Rent Subsidy Program1830 E. College Parkway, Ste. 120Carson City, NV 89706 |

*Please complete all steps before submitting your application and refer to the checklist at the end of this form.*

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| **STEP 1: APPLICANT INFORMATION** |
| Last name of applicant: | First name: | Middle name: |
| Street address: |
| City: | ZIP: |
| Mailing address: |
| Phone: ( ) | E-mail: |
| Date of birth: / /  | Last four digits of social security number: xxx-xx- |

*Please complete Step 2 for all occupants (adults and children) living in the manufactured home.*

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| **STEP 2: OCCUPENT INFORMATION** |
| Name: | Relationship: | Age: | Last four digits of social security number: |
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*Please complete Step 3 regarding the Manufactured Home and Park where the home is located. Also, you MUST show proof of ownership by attaching a copy of the Certificate of Ownership (title), showing the title is in your name.*

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| **STEP 3: MANUFACTURED HOME INFORMATION** |
| Name of Manufactured Home Park: | Tenant since (year):  |
| Address of Manufactured Home Park: |
| Manufacturer: | Size: | Year: |
| Serial Number: | Lienholder (if any): |
| Are you currently receiving any rent assistance?[ ] NO [ ] YES If YES, amount: $ From whom: |
| Current monthly lot rent: $ (Do not include charges for water, garbage, or utilities) |
| Will there be a rent increase: [ ] NO [ ] YES If YES, when? How much? |

*Please complete Step 4 pertaining to the assets of all occupants in the home. This includes, but is not limited to, automobiles, recreational vehicles (RVs, boats, motorcycles), land or rental property, bank accounts, retirement accounts, stocks, bonds, and cash.*

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| **STEP 4: PERSONAL ASSETS** |
| **Automobiles:** Please attach a copy of Nevada vehicle registration for each vehicle. |
| Manufacturer/Model/Year: | Manufacturer/Model/Year: |
| Manufacturer/Model/Year: | Manufacturer/Model/Year: |
| **RVs, boats, campers, trailers, motorcycles:** |
| Manufacturer/Model/Year: | Manufacturer/Model/Year: |
| Manufacturer/Model/Year: | Manufacturer/Model/Year: |
| **Financial accounts and statements:** List all financial accounts including checking, savings, IRA, retirement, CDs, etc.**Please attach copies of the prior (12) twelve month statements for all bank accounts (include all pages of statement). If you have a direct express account, call the number on the back of the card and request a 12 month printout.** |
| **Bank Accounts:** |
| Name of Financial Institution: | Type of account: | Last four digits of account number: |
| Name of Financial Institution: | Type of account: | Last four digits of account number: |
| Name of Financial Institution: | Type of account: | Last four digits of account number: |
| **Retirement Accounts, IRAs, Stocks, Bonds, CDs, etc.:** |
| Name of Financial Institution: | Type of account: | Last four digits of account number: |
| Name of Financial Institution: | Type of account: | Last four digits of account number: |
| **Real Property, Personal Property, and Businesses Owned:** Include any properties or businesses being purchased**. Do not list the manufactured home in which you are currently residing.** |
| Property location: |
| Type of property: | Property value: $ |
| Name of business: | Type of business: |
| Business Address: |

*Please complete Step 5 by providing monthly income information. You are required to report any and all sources of reported or unreported income including sources paid in cash. This may include, but is not limited to, odd jobs, babysitting, handyman work, money given to you by family or friends, gambling winnings, miscellaneous deposits into your bank account, etc.*

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| **STEP 5: MONTHLY INCOME INFORMATION** |
| General Income Sources | Applicant | Spouse | Child | Other | State Office Use |
| Social Security | $ | $ | $ | $ |  |
| Supplemental Security Income | $ | $ | $ | $ |  |
| Retirement/Pensions | $ | $ | $ | $ |  |
| Veterans Benefits | $ | $ | $ | $ |  |
| Disability/Worker’s Compensation | $ | $ | $ | $ |  |
| WagesName of Employer:Dates of Employment: to | $ | $ | $ | $ |  |
| Interest Income/Annuities/Dividends | $ | $ | $ | $ |  |
| Alimony/Child Support | $ | $ | $ | $ |  |
| Unemployment Benefits | $ | $ | $ | $ |  |
| Military Allotment/Strike Benefits | $ | $ | $ | $ |  |
| Money from Family/Friends | $ | $ | $ | $ |  |
| Other Income (rebates, grants, gambling winnings, lottery, inheritance) | $ | $ | $ | $ |  |
| Food Stamps | $ | $ | $ | $ |  |
| Aid to Families with Dependent Children, Energy Assistance, TANF | $ | $ | $ | $ |  |

**All income, including cash received, must be reported for all occupants of the manufactured home. Attach a copy of all pages of your income and benefit statements. Proof of receipt of funds from family or friends must be provided including a letter signed and notarized by the person providing financial assistance. Copies of all year-end statements from banks, investments, wages, business income statement, and tax returns if self-employed.**

**SIGNATURES AND AFFIRMATIONS – Please read before signing**

If you are approved for the Lot Rent Subsidy Program, the subsidy payments will be made directly to the manufactured home park. An incomplete application will delay the processing of your application.

I, (we) hereby authorize the Nevada Housing Division to make any investigation concerning me or other members of my household, necessary to determine eligibility for any benefits I will receive under the Lot Rent Subsidy Program.

I, (we) hereby authorize and request all persons, agencies, businesses, associates, banks, lending institutions, employers (past of present) to whom this request is presented, to furnish such information as request by the Nevada Housing Division. I, (we) hereby release the holder of any such information from liability, if any, resulting from the disclosure of the required information. A reproduction of this authorization by photocopy, email or similar process shall be for the intent and purposes valid as the original.

I, (we) certify under penalty of perjury, the information provided on this application is true and correct. I, (we) also understand the inclusion of any willful misrepresentation on this form constitutes grounds for rejection of this application. Any person who knowingly attempts to obtain with the intent to cheat or defraud the Division in an amount of $100 or more is personally liable for:

1. Any assistance incorrectly paid on behalf of that person;
2. The costs of any investigation conducted by the Division;
3. Court costs;
4. Attorney fees; and
5. A civil penalty of not more than $1000.

I (we) understand, pursuant to NRS 118B.218, any change in income (mine and all occupants) or eligibility criteria must be reported to the Lot Rent Subsidy Program within (10) days of the change. Any person who violates this section is ineligible for assistance.

The applicant and any other household members (with the exception of minor children) must sign the application and have it notarized.

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| Applicant Signature: |  | Date: |
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| State of |  |
| County of |  |

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| Subscribed and sworn before me,  |  | the undersigned Notary Public in and for |
| said County and State, on the  |  | day of  | (Notary Public Name) | 20 |  | , by |
|  |
| (Name of Persons Signing Above) |
|  |

 Notary Public Signature

**MOBILE HOME PARK MANAGER CERTIFICATION FORM**

**THIS FORM MUST BE COMPLETED AND RETURNED BY THE PARK MANAGEMENT ONLY!**

*Please mail original to Manufactured Housing – do not fax or email! PER NAC 118B.390*

**THIS FORM MUST BE SUBMITTED TO THE DIVISION WITHIN 5 DAYS OF RECEIPT.**

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Middle**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street Space City Zip**

**Number of adults living in home: \_\_\_\_\_\_\_ Number of minor children living in home: \_\_\_\_\_\_\_\_\_**

**Tenancy began \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_. Home size: ( ) SW; ( ) DW; ( ) Other**

**Current monthly rent $\_\_\_\_\_\_\_\_\_ (Base only - do not include charges for water, garbage, utilities)**

**Please note any future rent increases. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the tenant currently receiving any Rent Subsidy? \_\_\_\_\_Yes (Amount $\_\_\_\_\_\_\_\_); \_\_\_\_\_\_ No**

**Is rent paid by check, cash or money order? \_\_\_\_\_\_\_\_\_\_\_\_ Is tenant current on rent?\_\_\_\_\_\_\_\_\_\_\_**

**If the tenant is not current on rent, has there been an agreement of payments? \_ \_\_\_\_\_\_\_**

**Is rent paid by someone other than the tenant? \_\_\_ Yes \_\_\_No. If yes, by whom?\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many vehicles do the tenant and any other occupants of the home have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of mobile home park: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Park address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of park manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_**

**Park/manager email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Any additional information you wish to provide regarding the tenant\*\***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please advise the subsidy program should there be any changes in the above information**

**PURSUANT 118B.390, I hereby certify that the information contained on this lot rent subsidy program certification form is true and correct to the best of my knowledge. This form must be completed, notarized, and returned within 5 days.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name of manager / owner Signature of manager / owner**

**STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subscribed and sworn to before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a Notary Public,**

 **(Name of Notary Public**

**on the \_\_\_\_ day of \_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Print name of manager/owner signing above)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF NOTARY PUBLIC**

(Revised 4/2019)