

### Lot Rent Renewal Application Applicant Information

Please complete entire application and refer to the checklist at the end of this form.

Last Name:	First Name:	Middle Initial:
Street Address:	Lot #:	City: Zip:
Mailing Address:		
Birthdate:	Last 4 of Social Security: xx-xxx-	Year Tenancy Began in Park:
Phone Number:	Email Address:	
Employer (if applicable):	Dates of Employment:	
Name of Manufactured Home Park:	Home Serial Number:	
Current Monthly Lot Rent: \$	(Do not include charges for water, garbage, or utilities)	
Has there been a change in the title or ownership of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had any change in the number of persons living in your home in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____		
_____		

### Occupant Information

All occupants (adults and children) living in the manufactured home, not including yourself. If a new adult is living in the home, please include a copy of their driver's license.

Name	Relationship	Age

### Financial Accounts

List all financial accounts for all occupants including checking and savings, IRA, retirement, CDs, etc.

Name of Financial Institution	Type of Account	Last 4 Digits of Bank Account Number

### Personal Assets

List assets of all occupants in the home. List includes, but is not limited to, automobiles, recreational vehicles (RVs, boats, motorcycles). Please provide copies of all vehicle, RV, boats, and/or motorcycle registration.

Manufacturer	Model	Year

### Monthly Income Information

You are required to report 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. Any additional financial assistance from family or friends must be provided including a letter signed and notarized by the person providing financial assistance. Please attach copies of prior **12-months** bank statements for checking and savings accounts, a tax return if self-employed and year end statements for IRA, retirement, CDs, etc. (include all pages of the statement).

General Income Sources	Applicant	Spouse	Child	Other
Social Security	\$	\$	\$	\$
Retirement/Pensions	\$	\$	\$	\$
Veterans Benefits	\$	\$	\$	\$
Disability/Worker's Compensation	\$	\$	\$	\$
Wages	\$	\$	\$	\$
Interest Income/Annuities/Dividends	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Military Allotment/Strike Benefits	\$	\$	\$	\$
Money from Family/Friends	\$	\$	\$	\$
Other Income (rebates, grants, gambling winnings, lottery)	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$
Aid to Families with Dependent Children, Energy Assistance, TANF	\$	\$	\$	\$
Medicare	\$	\$	\$	\$

**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) understand each application for assistance from the Fund must include:

- 1. A statement that an applicant who fails to report:
  - a. Information required to be included in the application which the applicant knew at the time the applicant signed the application; or
  - b. A change in his or her eligibility may be personally liable to the Division for any assistance incorrectly paid to him or her.

I, (we) understand the Division may recover from a person who receives assistance from the Account an amount not to exceed the assistance incorrectly paid to him or her if the person failed to report:

- a. Information required to be included in the application which the person knew at the time the person signed the application; or
- b. Any change in his or her eligibility may be personally liable to the Division for any assistance incorrectly paid to him or her.

Pursuant to NRS 118B.251 I, (we) understand any person who knowingly, by any false pretense, false or misleading statement, impersonation or misrepresentation, obtains or attempts to obtain with the intent to cheat or defraud the Division assistance from the Account in an amount of \$100 or more is personally liable for:

- a. Any assistance incorrectly paid to that person;
- b. The costs of any investigation conducted by the Division to determine whether that person received assistance incorrectly;
- c. Court costs;
- d. Attorney's fees; and
- e. A civil penalty of not more than \$1,000.

The division may bring an action to recover a civil penalty imposed and shall deposit any money recovered with the State Treasurer for credit to the Account.

The applicant and any other occupants (except for minor children) must sign the application and have it notarized.

**Signatures and Notarization**  
**(Do not sign until in front of a Notary)**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Occupant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Occupant

\_\_\_\_\_  
Signature of Occupant

\_\_\_\_\_  
Signature of Occupant

\_\_\_\_\_  
Printed Name of Occupant

\_\_\_\_\_  
Printed Name of Occupant

State of \_\_\_\_\_ County \_\_\_\_\_

Subscribed and sworn to before me, \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_,  
(Name of Notary Public)

20 \_\_\_\_\_ by \_\_\_\_\_  
(Printed name of the party appearing before Notary)

\_\_\_\_\_  
Notary Public Signature                      Notary Stamp or Seal

## Lot Rent Recertification Application Check List

Check	Tasks
<input type="checkbox"/>	Application is completed in full.
<input type="checkbox"/>	All occupants are listed. (children and adults)
<input type="checkbox"/>	All financial accounts are listed for all occupants.
<input type="checkbox"/>	Monthly income is filled out for all occupants of the home.
<input type="checkbox"/>	12 prior months of bank statements are provided for <u>all accounts for all occupants</u> of the home. (Example of bank statements supplied. If it is July, supplied are July, August, September, October, November, December of the previous year and January, February, March, April, May and June of the current year)
<input type="checkbox"/>	If self-employed, a tax return has been supplied.
<input type="checkbox"/>	If obtaining financial assistance from a friend or family member a letter signed and notarized by this person is supplied.
<input type="checkbox"/>	End of year statements are supplied for an IRA, retirement, CDs, etc.
<input type="checkbox"/>	Financial assistance such as energy assistance is supplied.
<input type="checkbox"/>	Proof of income such as pay stubs, copies of checks and social security is supplied.
<input type="checkbox"/>	Application is signed and notarized.
<b>Mail items to 1830 E College Pkwy, Suite 120, Carson City, NV 89706</b>	