



STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY  
**NEVADA HOUSING DIVISION | MANUFACTURED HOUSING**

1830 E. College Pkwy, Suite #120 | Carson City, Nevada 89706  
Phone (775) 684-2940; Fax (775) 684-2949  
[mhd.nv.gov](http://mhd.nv.gov)

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## Lot Rent Subsidy Application

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The Lot Rent Subsidy Application is administered by the State of Nevada Housing Division in an effort to provide relief to low-income residents of Mobile Home Parks who cannot afford their full lot rent. Please note the following:

- This application must be completed in full with all documentation attached for everyone living in the home.
- The application must be signed by the applicant and notarized.
- The program does not pay back rent.
- You will be notified once your application has been processed. An incomplete application will not be processed and will be returned to you.
- Please be advised that if funds are unavailable you may be placed on a waiting list.
- The program currently pays 30 percent of your base space rent up to a maximum of \$150 per month. The payment will be made to park management.

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## Eligibility Requirements

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1. Must have been a tenant in the same mobile home park, in your current home, in Nevada for at least (1) one year prior to the application for subsidy. You must own and hold title **IN YOUR NAME** to the mobile home.
2. Total monthly household income for all occupants over the age of 18 must be below the federally designated Poverty level for the current year. Please refer to the income limits table included in this Application to determine income eligibility. (See TABLE BB)
3. You will be required to submit an annual renewal application in February each year, and the copies will be required again with your annual renewal application.

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## Required Documents for Each Occupant

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- Copy of current Nevada driver's license or state/federally issued photo identification indicating residency at the current address for which lot rent subsidy is requested.
- If there is more than one motor vehicle owned by occupants, please provide copies of registration for ALL vehicles to be used to determine qualification. If there is only one vehicle owned, documentation is not required.
- Copy of your mobile home title, front and back. Title must be in applicant's name. You may find a copy of your title at <http://mhd.nv.gov/Content/Titling/TitleSearch/>
- Income verification letters and documentation. See Income Verification Table (Table AA) for the types of income that require Verification Letters.
- Signed copy of your lease.

To Be Completed by Applicant

Last Name:

First:

Middle:

Address:

Space No.

City:

State:

Zip

Mailing Address if different:

Phone:

Email Address:

Date of Birth:

Last 4 digits of Social Security No.

List Below the names and information of ALL OCCUPANTS including children.

Name

Relationship

Age

Last 4 digits of Social Security Number Only

Name

Relationship

Age

Last 4 digits of Social Security Number Only

Name

Relationship

Age

Last 4 digits of Social Security Number Only

Name Relationship Age Last 4 digits of Social Security Number Only
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Name Relationship Age Last 4 digits of Social Security Number Only
Name of Mobile Home Park: Tenant Since (year)
Address of Mobile Home Park :
<b>MOBILE HOME OWNERSHIP:</b> You must attach a copy of the certificate of ownership (title) showing title in your name.
Lot Rent Cost monthly – Do not include other charges \$
Are you currently receiving rental assistance from anyone, if so whom?  Amount \$

Table AA	Applicant	Spouse	Other occupant	Other occupant	Other occupant	State Office Use
<b>Name</b>						
<b>Social Security/SSI</b>	\$					
<b>Aid to Families with Dependent Children, Energy Assistance, TANF</b>	\$					
<b>Retirement/Pensions (Attach 3 months of statements)</b>	\$					
<b>Veterans Benefits</b>	\$					
<b>Disability / Worker's Compensation</b>	\$					
<b>Wages</b>	\$  <b>Per:</b> <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-Monthly <b>Employer Name:</b>	\$  <b>Per:</b> <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-Monthly <b>Employer Name:</b>	\$  <b>Per:</b> <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-Monthly <b>Employer Name:</b>	\$  <b>Per:</b> <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-Monthly <b>Employer Name:</b>	\$  <b>Per:</b> <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-Monthly <b>Employer Name:</b>	
<b>Interest Income/Annuities/Dividends</b>	\$					
<b>Alimony / Child Support</b>	\$					

<b>Unemployment Benefits</b>	\$					
<b>Military Allotment / Strike Benefits</b>	\$					
<b>Money from Family/Friends</b>	\$					
<b>Other Income (rebates, grants, gaming winnings, lottery, inheritance, etc)</b>	\$					
<b>Food Stamps</b>	\$					
<b>Bank Account Balance (Attach 3 months of statements)</b>	\$					
<b>Vehicles make/model/ Year</b>						
<b>Other property location and value</b>						
<b>Business Owned, Name and Value</b>						

## SIGNATURES AND AFFIRMATIONS

### PLEASE READ BEFORE SIGNING

If you are approved for the Lot Rent Subsidy, the subsidy payments will be made directly to the mobile 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 which is necessary to determine eligibility for any benefits I will receive under the Lot Rent Subsidy Program.

I, (we) hereby authorize and request that all persons, agencies, businesses, associates, banks, lending institutions, employers, present or past, to whom this request is presented, to furnish such information as requested to 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 all intent and purposes as valid as the original.

I, (we) certify under penalty of perjury, that the information provided on this application is true and correct. I, (we) also understand that 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:

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

**Pursuant to NRS 118B.218, I, (we) understand that any change in my income or any occupants income 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 member, except for minor children, must sign the application and have it notarized.**

#### Signature of Applicant and Occupants

_____ Date _____	_____ Date _____
_____ Date _____	_____ Date _____
_____ Date _____	_____ Date _____

# NOTARY

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

Subscribed and sworn before me: Notary Public Name \_\_\_\_\_ the undersigned

Notary Public in and for said County and State, on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By: Name of Persons Signing Above \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

## TABLE BB

### MAXIMUM ALLOWABLE INCOMES

For families/households with more than 8 persons, add \$4,320 for each additional person.

# PERSONS IN FAMILY/ HOUSEHOLD	MAXIMUM ANNUAL/MONTHLY INCOME
1	\$12,140yr / \$1,011.66 month
2	\$16,460yr / \$1,371.66 month
3	\$20,780yr / \$1,731.66 month
4	\$25,100yr / \$2,091.66 month
5	\$29,420yr / \$2,451.66 month
6	\$33,740yr / \$2,811.66 month
7	\$38,060yr / \$3,171.66 month
8	\$42,380yr / \$3,531.66 month