

For Official Use Only Date Received: _____ Time: _____ Initial: _____

Rural Nevada Development Corporation
1320 E. Aultman Street, Ely, NV 89301
775 289-8519

Rental Application

PLEASE PRINT-EVERY BLANK MUST BE COMPLETED-TWO FORMS OF I.D. ARE REQUIRED

Complete Applications are recorded in order of date and time received. An applicant may be interviewed only after a completed application is received. We are an Equal Housing Opportunity company and accommodate the applicants, who need assistance in filling out this application.

Complete this application and return it to: _____ RNDC _____
(property you are applying for) _____ 1320 E Aultman _____
_____ Ely, NV 89301 _____

GENERAL INFORMATION:

Applicant Name(s): _____

Mailing Address: _____

Telephone: _____ cell or message# _____

Bedroom Size Requested: ___ One ___ Two ___ Three ___ Four

Handicapped accessible apartment requested: Yes No

List all persons who will be living in the apartment. List head of household first:

	Name	Relationship	Birth date	Age	S.S. #	Sex
1.	_____	_____	_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
2.	_____	_____	_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
3.	_____	_____	_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
4.	_____	_____	_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
5.	_____	_____	_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
6.	_____	_____	_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>

Is anyone in this household a full-time student? Y N

Names: _____

ASSETS:

Cash on Hand \$ _____

Checking Account(s)

Account # _____ Bank _____ Balance _____

Account # _____ Bank _____ Balance _____

Savings Account(s)

Account # _____ Bank _____ Balance _____

Account # _____ Bank _____ Balance _____

Trust Account(s)

Account # _____ Bank _____ Balance _____

Account # _____ Bank _____ Balance _____

Certificates of Deposit(s)

Account # _____ Bank _____ Balance _____

Account # _____ Bank _____ Balance _____

Savings Bonds

Account # _____ Maturity Date _____ Value _____

Account # _____ Maturity Date _____ Value _____

IRA

Account # _____ Maturity Date _____ Value _____

Account # _____ Maturity Date _____ Value _____

Real Property: Do you own any property ___Y ___N If YES list type below.

Property _____

Location _____

Appraised Market Value _____ \$ _____

Property _____

Location _____

Appraised Market Value _____ \$ _____

Have You Sold/Disposed of any property or Asset in the last 2 years ___Y ___N

If YES, type of Property/Asset _____

Market Value when Sold/Disposed _____ \$ _____

Date of Transaction _____

Do you have any other assets not listed above not listed above (excluding personal property)

___Y___ N

If YES, please list below:

INCOME:

List all sources of income requested below:

Household member	Source of Income	Rate	Hrs. worked per week	Gross Per week
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

_____ SS wages: _____ Gross monthly amount: \$ _____

_____ SS wages: _____ Gross monthly amount: \$ _____

_____ Pensions: _____ Gross monthly amount: \$ _____

_____ Veterans: _____ Gross monthly amount: \$ _____

_____ SSI Benefits: _____ Gross monthly amount: \$ _____

_____ SSI Benefits: _____ Gross monthly amount: \$ _____

_____ Unemployment: _____ Gross weekly amount: \$ _____

_____ Unemployment: _____ Gross weekly amount: \$ _____

_____ AFDC (public assistance): _____ Gross monthly amount: \$ _____

_____ Full time student income: _____ Gross weekly amount: \$ _____
 (18 & older only)

_____ Alimony source: _____ Monthly amount \$ _____

Child Support
 Source _____ Monthly amount: \$ _____

Child Support
 Source _____ Monthly amount: \$ _____

Child Support
 Source _____ Monthly amount \$ _____

Total Gross Monthly Income \$ _____

EMPLOYER INFORMATION:

Head of Household:

Employer Name	Mailing Address	Phone #	Position	How Long
_____	_____	_____	_____	_____

Do you anticipate any changes in this income in the next 12 months? ___ Y ___ N
 If YES, explain: _____

Co-applicant:

Employer Name	Mailing Address	Phone #	Position	How Long
_____	_____	_____	_____	_____

Do you anticipate any changes in this income in the next 12 months? ___ Y ___ N
 If YES, explain: _____

Other Member of Household:

Employer Name Mailing Address Phone # Position How Long

Do you anticipate any changes in this income in the next 12 months? ___ Y ___ N
If YES, explain:

MEDICAL / HANDICAP ASSISTANCE EXPENSES:

Medical Costs: Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped regardless of age.

Monthly Medical Premium amount \$ _____
Medical Insurance Coverage – Name of Company _____
Address: _____ amount \$ _____
Anticipated Medical/Drug Prescription costs **NOT** covered by Insurance **NOR** reimbursed:
\$ _____ \$ _____ Medical bills or outstanding costs you are making monthly payments for:
_____ balance due \$ _____
Monthly payments: \$ _____ payable to: _____
Medical related travel costs:

Any other medical expenses (please list type and amount on the following lines:
Type: _____ amount \$ _____
Type: _____ amount \$ _____

Handicap Assistance Expenses: Attendant care and/or apparatus expense that enables Handicapped/Disabled applicants or others in the household to work. Complete **ONLY** if handicap or disability expenses allow someone in the household to work.

Type of expenses	Paid To Whom	Amount
_____	_____	\$ _____
_____	_____	\$ _____

CHILD CARE COSTS: Complete only for children 12 years of age or younger.

Name(s) of children cared for _____ Age _____

Name of person/agency caring for child: _____

Address of person/agency: _____

Weekly cost for child care due to: \$ _____ Employment Education \$ _____

PROGRAM INFORMATION:

Do you wish to request an adjustment to income as an “Elderly Household” where the tenant or co-tenant is 62 or older, handicapped or disabled regardless of age? Y N

Would anyone in your household benefit from a handicapped accessible unit? Y N

Have you ever been evicted from any type of housing? Y N

If YES, Where:

_____ When _____
Describe Reason: _____

_____ When: _____
Describe Reason: _____

Have you ever been convicted of a felony? Y N

Are you currently an illegal user of a controlled substance? Y N

Have you ever been convicted of illegal use, manufacture, sale distribution or possession of a controlled substance? Y N

Have you successfully completed a controlled substance abuse recovery program or are presently enrolled in such a program? Y N

Are you now or will you become a part time or full time student prior to move-in? Y N

How did you hear about this housing?

RENTAL REFERENCE INFORMATION:

Current Landlord:

Address: _____ Phone: _____

Previous Landlord:

Address: _____ Phone: _____

Address: _____ Phone: _____

PERSONAL NON-RELATED REFERENCES:

1. Name: _____ Phone: _____
Address: _____ Years Acquainted: _____
2. Name: _____ Phone: _____
Address: _____ Years Acquainted: _____
3. Name: _____ Phone: _____
Address: _____ Years Acquainted: _____

In case of emergency notify: _____ Phone # _____
 Address _____ City _____ State _____ Zip _____
 Alternate emergency contact: _____ Phone # _____

OTHER REQUIRED INFORMATION:

Vehicles: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle	Year/Make	Color	License Plate #

**PETS:
 (Applicable only to ELDERLY properties)**

Do you own any pets? Y N If YES, describe:

Note: Except in designated elderly projects, pets are not allowed unless in the event of a service animal for persons with disabilities or handicaps.

CERTIFICATION & AUTHORIZATION

I/We hereby certify that, I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that my/our eligibility for housing will be based on one or a combination of the following; USDA-Rural Development, LIHTC, HUD, HOME income limits and by tenant selection criteria. I/We certify that all information in this application is true and correct to the best of my/our knowledge and; I/We understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. Furthermore, I/We do hereby authorize Rural Nevada Development Corporation and its staff or authorized representative to contact any agencies, local police departments, offices, individuals, group or organizations to obtain and verify any information or material, to include pulling a credit report, which are deemed necessary to complete my/our application for housing programs administered/managed by Rural Nevada Development Corporation.

SIGNATURE(S):

Applicant	Date
Co-Applicant	Date
Co-Applicant	Date

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. The information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Applicant – Head of Household

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (mark one or more)

American Indian/Alaska Native _____

Asian _____

Black or African American _____

Native Hawaiian or Other Pacific Islander _____

White _____

Co-Applicant

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (mark one or more)

American Indian/Alaska Native _____

Asian _____

Black or African American _____

Native Hawaiian or Other Pacific Islander _____

White _____

Corporate office:

Rural Nevada Development Corporation

1320 E. Aultman Street

Ely, Nevada 89301

Phone 775 289-8519 EXT 1110 **Toll Free** 866 404-5204 **TTY** 800 326-6868 **Fax** 775 289-8214

Email doreen@rndcnv.org

“The U. S. Department Housing and Urban Development (HUD) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual’s income is derived from any public assistance program. **(Not all prohibited bases apply to all programs)** Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact the State of Nevada’s TTY # 800 326-6868. To file a complaint of discrimination write to Stte of Nevada Housing Division: Denise Cox, Section 504 Coordinator at: 1535 Old Hot Springs Road #50, Carson City, NV 89706 or call 775 687-2044



RNDC is an equal opportunity employer and provider

