

# WASHOE AFFORDABLE HOUSING CORPORATION

1004 Forest Street • Reno NV 89509-2705 • www.WAHC.info

Ph: 775-334-3199 • Toll Free: 1-888-202-9036 • Fax: 775-334-3195 • TDD/TTY: 775-331-5138 ext.204

HomelessPrevention@renoaha.org

## ATTENTION:

**BEFORE** completing this application, please **READ** this page to ensure you are eligible for Homeless Prevention Program assistance. Applications that indicate you are not eligible will be denied.

1. Are you being evicted for **non-payment of rent because of an emergency situation you have had in the last 90 days?** (Examples of emergencies: medical event, job loss, death in the family, accident, etc.)

- If yes, you might be eligible for an Emergency Assistance Payment to pay your back rent, up to a maximum of \$1,500.
- If you have not received an eviction notice **yet**, you are not currently eligible for this program.
- If you are being evicted for a reason other than non-payment of rent, you are not eligible for this program.

## OR

2. Have you received a notice from your landlord that your rent is increasing by at least 10%?

- If yes, you might be eligible for Relocation Assistance to pay a security deposit at a new unit that is more affordable for you.
- If you are being displaced from your unit because there is a new owner, or for other reasons, you are not eligible for this program.

**You must provide the documentation** listed throughout the application before WAHC can provide assistance.

If you do not meet one of the two criteria above, you may ask for a list of other community services that may be able to help you.

# WASHOE AFFORDABLE HOUSING CORPORATION APPLICATION FOR HOMELESS PREVENTION

PLEASE PRINT ALL INFORMATION CLEARLY.

YOU MUST ANSWER ALL QUESTIONS OR THE APPLICATION WILL BE RETURNED TO YOU.

Physical Address:	City:	State	Zip Code:
Mailing Address (If different than Physical Address):	City:	State	Zip Code:
E-Mail Address:	Area Code and Telephone No. (       )		

## PART A: ELIGIBILITY (Complete EITHER 1 OR 2)

### 1. Emergency Assistance Payment

- a. Are you facing eviction for non-payment of rent? If yes, provide a copy of the eviction notice.  Yes  No
- b. Are you facing a shut-off of utility service (gas, electric, water, trash) due to non-payment? If yes, provide a copy of the utility shut-off notice.  Yes  No

If you answered 'No' to both a. and b. above, STOP HERE. You are not eligible for the Emergency Assistance Payment. If you answered 'Yes' to either a. or b., proceed to question c., below.

- c. Have you already been locked out of your unit?  Yes  No

If you answer 'Yes', STOP HERE. You are not eligible for the Emergency Assistance Payment. If you answered 'No' to c., proceed to questions d., e., and f. below.

- d. Is the reason you cannot afford to pay your unpaid rent and/or utilities because of an emergency situation (indicate below) that occurred in the last 90 days? If yes, provide documentation such as bills, accident report, employment termination, etc.  Yes  No  
*Emergency Situation (Circle One): medical event, job loss, death in the family, accident, or other emergency within the last 90 days.*
- e. Is the total amount of the costs associated with the emergency situation equal to at least one month of rent in your current unit? If yes, provide documentation such as bills, invoices, receipts.  Yes  No
- f. Is the total amount of rent and/or unpaid utilities over \$1,500?  Yes  No

OR

### 2. Relocation Assistance

- a. Have you received notice that your rent is increasing by at least 10% compared to a year ago? If yes, provide a copy of the rent increase notice.  Yes  No

If you answered 'No' to a. above, STOP HERE. You are not eligible for Relocation Assistance. If you answered 'Yes' to a., proceed to questions b. and c. below.

- b. Did you receive this notice within the last 180 days?  Yes  No
- c. Have you submitted a move-out notice to your current landlord or plan to submit one within 30 days of approval for WAHC Relocation Assistance? If yes, provide a copy of your move-out notice.  Yes  No

## PART B: HOUSEHOLD COMPOSITION

List ALL persons who live with you. Submit a copy of each adult's valid government-issued picture identification (ID) with this application. If you are applying for Relocation Assistance (#2 above), provide copies of government issued birth certificates for each minor in the household.

1. Head of Household	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:	

<b>2. Spouse/ Co-Head</b>	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
<b>3. Other Family Member</b>	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
<b>4. Other Family Member</b>	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:
<b>5. Other Family Member</b>	Legal Last Name:	First Name:	MI	Social Security/Tax ID #:	Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (may check multiple boxes if applicable): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alien Registration #:

\*If you have more than 5 family members, please use a separate sheet of paper to list the additional members.

### PART C: PROGRAM INTEGRITY INFORMATION

- Are you or is any member of your household required to register as a sex offender?  Yes  No  
**\*\*Note: Individuals subject to a lifetime registration requirement under a State sex offender registration are prohibited from receiving WAHC assistance.**
- Have you or any household member ever used a first/last name other than the one you are using now?  Yes  No  
 If yes, what name? \_\_\_\_\_
- Have you or any household member ever used a social security number other than the one you listed on this application?  Yes  No  
 If yes, provide previously used social security number(s) \_\_\_\_\_
- Have you or has anyone in your household ever been engaged in violent criminal activity or drug-related criminal activity?  Yes  No  
 If yes, Who? \_\_\_\_\_ When? \_\_\_\_\_
- Have you had any lease violations, other than non-payment of rent, in the last 12 months?  Yes  No  
 If yes, When? \_\_\_\_\_ Why? \_\_\_\_\_
- Name of current landlord or name of apartment complex \_\_\_\_\_  
 Landlord/complex mailing address \_\_\_\_\_  
 Landlord phone # \_\_\_\_\_  
 Total Monthly Rent \$ \_\_\_\_\_ Bedroom Size \_\_\_\_\_

**Individuals who have engaged in drug-related or violent criminal activity within the past 12 months are prohibited from receiving WAHC assistance. WAHC will complete a criminal history background check for all adults in the household.**

**PART D: INCOME INFORMATION**

**\*Provide proof of income, including copies of paycheck stubs, award letters, pension statements, etc. with this application. Provide 4-6 consecutive pay stubs for proof of income.**

Source of Income	Income	Name of Family Member(s)
Employer: Address:	Rate of Pay: _____ # of hours per week: _____ Overtime _____ Tips _____	
Employer: Address:	Rate of Pay: _____ # of hours per week: _____ Overtime _____ Tips _____	
Self-employed	\$	
Unemployment	\$	
TANF (Cash Aid)	\$	
Child Support for _____	\$	
Child Support for _____	\$	
Child Support for _____	\$	
Spousal Support	\$	
Military pay	\$	
Pension, retirement, Annuity, etc.	\$	
Social Security	\$	
SSI – Social Security Supplemental Income	\$	
SSD – Social Security Disability	\$	
Disability Payments - NOT through Social Security	\$	
Scholarships/Financial Aid	\$	
Cash contributions from someone outside household	\$	
Other (source: _____)	\$	
Other (source: _____)	\$	
Other (source: _____)	\$	

**If more space is needed for income, write on a clean sheet of paper and attach to the application.**

- Does anyone outside of your household (other than individuals listed on this application) pay any of your bills?  Yes  No
- Do you or does any household member receive money to pay bills from someone outside of your household?  Yes  No  
 If yes, household member receiving income \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Name and address of party paying the bills \_\_\_\_\_

## PART E: ASSETS

**\*Provide 3 months of statements for each asset with this application.**

Asset	Balance	Name of Family Member(s)
Checking Account	\$	
Savings Account	\$	
Certificate of Deposit (CD)	\$	
Stocks or Bonds	\$	
Real Estate	\$	
Retirement Account(s)	\$	
Mutual Funds	\$	
Money Market Accounts	\$	
Cash on Hand	\$	

## PREFERENCE DECLARATION

The following are questions about preference points you may be eligible to receive. These preference points can affect your position on the waiting list for assistance. All must be verified.

1. Are you age 62 or over or disabled, which is defined as follows: 42 U.S.C. Section 423 d) (1) (A) "Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months?" *If you claimed disability status you must provide a disability statement from your physician or an award letter from the Social Security Administration or Veterans Affairs.*

Yes    No

### APPLICANT/PARTICIPANT CERTIFICATION – Please Initial Each Line

\_\_\_\_\_ I/we certify that the information given to WAHC on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete.

\_\_\_\_\_ I/we understand that false statements or information are grounds for denial or termination of assistance and may result in collections for amounts paid in error.

\_\_\_\_\_ I/we understand that I am required to report all changes of information on this application to WAHC within ten (10) days of the change.

\_\_\_\_\_ I/we understand that if approved for WAHC assistance all adults in my household will be required to meet with the Financial Guidance Center for a minimum of one hour within 14 days of approval to improve my financial situation. I/we understand failure to complete this appointment will result in assistance being denied or being sent to collections for amounts paid in error.

WAHC reserves the right to complete a **criminal history check**, as well as obtain verification of the information provided herein.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE – FOR WAHC USE ONLY:**

Date / Time Application Received:

**DO NOT WRITE IN THIS SPACE – FOR WAHC USE ONLY:**

I have reviewed this application in its entirety with the above Head of Household/Spouse during the interview and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of WAHC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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## **REMEMBER TO BRING BACK WITH APPLICATION**

**We will not be able to process the application without these items:**

### **Documentation needed:**

- **(Part A: Eligibility section)**
  - **For Emergency Assistance**
    - **Overdue power bills showing power being shut off or eviction notice from landlord for emergency assistance.**
    - **Documentation showing the emergency situation that happened in the last 90 days (loss of job/cut hours, unexpected medical bills etc.)**
  - **Relocation Assistance:**
    - **Rent increase notification (bring lease or other paperwork to show what rent was at before the increase)**
    - **Move-out notice to current landlord.**
    - **Lease agreement for new unit.**
- **(Part B: Household Composition)**
  - **Copy of government issued picture ID for each adult (passport, driver's license, permanent citizen card, state issued ID, Vet ID)**
  - **If your photo ID doesn't have a Washoe County address, bills that have your address may work.**
  - **Copy of birth certificate for each minor in household (relocation assistance)**
- **(Part D: Income Information)**
  - **4-6 consecutive paystubs for all adults that work, Social Security Award letters for any household members, Pension statements, Alimony and or Child Support documentation, TANF, and documentation of any other consistent financial support you receive.**
- **(Part E: Assets)**
  - **3 months of statements for each asset. Example; checking, savings, stocks or bonds, retirement accounts, CD etc.**