

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: \$ \_\_\_\_\_

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\_\_\_\_\_ Pensions: \_\_\_\_\_ Gross monthly amount: \$ \_\_\_\_\_

\_\_\_\_\_ Veterans: \_\_\_\_\_ Gross monthly amount: \$ \_\_\_\_\_

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

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\_\_\_\_\_ Unemployment: \_\_\_\_\_ Gross weekly amount: \$ \_\_\_\_\_

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\_\_\_\_\_ 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: \_\_\_\_\_

If YES, Where: \_\_\_\_\_ 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](mailto:doreen@rndcnv.org)

“The U. S. Department Housung 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, audiotape, etc.) should contact the State of Nevadas 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*

