

LOT RENT SUBSIDY APPLICATION

Attached is an application for the lot rent subsidy program for low income mobile home owners. This program is to assist eligible persons by supplementing their monthly rent for the mobile home lot on which their home is located. Requirements for eligibility are:

1. Must have been a tenant in the same mobile home park in this State for at least (1) one year prior to the application for subsidy.
2. You must own the mobile home which is subject to the tenancy.
3. You must have a **total monthly household income** which is at or below the federally designated level signifying poverty for year 2012: (Income for **ALL occupants** of the home must be included)
For 1 person in home - \$930.83 For 2 persons in home - \$1,260.83
For 3 persons in home - \$1,590.83 For 4 persons in home - \$1,920.83
4. Be a tenant in a mobile home park and maintain continuous tenancy in that park during the duration of the subsidy.
4. Must not have total assets with a value more than \$12, 000.00, excluding the value of the mobile home, the (household) contents of that mobile home, and one motor vehicle.

In order for your application to be processed, **all blanks must be completed**. Read each page carefully and answer every question. You must attach all requested documents to the application.

An incomplete application will be returned without being processed.

Page four (4) must be notarized.

****You must keep all financial records for proof of income including ALL PAGES of bank statements – they will be required again with your annual renewal application.****

The program does not pay any back rent. You will be notified once your application has been processed. Please be advised that at times there may be a waiting list for this program.

Please return copies of the following items with your application for each person living in the home:

- (1) **COPY OF NV DRIVERS LICENSE, OR STATE/ FEDERAL ISSUED PHOTO I.D.**
- (2) **COPY OF SOCIAL SECURITY CARD.**
- (3) **COPY OF YOUR NEVADA CAR REGISTRATION FOR ALL VEHICLES**
- (4) **COPY OF YOUR MOBILE HOME TITLE.**
- (5) **COPIES OF YOUR BANK STATEMENTS FOR 12 MONTHS ALL PAGES! (If statements say “Page 1 of 4”, etc, you must include ALL 4 pages)**
- (6) **COPIES THAT SUPPORT ALL FORMS OF ASSISTANCE AND INCOME**
 1. SOCIAL SECURITY STATEMENT, 1099 AND/OR BANK STATEMENT SHOWING DEPOSITS
 2. SUPPLEMENTAL SECURITY INCOME STATEMENTS
 3. RETIREMENT PENSIONS OR VETERANS BENEFITS
 4. WAGES (W2) OR DISABILITY OR UNEMPLOYMENT, GAMBLING WINNINGS, PART TIME JOBS, ETC.
 5. WELFARE or FOOD STAMPS STATEMENTS – ALL PAGES
 6. REBATE CHECKS OR ENERGY ASSISTANCE
 7. MONEY YOU RECEIVE FROM FRIENDS OR FAMILY
- (7) **HAVE PAGE (4) SIGNED BY ALL ADULTS LIVING IN THE HOME AND THEN HAVE IT NOTARIZED.**
- (8) **BE SURE TO GIVE THE LAST PAGE OF THIS APPLICATION TO YOUR PARK MANAGER .**

PERSONAL ASSETS

Please complete the following information on assets of all members in the household. This includes, but not limited to, automobiles, recreational vehicles (RVs, boats, motorcycles) land or rental property, bank accounts, retirement accounts, stocks, bonds and cash. Attach copy of vehicle registration.

AUTOMOBILES

1. _____ 2. _____
Manufacturer/Model/ Year Manufacturer/Model/Year

RV, TRUCKS, VANS, BOATS, CAMPERs, TRAILERS, MOTORCYCLES

1. _____ 2. _____
Manufacturer/Model/Year Manufacturer/Model/Year

BANK ACCOUNTS - List below **all** bank accounts, checking, savings, IRA, retirement, CD's, etc.
****You must attach copies of ALL PAGES of the prior (12) twelve months statements on all bank accounts.**

1. Name of Bank _____ Bank Address _____
Type of account: _____ Account Number _____ Balance _____

2. Name of Bank _____ Bank Address _____
Type of account: _____ Account Number _____ Balance _____

3. Name of Bank _____ Bank Address _____
Type of account: _____ Account Number _____ Balance _____

RETIREMENT ACCOUNTS, IRA ,STOCKS AND BONDS (attach statements**)**

1. Name of Company _____ Address _____
Type of account: _____ Account Number _____ Balance _____

2. Name of Company _____ Address _____
Type of account: _____ Account Number _____ Balance _____

REAL PROPERTY, PERSONAL PROPERTY (I, or we own, or share ownership, or are buying the following property) Do not list your current resident mobile home.

1. Property in Nevada (land, buildings, house, mobile home, income property) ___ Yes ___ No
If yes, location _____ Type _____ Value \$ _____

****You are required to report any and all sources of reported or unreported income including sources paid in cash. This may include, but not limited to, odd jobs, baby sitting, handyman work, money given to you by family or friends, gambling winnings, misc. deposits to your bank account, etc.****

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.

INCOME INFORMATION

General Income Sources	Applicant	Spouse	Child	Other	Official
1. Social Security	\$				
2. Supplemental Security Income	\$				
3. Retirement Pensions	\$				
4. Veterans Benefits	\$				
5. Disability / worker's Compensation	\$				
6. Wages (attach separate page if necessary) Name of Employer: _____ Dates of Employment _____ to _____	\$				
7. Interest Income / Annuities	\$				
8. Dividends / Capitol Gains	\$				
9. Alimony / Child Support	\$				
10. Unemployment Benefits	\$				
11. Military Allotment / Strike Benefits	\$				
12. Other Income (rebates, grants gaming winnings, lottery, inheritance.	\$				
13. Money from Family/Friend (need letter that states how much is given)	\$				
14. Food Stamps	\$				
15. Aid to Families with Dependent Children or Energy Assistance	\$				

All sources of income must be reported on all occupants of the mobile home. Attach a copy of ALL PAGES of your most recent Income Tax return, Annual Social Security Administration 1099 form, Award letters of benefits for SSI, Welfare, and Veterans Benefits, food stamps, proof of receipt of funds from family or friends, etc. Copies of all year-end statements from Banks, Investments, Wages, Business Income Statement if self employed must also be provided. Your total monthly income will be determined by combining all of the annual household income and dividing by twelve.

Personal Comments (Any statements you wish to make relevant to this application) :

SIGNATURES AND AFFIRMATIONS

PLEASE READ BEFORE SIGNING

I, (we) hereby authorize the Nevada State Manufactured 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 Manufactured 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 xerox 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 household members 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.

This application must be notarized.

Signature of Applicant (s) _____ Date _____
_____ Date _____
_____ Date _____

State of _____ County of _____

Subscribed and sworn to before me, _____ the undersigned
(Notary Public Name)

Notary Public in and for said County and State, on the ____ day of _____ 20__ ,

by _____
(Name of Persons Signing Above)

Notary Public Signature

