



# MOBILE HOME PARK APPLICATION (FOR SENIORS)

THE HOUSING AUTHORITY OF THE COUNTY OF CLARK, NEVADA

Main Office: 5390 E. Flamingo Road, Las Vegas, NV 89122 Phone: (702) 451-8041

**Please submit applications to the applicable Park Office address listed below.**

DE FA AP IN NO LO	<b>Office Use Only</b>	
	Client Number: _____	
	Date Entered: _____	By: _____
	<b>DATE &amp; TIME RECEIVED</b>	

This form MUST BE COMPLETED IN INK.

To properly assist you, we MUST HAVE ACCURATE AND COMPLETE INFORMATION.

**ALL** questions must be answered. If the question does not apply, write "N/A" or "NONE".

Failure to answer all questions may delay your interview and/or eligibility determination.

<u>MAILING ADDRESS:</u>					Home Phone Number: (____) _____ Ext. _____			<b>OPTIONAL INFORMATION*</b>				
Number		Street		Apt. #	Work Phone Number: (____) _____ Ext. _____			<b>RACE</b>		<b>Ethnicity</b>		
City		State		Zip Code	Emergency Contact: (____) _____ Ext. _____			You may specify more than one race code per family member		CHECK ONLY ONE		
<b>ABOUT YOUR FAMILY</b>					SOCIAL SECURITY NUMBER	DATE OF BIRTH <i>MO-DA-YYYY</i>	Relationship to Head of Household	MARITAL STATUS	1 = White 2 = Black 3 = American Indian/ Alaskan Native 4 = Asian 5 = Native Hawaiian/ Pacific Islander		HISPANIC (1)	NON-HISPANIC (2)
LIST EACH MEMBER INCLUDING YOURSELF THAT WILL BE LIVING IN YOUR HOUSEHOLD. PLEASE PRINT CLEARLY.									Primary (Write One Number)			
	LAST NAME	FIRST NAME	M.I.	SEX M/F								
1	HEAD											
2	Co-Head											
3	Member											
4	Member											

\*Optional: You are not required to provide this information. If you leave it blank, the Housing Authority staff will make a choice.

**PROGRAMS:** Please check the program you are interested in. Income limits apply.

- Dorothy Kidd Mobile Home Park** (For Seniors - Owned and managed by the Housing Authority)  
5380 E. Flamingo Rd. Las Vegas, NV 89122 Phone: (702) 451-2045

**VETERANS STATUS:**

- Yes  No Are you a Veteran?
- Yes  No Are you a spouse of a deceased Veteran and remain unmarried?
- Yes  No Are you related to a deceased Veteran who was an immediate family member at the time of death (children, dependent, parent)?
- Yes  No Is the Veteran permanently absent from the household, but legally responsible for the support of one or more family members and the spouse is not remarried?

**HOUSING ASSISTANCE HISTORY:**

- Yes  No Has any family member (*who is listed on this application*) ever lived in any assisted housing? If yes, where and when?
- Yes  No Does any family member (*who is listed on this application*) currently owe rent or other amounts to another Housing Authority in connection with Section 8 or public housing? If yes, explain.
- Yes  No Has any family member (*who is listed on this application*) ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?
- Yes  No Has any family member (*who is listed on this application*) ever been evicted or moved without paying rent from any Public Housing, Indian Housing, Section 23, or any Section 8 Housing Program? If yes, explain?
- Yes  No Has any family member, 18 years or older (*who is listed on this application*), ever been arrested? If yes, please provide time, place and explain?

**RESIDENCES/ PREVIOUS ADDRESSES:**

Please LIST ALL ADDRESSES where the **HEAD OR CO-HEAD** have lived during the **LAST FIVE (5) YEARS.**

FROM (Date)	TO (Date)	YOUR ADDRESS	Who Signed the Lease	Apartment/ Complex Name	Owner's Name Apt./Complex Address
		<b>Begin with your current address:</b>			

**HOW DID YOU LEARN ABOUT THE CLARK COUNTY HOUSING AUTHORITY?**

(Please check one)

- Newspaper  Service Agency Referral >>List name of Agency/Newspaper: \_\_\_\_\_
- Walk-in  Employee/Manager  Friend/Resident  Website  Other: \_\_\_\_\_

**MARITAL STATUS (Head of Household) Information:**

\_\_\_\_\_ Married    \_\_\_\_\_ Unmarried    \_\_\_\_\_ Separated    \_\_\_\_\_ Divorced    \_\_\_\_\_ Widowed

<b>If separated or divorced, list name(s) and address(es) of spouse(s)/ex-spouse(s) in the space below.</b>				
	<b>#1 (Circle One)</b> Spouse – Ex-Spouse	<b>#2 (Circle One)</b> Spouse – Ex-Spouse	<b>#3 (Circle One)</b> Spouse – Ex-Spouse	<b>#4 (Circle One)</b> Spouse – Ex-Spouse
Full Name				
Street				
City/State/Zip				
Social Security Number				
Phone Number				
State and County of Divorce. If separated, state here.				

- Yes     No    Does anyone live with you who is not listed on this application? If yes, explain.
  
- Yes     No    Do you plan to have anyone living with you in the future who is not listed? If yes, explain.
  
- Yes     No    Has any family member been married in the last twelve (12) months?
  
- Yes     No    If you are married, will your spouse live with you? If no, where will your spouse live?
  
- Yes     No    If not, do you intend for your spouse to live with you anytime in the future? If yes, explain.
  
- Yes     No    Has any family member ever used any name(s) or social security number(s) other than those listed on this form? If yes, explain.

**REASONABLE ACCOMMODATIONS:**

- Yes     No    Do you require a specific accommodation to fully utilize the Housing Authority’s programs and services? If yes, what family member and what type of accommodation?

**PETS:**

Pets are allowed according the Housing Authority Pet Policy. The pet(s) must meet the requirements as outlined in the Policy and be registered with the office. Service animals that provide a reasonable accommodation are accepted.

- Yes     No    Do you have a pet(s)? If yes, what type of pet(s)?
- Yes     No    Do you have a service animal? If yes, what service does the animal provide and for which household member?

**INCOME:** Indicate **TOTAL MONTHLY INCOME** from **ALL** MEMBERS OF YOUR HOUSEHOLD. There is a column for each family member that receives income. **Write the family member's name in the shaded box at the top of the column.** Then continue by going down the column for "type of income" and write monthly amount received in box for the family member.

Type of Income	Family Member #1 Name:	Family Member #2 Name:	Family Member #3 Name:
INCOME FROM EMPLOYMENT (Full time, Part-time, Temporary, etc.)	Hourly Rate:  Avg. Hrs/Week: _____ Monthly Wages:  Employer Name & Address:	Hourly Rate:  Avg. Hrs/Week: _____ Monthly Wages:  Employer Name & Address:	Hourly Rate:  Avg. Hrs/Week: _____ Monthly Wages:  Employer Name & Address:
	Monthly Income	Monthly Income	Monthly Income
SOCIAL SECURITY Include survivor's benefits.  Provide Deceased Person's Social Security Number:			
SOCIAL SUPPLEMENTARY INCOME (SSI)			
UNEMPLOYMENT			
SELF EMPLOYMENT			
WORKERS COMPENSATION (SIIS) OR OTHER DISABILITY			
PENSION OR RETIREMENT BENEFITS			
VETERAN'S BENEFITS			
RENTAL PROPERTY INCOME			
STOCKS, BONDS, OTHER INVESTMENTS			
INTEREST INCOME			
MONEY FROM FRIENDS or RELATIVES			
ALIMONY			
OTHER INCOME			

(Note: Income questions continued on next page)

**INCOME (continued):**

- Yes  No Are you currently in the process of applying for any additional sources of public assistance, TANF, Social Security, unemployment benefits, workers' compensation, etc. If Yes, explain.
- Yes  No Have you received any lump sum payments in the past twelve (12) months (ie: insurance settlements, inheritances, lottery/casino winnings, capital gains, social security benefits, unemployment compensation, etc.?) If Yes, explain.
- Yes  No Do you anticipate receiving any lump sum payments in the next twelve (12) months. If Yes, explain.
- Yes  No Does anyone outside of your household pay any of your bills or give you money? If yes, explain and provide their name, address and phone number.
- Yes  No If yes to the question above, will this assistance continue after housing is provided? Explain.

If you have **NO INCOME**, you will be required to complete a NO INCOME QUESTIONNAIRE and CERTIFICATION FORM during your interview.

**ASSETS:**

List all assets for members of your household using the chart below. Please give complete addresses and account numbers of each asset listed.

Type of Asset	Account Number	Company/Bank Name and Address	Amount (Value)	Family Member who owns the asset
Checking Account #1				
Checking Account #2				
Savings Account #1				
Savings Account #2				
Money Market Account				
Certificates of Deposit				
IRA/ Keogh/Retirement Accounts				
Stocks/Bonds				
Life Insurance Policy				
Boat, Mobile Home, Real Estate (incl. Land)				
Trusts. If yes, is the Trust irrevocable?				
Cash Held (Safety Deposit Box or safe)				
Other Assets				

- Yes  No Have you sold, transferred or given away any assets in the last two years for less than full value? If yes, explain.

