



PRELIMINARY APPLICATION: BROWN HOMES

THE HOUSING AUTHORITY OF THE COUNTY OF CLARK, NEVADA

5390 E. Flamingo Rd, Las Vegas, NV 89122-5335 (Administration Building)

Phone: (702) 451-8041 TDD: (702) 433-1472 Visit our website at: www.haccnv.org

Office Use Only

Client Number: _____

Date Entered: _____ By: _____

DATE & TIME RECEIVED

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.



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

PREFERENCE - VETERANS STATUS:

Yes No Are you a Veteran, spouse of a deceased Veteran and remain unmarried, or 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?

INCOME: Indicate **TOTAL MONTHLY** income from **ALL MEMBERS OF YOUR HOUSEHOLD**.

	Monthly Income		Monthly Income	(Before Deductions) TOTAL MONTHLY HOUSEHOLD INCOME \$
Wages		Child Support		
Welfare		Disability Payments		
Social Security		Pension		
SSI		Interest/Investment		
Unemployment		Other		

Is the Head or Co-head disabled? Yes No If yes, who? _____

REASONABLE ACCOMMODATIONS:

Yes No Do you require a specific accommodation to fully utilize the Housing Authority's programs and services? If yes, explain.

OTHER QUESTIONS:

Yes No Does any family member (who is listed on this application) owe any money to a Public Housing agency? If yes, state name of Public Agency and amount owed? *(If any family member owes any money, to any Housing Authority in the United States, make arrangements now to repay that Housing Authority, before your final eligibility interview.)*

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: _____

PROGRAMS: This application is for **Brown Homes only, located at 5380 E. Flamingo**. Remember, you may only apply for the programs/bedroom sizes that have an **open wait list**. Income limits apply.

SIGNATURES:

I/We certify that the statements made and information supplied is true, complete and correct. I/We understand that false statements or information given may be punishable under federal law. I/We hereby authorize the Housing Authority of the County of Clark, Nevada to verify the information supplied on this application.

I/We _____ (initials) further understand it is **my/our obligation to report changes in 1) ADDRESS, 2) PHONE NUMBER, 3) INCOME and/or 4) FAMILY COMPOSITION, IN WRITING, directly to the Housing Authority.** Changes must be reported within (10) working days of the change. If I/We cannot be contacted at the address provided, the application will be canceled, and I/We will have to reapply.

 Print Name – Head of Household Signature Date

 Print Name – Spouse or Other Adult Family Member Signature Date

 Signature of any person who assisted in filling out this application Date

All applicants will be subject to criminal background screening.

WARNING: Title 18, Section 1001 of the United States Codes, states that a person is guilty of a felony for knowingly and willingly making false statements to any department or agency of the United States.