



PRELIMINARY APPLICATION
Non-Aided Scattered Sites – Neighborhood Stabilization Program
 THE HOUSING AUTHORITY OF THE COUNTY OF CLARK, NEVADA
 5390 E. Flamingo Rd, Las Vegas, NV 89122-5335 (Administration Building)
 Phone: (702) 451-8041 TTY: (702) 433-1472
 Visit our website at: www.haccnv.org

Office Use Only

Resident ID: _____
 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.

Total number of people who will be living in the unit?
 (including yourself) _____

<u>MAILING ADDRESS:</u>					Home Phone Number: (____) _____ Ext. _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">RACE</td> <td colspan="2" style="text-align: center;">Ethnicity</td> </tr> <tr> <td colspan="2" style="text-align: center;">You may specify more than one race code per family member</td> <td colspan="2" style="text-align: center;">CHECK ONLY ONE</td> </tr> <tr> <td style="text-align: center;">1 = White</td> <td style="text-align: center;">2 = Black</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">HISPANIC (1)</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">NON-HISPANIC (2)</td> </tr> <tr> <td style="text-align: center;">3 = American Indian/ Alaskan Native</td> <td style="text-align: center;">5 = Native Hawaiian/ Pacific Islander</td> </tr> <tr> <td style="text-align: center;">4 = Asian</td> <td style="text-align: center;">5 = Native Hawaiian/ Pacific Islander</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Primary (Write <u>One</u> Number)</td> <td style="text-align: center;">Other (Write any other Numbers)</td> <td></td> <td></td> </tr> </table>				RACE		Ethnicity		You may specify more than one race code per family member		CHECK ONLY ONE		1 = White	2 = Black	HISPANIC (1)	NON-HISPANIC (2)	3 = American Indian/ Alaskan Native	5 = Native Hawaiian/ Pacific Islander	4 = Asian	5 = Native Hawaiian/ Pacific Islander			Primary (Write <u>One</u> Number)	Other (Write any other Numbers)		
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Number _____ Street _____ Apt. # _____					Work Phone Number: (____) _____ Ext. _____																											
City _____ State _____ Zip Code _____					Cell Phone Number: (____) _____																											
E-Mail: _____																																
<u>ABOUT YOUR FAMILY</u> LIST EACH MEMBER INCLUDING YOURSELF THAT WILL BE LIVING IN YOUR HOUSEHOLD. PLEASE PRINT CLEARLY.																																
		LAST NAME	FIRST NAME	M.I.	SEX M/F	SOCIAL SECURITY NUMBER	DATE OF BIRTH <i>MO-DA-YYYY</i>	Relationship to Head of Household	MARITAL STATUS M = Married S = Single C = Separated D = Divorced W = Widowed U = Unknown L = Legal Separation																							
1	HEAD																															
2	Co-Head																															
3	Member																															
4	Member																															
5	Member																															
6	Member																															
7	Member																															
8	Member																															
9	Member																															
10	Member																															

PREFERENCE: VETERANS STATUS

- Yes No Have you been discharged or released from active duty in the Armed Forces under honorable conditions?
- 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: Using the chart below, please calculate your **TOTAL HOUSEHOLD MONTHLY Income** from **ALL MEMBERS OF YOUR HOUSEHOLD.**

	Monthly Income		Monthly Income	(Before Deductions) TOTAL MONTHLY HOUSEHOLD INCOME \$
Wages		Child Support		
Welfare		Disability		
Social		Pension		
SSI		Interest/Investme		
Unemployme		Other		

Does any family member (who is listed on this application) owe any money to a Public Housing agency?
 Yes No 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.)***

OTHER HOUSEHOLD MEMBER INFORMATION:

Head: _____ Language Spoken _____ Language Read _____
Co-Head: _____ Language Spoken _____ Language Read _____

- Is anyone in your household a US Citizen? Yes No
 If no, does **at least one** household member have eligible INS Status? Yes No
- Have you or anyone in your household been arrested or convicted of a crime?
 Yes No If yes, name of family member: _____
- Have you or anyone in your household been convicted of producing methamphetamine?
 Yes No If yes, name of family member: _____
- Are you or anyone in your household a lifetime registered Sex Offender?
 Yes No If yes, name of family member: _____
- Is the **Head or Co-head disabled**? Yes No If yes, who? _____
- Does anyone in your family require a wheelchair accessible unit? Yes No
 If yes, who? _____ Relationship to Head of Household: _____
- Does anyone in your family require a unit with visual notification devices for the deaf or hard of hearing?
 Yes No
 If yes, who? _____ Relationship to Head of Household: _____
- Does anyone in your family require a unit with accommodations for a visual impairment?
 Yes No
 If yes, who? _____ Relationship to Head of Household: _____

HOW DID YOU LEARN ABOUT THE CLARK COUNTY HOUSING AUTHORITY? (Please check one)

_____ Newspaper _____ Service Agency Referral from _____ Newspaper _____
_____ Walk-in _____ Employee/Manager _____ Friend/Resident _____ Website Other: _____

REASONABLE ACCOMMODATIONS – OPTIONAL QUESTIONS:

Answering the following questions is optional. However, if you decline to answer, we may be unable to determine if you qualify for a Reasonable Accommodations or if you are eligible for a special unit for person with mobility impairment or for persons who a deaf/hearing impaired.

A. Do you or any member of your household have a condition that requires:

- Communication in a specially requested format because of a disability
- Separate bedroom
- Unit for hearing impaired
- Other physical modification
- Unit for vision impaired
- Wheelchair accessible unit

Name of household member requiring the items checked above: _____

If you checked any of the above, please explain exactly what you will need in the apartment, other services or type of communication (example: send all information in audible format, large print or email).

B. Do you or any household member need assistance to go up or down stairs?

Yes No If yes, explain: _____

Name of household member requiring assistance: _____

C. Will you or any household member require a Live-in Aide to assist you?

Yes No If yes, explain: _____

Name of household member requiring a Live-in Aide: _____

D. Are there any other accommodations which you or anyone in household will need to fully utilize the Housing Authority's programs and services? If yes, explain.

SIGNATURES:

In order to process this application, a **signature from Head and Co-Head (if applicable) is required.** If signatures are missing, this application will be considered incomplete, mailed back to you and you will be issued a new date and time of application when it is returned.

I/We understand it is **my/our obligation to report changes in 1) ADDRESS, 2) PHONE NUMBER, 3) INCOME, 4) FAMILY COMPOSITION and/or 5) PREFERENCES, IN WRITING, directly to the Housing Authority,** by mail or by visiting the office at 5390 E. Flamingo Road, Las Vegas, NV 89122. An update form can be downloaded from on our website at www.haccnv.org. 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.

I/We declare and 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 and/or will be sufficient cause for rejection of my application. I/We hereby authorize the Housing Authority of the County of Clark, Nevada to verify the information supplied on this application.

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.