



PRELIMINARY APPLICATION – PUBLIC HOUSING

THE HOUSING AUTHORITY OF THE COUNTY OF CLARK, NEVADA
 5390 E. Flamingo Rd, Las Vegas, NV 89122-5335 (Administration Building)
 Phone: (702) 451-8041 TYY: (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.

How many bedrooms do you require? (*Circle one*) 0 1 2 3 4 5

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

<u>MAILING ADDRESS:</u>					Home Phone Number: (____) _____ Ext. _____				RACE You may specify more than one race code per family member		Ethnicity CHECK ONLY ONE	
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.					SOCIAL SECURITY NUMBER	DATE OF BIRTH MO-DA-YYYY	Relationship to Head of Household	MARITAL STATUS M = Married S = Single C = Separated D = Divorced W = Widowed U = Unknown L = Legal Separation	1 = White 2 = Black 3 = American Indian/ Alaskan Native 4 = Asian 5 = Native Hawaiian/ Pacific Islander		HISPANIC (1)	NON-HISPANIC (2)
	LAST NAME	FIRST NAME	M.I.	SEX M/F					Primary (Write One Number)			
1	HEAD											
2	Co-Head											
3	Member											
4	Member											
5	Member											
6	Member											
7	Member											
8	Member											
9	Member											
10	Member											

PREFERENCES:

DISASTER:

Yes No Are you an evacuee or victim of a declared disaster? If so, which disaster?

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?

WORKING:

Yes No Does an adult family member in the household, who is listed on the application, work at **least 30 hours per week for the past 6 months or more?**

Name of family Member: _____

Employer Name: _____

Hours worked per week: _____

Yes No Is the **Head/Co-Head** on the application is **62 years or older (elderly); and receives income due the inability to work?**

Yes No Is the **Head/Co-head** on the application **disabled and receives income due to the inability to work?**

RESIDENCY:

Yes No Do you currently live in Clark County jurisdiction (including all city municipalities)?

If yes, address: _____

Yes No Do you work or have been hired to work in Clark County jurisdiction?

If yes, employer name and address: _____

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.)***

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: _____

OTHER HOUSEHOLD MEMBER INFORMATION:

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

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

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: _____

