



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
1535 Old Hot Springs Rd Ste #60
Carson City, NV 89706
Phone (775) 687-2060; Fax (775) 687-5521
www.mhd.state.nv.us

LOT RENT SUBSIDY PROGRAM 2014

This program is to assist eligible manufactured home owners by supplementing their monthly rent for the mobile home lot on which their home is located. This program currently pays 30% of the BASE space rent, not to exceed \$150.00 per month. 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. (Proof of title is required)
 3. You must have a **total monthly household income** which is at or below the federally designated level signifying poverty for year 2014: (Income for **ALL occupants** of the home must be included)
For 1 person in home - \$ 972.50 For 2 persons in home - \$1,310.83
For 3 persons in home - \$1,649.16 For 4 persons in home - \$1,987.50
 4. Be a tenant in a mobile home park and maintain continuous tenancy in that park during The duration of the tenancy.
 5. 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.
- **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.**

The following items will be required with your application for each person living in the home:

- (1) **COPY OF NV DRIVERS LICENSE, OR STATE/ FEDERAL ISSUED PHOTO I.D. INDICATING LEGAL NEVADA RESIDENCY.**
- (2) **COPY OF SOCIAL SECURITY CARDS FOR ALL PERSONS IN THE HOME.**
- (3) **COPY OF YOUR CURRENT NEVADA CAR REGISTRATION FOR ALL VEHICLES**
- (4) **COPY OF YOUR MOBILE HOME TITLE, FRONT AND BACK.**
- (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) YOU MUST PROVIDE WRITTEN PROOF OF THE SOURCE OF ALL DEPOSITS TO YOUR ACCOUNT.
- (6) **WRITTEN COPIES SUPPORTING ALL FORMS OF ASSISTANCE & INCOME**
 - A. SOCIAL SECURITY STATEMENT, CURRENT LETTER SHOWING ANNUAL SOCIAL SECURITY INCREASE, 1099 FORM, BANK STATEMENT SHOWING DIRECT DEPOSIT TO BANK.
 - B. SUPPLEMENTAL SECURITY OR DISABILITY INCOME STATEMENTS
 - C. RETIREMENT PENSIONS, INVESTMENTS OR VETERANS BENEFITS
 - D. WAGES (W2) OR UNEMPLOYMENT, GAMBLING WINNINGS, PART TIME JOBS, ETC. COPIES OF PASTUBS SHOWING YEAR TO DATE INCOME, VERIFICATION THAT NO INCOME IS BEING RECEIVED IN THE FORM OF SOCIAL SECURITY STATEMENT OR DENIAL FOR UNEMPLOYMENT.
 - E. WELFARE or FOOD STAMPS STATEMENTS – **ALL PAGES**
 - F. REBATE CHECKS OR ENERGY ASSISTANCE
 - G. MONEY YOU RECEIVE FROM FRIENDS OR FAMILY (proof of funds including cancelled checks or verifications of bank withdrawals, and Notarized statement of exactly how much was paid, when paid and if it will continue are required)