



STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION

1830 E. College Pkwy, Suite #120
Carson City, Nevada 89706
Phone (775) 684-2940; Fax (775) 684-2949
mhd.nv.gov

LOT RENT SUBSIDY APPLICATION - 2017

Attached is an application for the Lot Rent Subsidy program for low income mobile homeowners. This program assists eligible persons by supplementing their monthly rent for the mobile home lot on which their home is located.

In order for your application to be processed, all blanks must be completed.

- Read each page carefully and answer every question.
- You must attach all requested documents to the application for ALL persons living in your home, even if they are not related to you. (Including roommates)
- An incomplete application will be returned without being processed.
- Page four (4) must be signed by ALL adults in the home, and be notarized.
- 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 program currently pays 30% of your 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 your current home, in this State for at least (1) one year prior to the application for subsidy. You must own and hold title IN YOUR NAME to the mobile home.
2. You must have a **total monthly household income** which is at or below the federally designated level signifying poverty for year 2017:

(Income for **ALL occupants** of the home must be included, even if they are not related to you.)

For 1 person in home - \$1,005.00 For 2 persons in home - \$1,353.33
For 3 persons in home - \$1,701.66 For 4 persons in home - \$2,050.00
(Please contact us for the income caps for homes with more than 4 occupants)

3. Your household (all occupants) must not have total assets valued at more than \$12,000.00, not including the value of the mobile home you live in, the (household) contents of that mobile home, and one motor vehicle.

Mail OR Deliver your application to: Manufactured Housing
1830 E. College Pkwy Suite #120
Carson City, NV 89706

Please return copies of the following items with your application for each person living in the home, regardless of their relationship to you:

- **COPY OF CURRENT NV DRIVERS LICENSE, OR STATE/ FEDERAL ISSUED PHOTO I.D. INDICATING LEGAL NEVADA RESIDENCY.**
- **COPY OF YOUR CURRENT NEVADA CAR REGISTRATION FOR ALL VEHICLES**
- **COPY OF YOUR MOBILE HOME TITLE, FRONT AND BACK, IN YOUR NAME.**
- **COPIES OF YOUR BANK STATEMENTS FOR 12 MONTHS ALL PAGES, FOR ALL OCCUPANTS OF YOUR HOME!**
 - **INCLUDE YOUR DIRECT EXPRESS STATEMENTS – You can call the number on the back of the card and order a “12 month printout” from them.**
 - **Copies of the actual statements are required from all other accounts – we cannot accept online account printouts - CHECKING ACCOUNTS, SAVINGS ACCOUNTS, RETIREMENT/PENSION ACCOUNTS, CDs, MONEY MARKETS, STOCK ACCOUNTS (INCLUDING ONLINE STOCK ACCOUNT), PAYPAL AND EBAY ACCOUNTS.**
(If statements say “Page 1 of 4”, etc, you must include ALL 4 pages)
- **WRITTEN COPIES SHOWING ALL TYPES OF ASSISTANCE & INCOME OR MONEY RECEIVED, ALL PAGES:**
 1. Social Security, Supplemental Security and Disability benefits letters - current letter showing your monthly benefit
 2. Veteran benefits, Retirement or Pensions benefit letter – current year
 3. Wages – Full or Part-time jobs - Current W2 or 1099 and most recent paystub showing Year To Date income
 4. Gambling winnings – verification of winnings from the casino
 5. Side jobs or piece work – copy of check paid to you and letter from person who hired you stating what work you did, what dates you worked, and how much you were paid.
 6. Cash deposits to your bank account – you must provide written proof of where all money came from. Written proof can include copies of cancelled checks, receipts, refund statements, etc.
 7. If any adult in the home has no income, provide an earnings statement for the previous 12 months from Social Security. You can print the statement from their website at www.ssa.gov. Also provide copies of unemployment or disability benefit denial letter.
 8. Welfare, Unemployment, Energy Assistance and Food Stamps benefit letters – **all pages**
 9. Money you receive from friends, family, church, etc - proof of how much was paid to you or on your behalf, and when. Proof can include copies of cancelled checks or verifications of bank withdrawals. Include a signed, Notarized letter from the person who gave you the money or paid your bills of exactly how much was paid, when it was paid, and if they will continue to pay.
 10. You must provide proof of where any money came from that is deposited into any of your accounts.
- **You must keep all financial records, ALL PAGES, for proof of income, bank statements, food stamps letter, Social Security Letter, etc. for as long as you receive benefits from the program. You will be required to submit an annual renewal application in February each year, and the copies will be required again with your annual renewal application.**
- You must live in a mobile home park, own the home with a title issued in your name, and maintain continuous tenancy in that park for as long as you are receiving the subsidy.



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APPLICATION FOR LOT RENT SUBSIDY PROGRAM - 2017

APPLICANT _____

_____ Last First Middle

Address _____

_____ Street Space City Zip

Mailing Address if different: _____

Email address: _____

Date of birth _____ **Last 4 Digits of Soc Sec #** _____ **Phone #** _____

List below the names and information of all occupants, adults and children, of the mobile home. If additional space is needed, you may attach it to the application.

	Name	Relationship	Age	LAST 4 DIGITS ONLY Social Security #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Name of Mobile Home Park _____ **Tenant since** _____ (year)

Address of Mobile Home Park _____

MOBILE HOME OWNERSHIP: You **MUST** attach a copy of the Certificate of Ownership (title), showing title is in your name, as proof of ownership to the home.

Mobile Home Manufacturer _____ **Size** _____ **Year** _____

Serial Number _____ **Lienholder** _____

Are you currently receiving any rent assistance?
 ___ No ___ Yes (amount \$ _____; from whom? _____)

What is your current lot rent? \$ _____ (Do not include charges for water, garbage, or utilities)

Will there be a rent increase? _____ **If yes, when?** _____ **How much?** _____

PERSONAL ASSETS

Please complete the following information on assets of all occupants in the household. This includes, but is not limited to, automobiles, recreational vehicles (RVs, boats, motorcycles) land or rental property, bank accounts, retirement accounts, stocks, bond, and cash.

AUTOMOBILES: Attach copy of Nevada vehicle registration.

1. _____ 2. _____
Manufacturer/Model/ Year Manufacturer/Model/Year

RV, TRUCKS, VANS, BOATS, CAMPERS, TRAILERS, MOTORCYCLES

1. _____ 2. _____
Manufacturer/Model/Year Manufacturer/Model/Year

BANK ACCOUNTS - List below all bank accounts, checking, savings, IRA, retirement, CD's, etc.
****You must attach copies of ALL PAGES of the prior (12) twelve months statements on all bank accounts. IF YOU HAVE A DIRECT EXPRESS ACCOUNT, CALL THE NUMBER ON THE BACK OF YOUR CARD AND REQUEST A 12 MONTH PRINTOUT.**

1. Name of Bank _____ Type of account: _____
Last 4 digits of account # _____
2. Name of Bank _____ Type of account: _____
Last 4 digits of account # _____
3. Name of Bank _____ Type of account: _____
Last 4 digits of account # _____

RETIREMENT ACCOUNTS, IRA, STOCKS, AND BONDS (attach statements**)**

1. Name of Company _____ Type of account: _____
Last 4 digits of account # _____
2. Name of Company _____ Type of account: _____
Last 4 digits of account # _____

REAL PROPERTY, PERSONAL PROPERTY, BUSINESS OWNED:

I, or we own, or share ownership, or are buying the following property or business:
(Do not list your current resident mobile home.)

1. Property Location _____
Type _____ (land, buildings, house, mobile home, income property, etc.)
Value \$ _____
2. Name of any business owned _____
Address of business _____
Type of business _____
(i.e. sales, housecleaning, handyman, babysitting, etc.)

****You are required to report any and all sources of reported or unreported income including sources paid in cash. This may include, but not limited to, odd jobs, baby sitting, handyman work, money given to you by family or friends, gambling winnings, misc. deposits to your bank account, etc.****

MONTHLY INCOME INFORMATION

General Income Sources	Applicant	Spouse	Child	Other	Official
1. Social Security	\$				
2. Supplemental Security Income	\$				
3. Retirement/Pensions	\$				
4. Veterans Benefits	\$				
5. Disability / Worker's Compensation	\$				
6. Wages Name of Employer: _____ Dates of Employment _____ to _____	\$ Per: () Month () Week () Bi-Monthly				
7. Interest Income/Annuities/Dividends	\$				
8. Alimony / Child Support	\$				
9. Unemployment Benefits	\$				
10. Military Allotment / Strike Benefits	\$				
11. Money from Family/Friends	\$				
12. Other Income (rebates, grants, gaming winnings, lottery, inheritance, etc)	\$				
13. Food Stamps	\$				
14. Aid to Families with Dependent Children, Energy Assistance, TANF	\$				

ALL INCOME, including cash received, must be reported on ALL OCCUPANTS of the mobile home. Attach a copy of ALL PAGES of your income and benefit statements. Proof of receipt of funds from family or friends must be provided including a letter signed/notarized by the person giving you assistance. Copies of all year-end statements from Banks, Investments, Wages, Business Income Statement, Tax returns if self employed must also be provided.

SIGNATURES AND AFFIRMATIONS
PLEASE READ BEFORE SIGNING

If you are approved for the Lot Rent Subsidy, the subsidy payments will be made directly to the mobile home park. An incomplete application will delay the processing of your application.

I, (we) hereby authorize the Nevada State Manufactured Housing Division to make any investigation concerning me or other members of my household which is necessary to determine eligibility for any benefits I will receive under the Lot Rent Subsidy Program.

I, (we) hereby authorize and request that all persons, agencies, businesses, associates, banks, lending institutions, employers, present or past, to whom this request is presented, to furnish such information as requested to the Manufactured Housing Division. I, (we) hereby release the holder of any such information from liability, if any, resulting from the disclosure of the required information. A reproduction of this authorization by photocopy, email or similar process shall be for all intent and purposes as valid as the original.

I, (we) certify under penalty of perjury, that the information provided on this application is true and correct. I, (we) also understand that the inclusion of any willful misrepresentation on this form constitutes grounds for rejection of this application. Any person who knowingly attempts to obtain with the intent to cheat or defraud the Division in an amount of \$100 or more is personally liable for:

- (a) Any assistance incorrectly paid on behalf of that person;
- (b) The costs of any investigation conducted by the Division;
- (c) Court costs;
- (d) Attorney's fees; and
- (e) A civil penalty of not more than \$1,000.

Pursuant to NRS 118B.218, I, (we) understand that any change in my income or any occupants income or eligibility criteria must be reported to the Lot Rent Subsidy Program within (10) days of the change. Any person who violates this section is ineligible for assistance.

The applicant and any other household member, except for minor children, must sign the application and have it notarized. **This application must be notarized.**

Signature of Applicant (s) _____ Date _____

_____ Date _____

_____ Date _____

State of _____ County of _____

Subscribed and sworn to before me, _____ the undersigned
(Notary Public Name)

Notary Public in and for said County and State, on the ____ day of _____ 20__ ,

by _____
(Name of Persons Signing Above)

Notary Public Signature



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MOBILE HOME PARK MANAGER CERTIFICATION FORM 2017

THIS FORM MUST BE COMPLETED AND RETURNED BY THE PARK MANAGEMENT ONLY!

Please mail original to MHD – do not fax or email! PER NAC 118B.390

THIS FORM MUST BE SUBMITTED TO THE DIVISION WITHIN 5 DAYS OF RECEIPT.

Applicant: _____

Address _____
Last First Middle
Street Space City Zip

Number of adults living in home: _____ Number of minor children living in home: _____

Tenancy began _____, 20____. Home size: () SW; () DW; () Other

Current monthly rent \$_____ (Base only - do not include charges for water, garbage, utilities)

Please note any future rent increases. _____

Is the tenant currently receiving any Rent Subsidy? _____ Yes (Amount \$_____); _____ No

Is rent paid by check, cash or money order? _____ Is tenant current on rent? _____

If the tenant is not current on rent, has there been an agreement of payments? _____

Is rent paid by someone other than the tenant? ___ Yes ___ No. If yes, by whom? _____

How many vehicles do the tenant and any other occupants of the home have? _____

Name of mobile home park _____

Park address _____

Name of park manager _____

Phone _____; Cell _____ Fax _____

Park/manager email address: _____

****Any additional information you wish to provide regarding the tenant****

Please advise the subsidy program should there be any changes in the above information

PURSUANT 118B.390, I hereby certify that the information contained on this lot rent subsidy program certification form is true and correct to the best of my knowledge. This form must be completed, notarized, and returned within 5 days.

Print name of manager / owner Signature of manager / owner

STATE OF _____ COUNTY OF _____

Subscribed and sworn to before me, _____ a Notary Public,

(Name of Notary Public)

on the ____ day of _____ 20____

(Print name of manager/owner signing above)

SIGNATURE OF NOTARY PUBLIC