



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 - 2016**

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.
- An incomplete application will be returned without being processed.
- Page four (4) must be signed by ALL adults in the home, and be notarized.
- 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.
- 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 this State for at least (1) one year prior to the application for subsidy. You must own and hold title to the mobile home which is subject to the tenancy. You must live in a mobile home park, own the home, and maintain continuous tenancy in that park for as long as you are receiving the subsidy.
2. You must have a **total monthly household income** which is at or below the federally designated level signifying poverty for year 2016:  
(Income for ALL occupants of the home must be included, even if they are not related to you.)  
For 1 person in home - \$ 990.00      For 2 persons in home - \$1,335.00  
For 3 persons in home - \$1,680.00      For 4 persons in home - \$2,025.00
3. 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:**

- **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.**
- **COPIES OF YOUR BANK STATEMENTS FOR 12 MONTHS ALL PAGES!**  
**\* 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
  3. 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](http://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.



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**APPLICATION FOR LOT RENT SUBSIDY PROGRAM - 2016**

**APPLICANT** \_\_\_\_\_

\_\_\_\_\_ **Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle**

**Address** \_\_\_\_\_

\_\_\_\_\_ **Street** \_\_\_\_\_ **Space** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip**

**Mailing Address if different:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **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), 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?** \_\_\_\_\_



**Manufactured Housing Division Lot Rent Subsidy Application 2016**

**\*\*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	\$				
8. Dividends / Capitol Gains	\$				
9. Alimony / Child Support	\$				
10. Unemployment Benefits	\$				
11. Military Allotment / Strike Benefits	\$				
12. Other Income (rebates, grants, gaming winnings, lottery, inheritance, etc)	\$				
13. Money from Family/Friends	\$				
14. Food Stamps	\$				
15. 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 Social Security Annual Letter, Award letters of benefits for SSI, Welfare, Unemployment and Veterans Benefits, food stamps, proof of receipt of funds from family or friends, Benefits Denial letters, etc. Copies of all year-end statements from Banks, Investments, Wages, Business Income Statement if self employed must also be provided. Your total monthly income will be determined by combining all of the annual household income and dividing by twelve.**

**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 household members 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 \_\_\_\_\_

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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 2016

**THIS FORM MUST BE COMPLETED AND RETURNED BY THE PARK MANAGEMENT ONLY!**  
**Please mail original to MHD – do not fax or email!**

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; ( ) TW  
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 7 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