



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

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: _____

Last First Middle
Address _____
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