



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 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