



HOUSING AUTHORITY OF THE CITY OF NORTH LAS VEGAS

1632 Yale Street, North Las Vegas, Nevada 89030-6892

Telephone: (702) 649-2451 Sec. 8 FAX: (702) 649-8093 TDD: (702) 649-0085

www.nlvha.com



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**HOUSING AUTHORITY OF THE CITY OF NORTH LAS VEGAS
HOUSING ASSISTANCE PRE-APPLICATION FORM**

Name _____ Home Phone # _____
 Address _____ Work Phone # _____ Message Phone # _____
 @ _____
 City _____ State _____ Zip Code _____ email address _____

List All Persons Below That Will Live with You in Assisted Housing (Including Yourself)

Last Name, First Name	Sex	Ethnicity		Relationship	Date of Birth	Social Security Number	Citizen Y or N	Birth Place City & State	Race (check one or more)					
		Hispanic/Latino	Non Hispanic/Latino						White	Black/African American	Amer. Indian/Alaskan Native	Asian	Native Hawaiian/Pacific Islander	

List All Household Income

Family member receiving income.	Type of Income (ADC, Wages, Etc.)	Name of Place of Income Source	Amount of Monthly Income Received (hourly, monthly)

Please check if you are a Veteran or a Spouse of a Deceased Veteran: Yes No

My monthly rent is: \$ _____ My monthly utility bills are: \$ _____

Have you received or are you currently receiving housing assistance? (Including Section 8 or Public Housing)

Yes No If Yes, when and where: _____

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If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please list:

If you or anyone in your family is a person with disabilities, do you require an accessible unit? Yes No

If yes, what type of accessible unit do you require?

Mobility Impairment	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>

If you need assistance, due to a disability, in filling out applications or other paperwork, please let our receptionist know and one of our staff members will be happy to work with you. TDD users may dial 649-0085 for assistance.

Programs applying for*:
*** You will only be added to the wait list of the program(s) selected if the wait list for that program is open.**

<input type="checkbox"/>	Elderly Public Housing
<input type="checkbox"/>	Family Public Housing
<input type="checkbox"/>	Non-Assisted Affordable Housing
<input type="checkbox"/>	HOME Program

I have reviewed the above information and certify it to be correct. I understand that I must keep my copy of this form as proof of registration.

Signature

Date