

WASHOE HOUSING AUTHORITY
1588 Watasheamu Drive
Gardnerville, NV 89460
Phone: 775-265-2410 Fax: 775-265-5293

APPLICATION FOR ELDER SUBSIDY

Applicant: _____
Last First Middle Suffix

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Phone: _____
Home Work Cell

E-Mail: _____

1. FAMILY COMPOSITION: Persons who reside in the home:

Name	Relation	Occupation	D.O.B.	M/F

Anticipate Changes in Family Composition: _____

2. FAMILY INCOME:

Family Member No.	Source	Rate	Past 12 Months	Next 12 Months

Anticipated Changes in Family Income: _____

Utility Requested? Propane Wood
 (Must show copy of current shut-off notice) Energy Bill or Gas Bill

APPLICATION FOR ELDER SUBSIDY

3. Please attach a copy of doctor's certificate verifying permanent disability if applying Between the age of 55-62 and disabled.
4. I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objection to inquires made for the purpose of verifying the statements herein.

Signature of Applicant

Date

Signature of Interviewer

Date.

OFFICE USE ONLY

Number of Request _____

Usage _____

Balance _____

EMPLOYMENT / INCOME VERIFICATION FORM

Washoe Housing Authority
1588 Watasheamu Drive
Gardnerville, NV 89410

APPLICANT / TENANT TO COMPLETE THE HIGHLIGHTED AREAS IN THIS SECTION ONLY:

Employer: _____ Date: _____
Employer Phone #: _____ Name: _____
Employer Fax #: _____ SS #: _____

To Whom It May Concern:

We are required to verify the income of all members of families applying for admission as tenants to the federally-aided housing units, which we operate, or for assistance that we provide and to re-determine periodically the incomes of tenant families. The laws under which these housing units are administered restrict occupancy to low-income and monthly payments are established on the amount of the family income.

To comply with this requirement, we ask your cooperation in completing the applicable items below for the person listed above. The information will be held in confidence for use only in determining the eligibility status and payments for the recipient's family.

Sincerely,

Washoe Housing Authority

I hereby authorize & request the following information to be released for determining admission & eligibility for a Washoe Housing Authority Program.

Date Signature of Employee/Participant

APPLICANT / TENANT - DO NOT WRITE BELOW THIS LINE

INFORMATION TO BE ENTERED BY EMPLOYER ONLY

1. Presently employed? _____ Effective Date: _____ Occupation: _____
2. If terminated, Date effective? _____
3. Salary Base Pay Rate: Per Hour: _____ Per Week: _____ Per Year: _____
4. Average hours of work per week at base rate: _____ hours
5. Total Base Pay Earnings in last 12 months: _____

Firm Name: _____ By: _____
Address: _____ Title: _____
Phone: _____

Date Signature

INFORMATION TO BE ENTERED BY SOCIAL SERVICES AGENCY ONLY

1. Number in family: _____
2. Aid to Families with Dependent Families: _____
3. Other Assistance - Type: _____ Rate/Month: _____
4. Other Income - Source: _____ Rate/Month: _____
5. Is Allowance given for Rent and/or Utilities? _____ If so, Rate/Month: _____
6. Amount of public assistance given during the past 12 months: _____
7. When did the assistance begin? _____
8. Remarks: _____

Firm Name: _____ By: _____
Address: _____ Title: _____
Phone: _____

Date Signature

EMPLOYMENT / INCOME VERIFICATION FORM

Washoe Housing Authority
1588 Watasheamu Drive
Gardnerville, NV 89410

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Firm Name: _____ By: _____
Address: _____ Title: _____
Phone: _____

Date Signature

Washoe Housing Authority

- LOCATION
DRESSLERVILLE COMMUNITY
(775)265-2410 • Fax: (775)265-5293

- MAILING-
1588 WATASHEAMU DRIVE
GARDNERVILLE, NEVADA 89460
CAROL@WHAUTHORITY.COM

CERTIFICATION OF ZERO INCOME

As a participant/tenant household member of the Washoe Housing Authority, I understand that all income must be reported and verified to determine the monthly house or rental payment

HEAD OF HOUSEHOLD: This is to certify that I do not receive income from any source and below is how I maintain a household with zero income.

Date: _____ Signature: _____

HOUSEHOLD MEMBER: This is to notify that I do not receive income from any source and at this time do not contribute to the household expenses.

Date: _____ Signature: _____

Please be advised that the Washoe Housing Authority will verify zero income claimed from each adult member of your household through the following agencies: Department of Social Services, Social Security Administration, Employment Security Department, and the Washoe Native TANF Program. This verification process will be conducted every three (3) months.

WARNING: I/we understand that false statements or information are punishable under Federal Law. I/we understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Washoe Housing Authority

- LOCATION -
DRESSLERVILLE COMMUNITY
TOLL-FREE: (800) 249 - 4942
(775) 265 - 2410 • Fax: (775) 265 - 5293

- MAILING -
1588 WATASHEAMU DRIVE
GARDNERVILLE, NEVADA 89460

Secretary- Treasurer/ Enrollment Officer
Washoe Tribe of Nevada and California
919 US Hwy 395 North
Gardnerville, Nevada 89410

SUBJECT: Verification of Enrollment and Certification of Indian Blood

Dear Secretary/Treasurer,

On behalf of the Washoe Housing Authority, it is necessary for our office to obtain Verification of Enrollment and Certification of Indian Blood for applicants applying for Washoe Housing Authority (WHA) Services.

Please provide for our office, a Verification of Enrollment and Certification of Indian Blood for

_____ who:

Head of Household

is applying for WHA services

The applicant, by signing this form authorizes your office to release the Verification of Enrollment and Certification of Indian Blood to the Washoe Housing Authority.

Sincerely,

_____ Date: _____

Washoe Housing Authority

_____ Date: _____

Applicant Requesting Release of Information

_____ Applicant's Birth Date