

Pahrump Office
Marilynn Gallivan Complex
1981 E. Calvada Blvd. North
Suite 120
Pahrump, NV 89048
Phone: (775) 751-7095
Fax: (775) 751-4284



Health and Human Services
Director - Karyn Smith

Tonopah Office
Nye County Courthouse
101 Radar Road
Post Office Box 926
Tonopah, NV 89049
Phone: (775) 482-8125
Fax: (775) 482-7261

RENTAL VERIFICATION - Applies to Rental Applicant Households ONLY

**** THIS FORM IS TO BE COMPLETED BY THE LANDLORD OR MANAGER ONLY ****

AUTHORIZATION: I authorize you to release the requested information to Nye County Health & Human Services.

Applicant's Signature

Date

Applicant: Please sign and date the above authorization box, giving your consent for the landlord to complete this form. The form must be completed, signed and dated by the landlord, and submitted with your application. Rent/Household composition to be completed by landlord or manager only. Under no circumstances can anyone other than the owner or legal representative, complete this form.

Landlord/Manager: Thank you for your cooperation. The information provided will be used only in conjunction with the purpose of rental verification with this agency and is confidential. Your helping the applicant is appreciated.

RE: _____

Applicant's Name

Street/Residence Address

City, State, Zip

1. List the full names of EVERY person (including the above person/applicant) living at the address: _____

2. When did _____ **begin living at this address?** _____
Applicant's Name *Date*

3. If no longer living at this address, date moved: _____ **Forwarding Address:** _____

4. Does a governmental entity provide housing or pay a portion of the rent for this household? ☐ YES ☐ NO

Under what program? *(Please check one of the following.)*

☐ **HUD Conventional Public Housing**

☐ **HUD Indian Housing**

☐ **Section 8**

☐ **FmHA Rental Assistance**

☐ **USDA - Rural Development**

☐ **Other:** _____

5. If household rent is zero \$0, does the household receive a UTILITY ALLOWANCE reimbursement?

☐ YES ☐ NO

If YES, how much? _____

6. Verify the amount of utility allowance calculated to reduce the household's monthly rent: \$ _____

7. Total monthly rent or estimated market value of rent: \$ _____. _____ **pays \$** _____
Applicant's Name

8. Is the rent paid to date? ☐ YES ☐ NO **Date last paid?** _____ **For what period?** _____

9. Number of bedrooms: _____. **If assistance is for room rent, number of rooms being rented:** _____.

10. Is this for space rent? ☐ YES ☐ NO

11. How is the rent paid? (cash, personal check, money order, paycheck, etc.) _____

12. Is _____ **a responsible party to the terms of the lease?** ☐ YES ☐ NO
Applicant's Name

If NO, who is responsible? _____

13. Does a person outside the household pay any portion of the rent? ☐ YES ☐ NO

If YES, who? _____

14. Does rent include utilities? ☐ YES ☐ NO

If YES, which utilities? *(check all that apply)* ☐ Electric ☐ Propane ☐ Water **Amount:** \$ _____

15. Does anyone in the household work in exchange for rent? ☐ YES ☐ NO

If YES, who? _____ **Date started?** _____ **Amount:** \$ _____

Signature of person completing form: _____ **Relationship:** _____

Person completing form: _____
Address *City, State Zip* *Phone* *Date*

Agency Name: _____ **Apartment Complex:** _____