

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

I.D.#: \_\_\_\_\_

**LANDLORD LETTER - PROSPECTIVE**

**\*\*TO BE COMPLETED BY PROSPECTIVE LANDLORD\*\***

Date: \_\_\_\_\_

Please be informed that \_\_\_\_\_

has indicated the desire to rent one of my units/spaces, which is located at: \_\_\_\_\_

\_\_\_\_\_

The address of prospective residence

The rent for this unit/space is \$ \_\_\_\_\_ per month, beginning \_\_\_\_\_.

**Please make a check payable to:**

Name/Agency/Company: \_\_\_\_\_

Social Security or Taxpayer ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Home:**

Number of Bedrooms: \_\_\_\_\_. If assistance is for room rent, number of rooms being rented: \_\_\_\_\_.

Is this for space rent? ☐ YES ☐ NO

**I understand and agree that upon approval of client's application for rent assistance, I will not commence eviction proceedings at any time during the month for which the assistance is intended. Please Note: Approval of rent assistance does not guarantee payment of full amount due, and this form is NOT a guarantee of approval for rent assistance. It is my understanding that I will receive a letter from Nye County Health & Human Services indicating approval or denial of assistance. Also, I understand that it may take up to 4 weeks before I receive a payment, if assistance is approved.**

\_\_\_\_\_  
Landlord/Agent Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Email Address

Fair Housing Act prohibits discrimination in housing on the basis of race, color, **national** origin, religion, sex, familial status, or disability.



Landlord Letter - Prospective  
Rev. 04/22