NEVADA RURAL HOUSING

EVICTION MITIGATION PROGRAM APPLICATION

The Nevada Rural Housing Authority (NRHA) provides Eviction Mitigation Assistance to eligible households residing in NRHA's jurisdiction (excluding Clark and Washoe Counties). The program helps prevent eviction for tenants who are behind on rent or at risk of losing housing due to nonpayment of rent or essential utilities. Assistance may also be provided to help resolve cases already filed in court.

To qualify, applicants must meet the requirements listed below and provide all required documentation listed on page 2. **Incomplete applications will not be processed.**

Applications are processed in the order they are received and complete. To avoid delays, please submit a full application with all supporting documents.

Applications may be submitted by email to eligibility@nvrural.org, faxed to (775) 887-1798, or mailed to: Nevada Rural Housing Authority, 3695 Desatoya Dr., Carson City, NV 89701.

For questions, please contact (775) 887-1795.

Eligibility Requirements:

Applicants must be behind on rent, at risk of eviction due to nonpayment, currently in eviction court proceedings, or facing utility shutoff that threatens housing stability.

- Applicants must reside in NRHA's jurisdiction (excludes Clark and Washoe Counties).
- Applicants must reside in the unit for which assistance is requested.
- Household income must be at or below 60% of the Area Median Income (AMI).
- The monthly rent for the unit must fall within NRHA's current payment standards for the Emergency Mitigation Program
- At least one household member must be a U.S. citizen or lawful permanent resident.
- The landlord must be willing to cancel or dismiss eviction proceedings upon payment of approved assistance.
- The landlord, owner, or property manager may not reside in the same unit as the applicant.

Disqualifications:

- Duplicate requests for rent or utility costs already paid by another program or source for the same period will be denied.
- Sublease arrangements or shared housing where the landlord and tenant occupy the same unit are not eligible.

Revised 2025.10.23

NEVADA RURAL HOUSING

2025 PAYMENT STANDARDS 120%
EVICTION MITIGATION PROGRAM

COUNTY	*0 BR*	*1 BR*	*2 BR*	*3 BR*	*4 BR*	*5 BR*
CARSON	**1225**	**1377**	**1760**	**2467**	**2955**	**3398**
CHURCHILL	**1134**	**1186**	**1557**	**2182**	**2526**	**2904**
DOUGLAS	**1204**	**1438**	**1756**	**2461**	**2949**	**3392**
ELKO	**1185**	**1317**	**1729**	**2185**	**2904**	**3339**
ESMERALDA	**1429**	**1495**	**1962**	**2749**	**3295**	**3789**
EUREKA	**1153**	**1207**	**1584**	**2220**	**2660**	**3059**
HUMBOLDT	**1069**	**1118**	**1467**	**1820**	**2464**	**2834**
LANDER	**968**	**1014**	**1329**	**1735**	**2233**	**2568**
LINCOLN	**889**	**1076**	**1220**	**1710**	**2049**	**2357**
LYON	**1274**	**1282**	**1498**	**2100**	**2516**	**2893**
MINERAL	**1153**	**1207**	**1584**	**2220**	**2660**	**3059**
NYE	**1004**	**1140**	**1380**	**1897**	**2176**	**2503**
PERSHING	**852**	**960**	**1170**	**1639**	**1964**	**2259**
STOREY	**1417**	**1644**	**2066**	**2860**	**3345**	**3847**
WHITE PINE	**1099**	**1150**	**1509**	**1971**	**2535**	**2915**

NOTE: ***The FMRs for unit sizes larger than 4 BRs are calculated by adding 15% to the 4 BR FMR for each extra bedroom. For example, the FMR for a 5 BR unit is 1.15 times the 4 BR FMR, and the FMR for a 6 BR unit is 1.30 times the 4 BR FMR. Be advised unit not only must be within Fair Market Rents, it must meet Rent Reasonable test.***

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EVICTION MITIGATION PROGRAM
INCOME LIMITS

NEVADA
60% AMI **Family Size**

county	1	2	3	4	5	6	7	8
CARSON CITY	39,300	44,880	50,520	56,100	60,600	65,100	69,600	74,100
CHURCHILL	42,840	48,960	55,080	61,140	66,060	70,980	75,840	80,760
DOUGLAS	45,720	52,260	58,800	65,280	70,560	75,780	81,000	86,220
ELKO	46,380	52,980	59,580	66,180	71,520	76,800	82,080	87,360
ESMERALDA	43,500	49,680	55,920	62,100	67,080	72,060	77,040	82,020
EUREKA	39,300	44,880	50,520	56,100	60,600	65,100	69,600	74,100
HUMBOLDT	40,980	46,800	52,680	58,500	63,180	67,860	72,540	77,220
LANDER	45,240	51,660	58,140	64,560	69,780	74,940	80,100	85,260
LINCOLN	40,080	45,780	51,480	57,180	61,800	66,360	70,920	75,480
LYON	39,780	45,420	51,120	56,760	61,320	65,880	70,440	74,940
MINERAL	39,300	44,880	50,520	56,100	60,600	65,100	69,600	74,100
NYE	39,300	44,880	50,520	56,100	60,600	65,100	69,600	74,100
PERSHING	42,360	48,420	54,420	60,480	65,340	70,140	75,000	79,860
STOREY	46,440	53,040	59,700	66,300	71,580	76,920	82,200	87,540
WHITE PINE	43,680	49,920	56,160	62,340	67,380	72,360	77,340	82,320

Effective 06/01/2025

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REQUIRED DOCUMENTS

To be considered for assistance, applicants must submit all required documentation listed below. Incomplete application will not be processed.

☐ Completed and signed Eviction mitigation Program Application

☐ Current Government issued Identification/Driver's Linces (required for all adults over 18)

☐ Legible social security card (required for all adults over 18)

☐ Proof of Income (required for all adults in the household, dated within the last 30 days)

- Paystubs
- Social security or pension
- Child support
- TANF
- Unemployment
- Self-Employment

☐ Proof of all Assets (required for all adults in the household, dated within the last 30 days)

- Checking & Savings bank statements
- Retirement accounts
- Whole Life Insurance
- Real Estate
- Any other assets available

☐ Current lease agreement/ rental contract (all pages required)

☐ Proof of Delinquency or Hardship (such as notice to pay or quit, court eviction notice, utility disconnection notice)

☐ Rent Ledger showing current balance due

Program Disclosure & Acknowledgement

By submitting this application, the applicant understands and agrees that applications missing required documentation will be considered incomplete and will not be processed until all items are received. NRHA reserves the right to request additional documentation as needed to verify eligibility, confirm property ownership or tenancy, and ensure program integrity. All payments will be made directly to the verified landlord, management company, or utility provider. No payments will be issued to applicants. Submission of an application does not guarantee approval, as assistance is subject to eligibility, available funding, and program priorities. Providing false or misleading information may result in denial of assistance.

NEVADA RURAL HOUSING

EVICTION MITIGATION PROGRAM APPLICATION

Name: _____ **Date:** _____

Address:

_____

street *City* *State* *zip code*

Phone Number: _____ **Email:** _____

1. Head of Household

Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household
						Head of Household

Disability	U.S. Citizen	Full- Time Student	Race	Hispanic/Latino	Social Security Number	Alien Registration No.
☐Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No		

2. Household Member

Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household

Disability	U.S. Citizen	Full- Time Student	Race	Hispanic/Latino	Social Security Number	Alien Registration No.
☐Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No		

3. Household Member

Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household

Disability	U.S. Citizen	Full- Time Student	Race	Hispanic/Latino	Social Security Number	Alien Registration No.
☐Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No		

4. Household Member

Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household

Disability	U.S. Citizen	Full- Time Student	Race	Hispanic/Latino	Social Security Number	Alien Registration No.
☐Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No		

5. Household Member

Last Name	First Name	Middle Initial	Date of Birth	Age	Sex (F/M)	Relationship to Head Household

Disability	U.S. Citizen	Full- Time Student	Race	Hispanic/Latino	Social Security Number	Alien Registration No.
☐Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No		

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2. Do you receive housing assistance from any Government Agency or housing provider? ☐ **Yes** ☐
If yes, what program are you currently enrolled in? _____
Does anyone help you pay your rent? ☐ **Yes** ☐ **No**
If yes, who? _____

3. Household Income Information – Please provide proof of **ALL income** received such as paystubs, social security pension, retirement funds, child support, alimony, TANF, unemployment, self-employment, disability compensation, etc.

Household Member Name	Type of Income Received	Monthly Gross Income

4. **Assets – If any of the following apply, please provide bank statements for each account dated within the last 30 days (required for all adults over 18)**

Does anyone in your household have any retirement Accounts? ☐ Yes ☐ No
If yes, who: _____
Does anyone in your household have a checking account? ☐ Yes ☐ No
If yes, who: _____
Does anyone in your household have a savings account? ☐ Yes ☐ No
If yes, who: _____

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5. Unit Information

Have you received an eviction notice? ☐ Yes ☐ No
****If yes, please provide a copy of the notice****

Are you currently behind on rent? ☐ Yes ☐ No

Current monthly rent $_____ Current balance due $ _____

Do you need assistance with Utilities? ☐ Yes ☐ No

If yes what utilities do you need assistance with:

☐ Gas ☐ Propane ☐ Water/Sewer ☐ Electricity ☐ Trash

****Please provide a current utility statement showing the current balance due****

Certification: I do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Housing Authority IN WRITING within 10 days. WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

_____

Signature of Head of Household **Date**

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THIS PAGE MUST BE COMPLETED BY THE LANDLORD/MANAGER/AGENT.

6. Landlord/ Property Manager Information
This section must be completed in full by the landlord, property manager, or authorized agent. Incomplete forms may delay processing or payment.

Applicants Name: _____

Rental Address: _____ Apartment/Unit Number: _____

_____ County: _____
City *State* *Zip code*

Unit Type: ☐ Apartment/3 or more units ☐ Row/Townhouse ☐ Duplex/Twin
☐ House/Detached ☐ High Rise ☐ Mobile/Manufactured Home

Number of Bedrooms: _____

Total number of household members: Adults: _____ Children: _____

Length of lease: ☐ 12 months ☐ 6 months ☐ Month to month ☐ other (specify): _____

Monthly Rent amount $ _____ Current balance due $ _____

Has an eviction notice been filed? ☐ Yes ☐ No

If yes, please provide a copy of the notice and current rent ledger.

If approved, are you willing to cancel the eviction notice and work with the tenant on any remaining balances? ☐ Yes ☐ No

Landlord Information – This information will be used to issue payment upon approval.

Owner/Manager/Agent Name: _____

Apartment Complex Name: _____

Mailing address (*this is where the payment will be sent to):* _____

_____
City *State* *Zip code*

Phone Number: _____

Email: _____

Owner/Manager/Agent Signature: _____ Title:_____ Date:_____

W-9 Currently on file? ☐ Yes ☐ No

If no, please include a completed W-9 with this application.

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AUTHORIZATION FOR RELEASE INFORMATION

CONSENT:
I Authorize and direct any federal, state or local agency, organization, business or individual to release to the Nevada Rural Housing Authority any information or materials needed to complete or verify my application for assistance with the Security Deposit Assistance Grant Program. I understand and agree that this authorization or the information obtained with its use may be given to or used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

CONDITIONS:
I agree that a photocopy or fax of this authorization may be used for the purposes stated above.

PUBLIC RECORDS LAW:
I understand and acknowledge that the Nevada Rural Housing Authority is a municipal corporation and the records maintained by it as a public agency are public records subject to inspection pursuant to **NRS 239.01O**.

Signatures:
I have read, understand, and agree to the requirements stated on this "Authorization for Release of Information" form. I understand that this does not guarantee securing any public/private assistance or services and this information will be used to gather group statistics for grants and assistance.

SIGNATURES:

_____	_____	_____
Head of Household Signature	Print Name	Date
_____	_____	_____
Spouse Signature	Print Name	Date
_____	_____	_____
Adult Member Signature	Print Name	Date
_____	_____	_____
Adult Member Signature	Print Name	Date

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