

# CITY OF NORTH LAS VEGAS HOUSING REHABILITATION PROGRAM APPLICATION

## SECTION I - APPLICANT DATA

**APPLICANT** - All persons, including applicant's spouse and other legal entities, such as partnerships and corporations, who either hold legal title to, or occupy under a land sales contract, the property to be improved.

**APPLICANT(S):** \_\_\_\_\_  
LAST
FIRST
MI
SOCIAL SECURITY #
AGE

**CO-APPLICANT:** \_\_\_\_\_  
LAST
FIRST
MI
SOCIAL SECURITY #
AGE

**ADDRESS:** \_\_\_\_\_  
STREET
CITY
STATE
ZIP

**PHONE #:** (    )                      **NUMBER OF YEARS AT PRESENT ADDRESS:** \_\_\_\_\_

**MARITAL STATUS:**            **MARRIED**                      **UNMARRIED**                      **SEPARATED**                      **OTHER**

**SEX:**            **MALE**                      **FEMALE**                      **DISABLED:**                      **YES**                      **NO**

**ETHNICITY:**            **CAUCASIAN**                      **HISPANIC**                      **BLACK**                      **ASIAN**                      **NATIVE AMERICAN**

## SECTION II - PROPERTY TO BE IMPROVED

**PROPERTY IDENTIFICATION** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DESIRED PROPERTY IMPROVEMENTS:**

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## SECTION III - HOUSEHOLD PROFILE

**INSTRUCTIONS** - Family size includes applicant, spouse, and all other persons, adult or minor who reside in the property to be improved. If disability of the head of household is claimed, a copy of pertinent records verifying same (i.e. benefit award letter, physician's statement, etc.) must be submitted with this application. Likewise, if the head of household is sixty-two (62) years of age or older, a copy of pertinent records substantiating same (i.e. driver's license, birth certificate, etc.) must be submitted with this application.

**HOUSEHOLD MEMBERS:** (Attach additional sheets if necessary.)

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>SS #</u>	<u>ANNUAL INCOME</u>
		SELF		

## SECTION IV - HOUSEHOLD INCOME

**INSTRUCTIONS** - Section IV of this application needs to be completed by owner-occupants who, on the basis of total estimated employment and supplemental income including income from assets, believe themselves to be classified as **LOW** or **VERY LOW** income.

FAMILY SIZE	1	2	3	4	5
<b>VERY LOW</b>	\$0 - \$18,150	\$0 - \$20,750	\$0 - \$23,350	\$0 - \$25,950	\$0 - \$28,050
<b>LOW</b>	\$18,151 - \$29,050	\$20,751 - \$33,200	\$23,351 - \$37,350	\$25,951 - \$41,500	\$28,051 - \$44,850

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