



JOE LOMBARDO
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

ROBERT THOMPSON
Administrator

TANF MEDICAID SNAP

Date: _____

Case Name: _____

Case ID: _____



AUTHORIZATION: I authorize you to release to the Division of Welfare and Supportive Services the requested information.

Client Signature _____ Date _____

RENT/HOUSEHOLD COMPOSITION

The following information is necessary to complete you case and must be **IN** our office on or before undefined .
FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE TANF AND SNAP INELIGIBILITY.

TO BE COMPLETED BY: Landlord or manager only Friend or neighbor

UNDER NO CIRCUMSTANCES CAN ANYONE LIVING IN THE HOME OR A RELATIVE COMPLETE THIS FORM.

Please provide the information below and return to the above address. Your cooperation will help ensure integrity and maintain accountability in the administration of public funds in Nevada. The information provided us will be used only in conjunction with the official duties of this department and will be considered confidential. An immediate response would be appreciated.

If our identifying information (name and address) does not agree with your records please indicate the change.

RE: _____
(Name) (Street/Residence Address)

1. List the full names of **EVERY** person (INCLUDING the above person) living at the above address:

2. When did _____ begin living at this address? _____

3. If no longer living at this address, date moved _____

Forwarding address _____
Street City State Zip



4. DOES A GOVERNMENTAL ENTITY PROVIDE HOUSING OR PAY A PORTION OF THE ABOVE CLIENT'S RENT?

YES NO IF YES, WHO? _____

Redetermination/Review Date _____

Under what program? HUD Conventional Public Housing Section 8

HUD Indian Housing: Mutual Help OR Rental Assistance FmHA Rental Assistance Other

5. Total monthly rent or estimated market value of rent \$ _____ , _____ pays \$ _____

Client's Name

Amount of utility reimbursement payment \$ _____ Date payment started _____

6. Is the rent paid to date? YES NO Date paid _____ First Month's Rent \$ _____

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

8. List all responsible parties to the terms of the lease.

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

If YES, specify who: _____ Amount \$ _____

10. Does rent include heating and cooling? YES NO Amount \$ _____

Appliances/furniture rental fee? YES NO Amount \$ _____

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

If YES, who: _____

Date started _____ Amount \$ _____

12. Please verify the amount of utility allowance the client receives monthly \$ _____

Date payment started _____ Is amount paid to client? YES NO

Signature

Print Name

Title/Relationship

Date

Telephone Number

Address _____

Agency Name _____

Apartment Complex _____

