



PRELIMINARY APPLICATION
Affordable Housing- Neighborhood Stabilization Program
 SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
 5390 E. Flamingo Rd, Las Vegas, NV 89122-5335 (East Campus)
 Phone: (702) 477-3385 TTY: (702) 433-1472
 Visit our website at: www.snrha.org

Office Use Only	
Resident ID: _____	_____
Date Entered: _____	By: _____
DATE & TIME RECEIVED	

Deadline 11/10/23 5:00PM or when 100 applications received

This form MUST BE COMPLETED IN INK.

To properly assist you, we MUST HAVE ACCURATE AND COMPLETE INFORMATION

ALL questions must be answered. If the question does not apply, write "N/A" or "NONE".

Failure to answer all questions may delay your interview and/or eligibility determination.

Total number of people who will be living in the unit?
 (including yourself) _____

OUT OF STATE APPLICANTS WILL NOT BE ACCEPTED

MAILING ADDRESS:					Home Phone Number: (____) _____ Ext. _____			RACE You may specify more than one race code per family member		Ethnicity CHECK ONLY ONE	
Number		Street		Apt. #	Work Phone Number: (____) _____ Ext. _____						
City					Cell Phone Number: (____) _____			1 = White 2 = Black 3 = American Indian/ Alaskan Native 4 = Asian 5 = Native Hawaiian/ Pacific Islander		HISPANIC (1) NON-HISPANIC (2)	
State		Zip Code			E-Mail: _____						
ABOUT YOUR FAMILY LIST EACH MEMBER INCLUDING YOURSELF THAT WILL BE LIVING IN YOUR HOUSEHOLD. PLEASE PRINT CLEARLY.					MARITAL STATUS M = Married S = Single C = Separated D = Divorced W = Widowed U = Unknown L = Legal Separation			Primary (Write <u>One</u> Number)		Other (Write any other Numbers)	
	LAST NAME		FIRST NAME								
1	HEAD										
2	Co-Head										
3	Member										
4	Member										
5	Member										
6	Member										
7	Member										
8	Member										

Complete on backside

