



Home Means Nevada, Inc.

*A Non-Profit Entity Established by the
State of Nevada, Department of Business and Industry*

LANDLORD RENTAL ASSISTANCE CERTIFICATION FORM

Landlord Information

First Name

Last Name

Company Name

Title

Contact Information – Email and/or Phone

Type of Property

1 Unit/Home 2-4 Units 5+ Units

Total Number of Units _____

Total Number of Units Under Management _____

Total Number of Units Landlord is Seeking Rental Assistance For _____

Tenant Information

First Name

Last Name

Contact Information – Email and/or Phone

Rental Property Address

Address Line 1

Address Line 1

Zip Code

City

State

1. Has the tenant defaulted on rent? Yes No

2. How much rent is owed? _____

3. To the best of my knowledge, the tenant has not enrolled in a program for rental assistance and/or has not otherwise been responsive to any communication from the landlord relating to a program for rental assistance? Yes No

4. I own a single-family residence and am seeking rental assistance for at least one dwelling unit in the single-family residence? Yes No

5. I am domiciled in Nevada or employ a property manager in Nevada? Yes No

6. The annual gross revenue of all premises rented by the landlord in Nevada totals \$4,000,000.00 or less? Yes No

7. If eligible for rental assistance under this program the landlord agrees: (1) To accept the rental assistance as determined by the housing or social services agency; and (2) To accept 100 percent (100%) of the total delinquent amount of the rent from the rental assistance; and (3) The landlord will not commence an action for the eviction against the tenant for at least 90 days after receipt of the rental assistance? Yes No

Return Completed Form To: info@homemnv.org