



Lutheran Social Services of Nevada Rental Assistance Worksheet

***If you need help completing any portion of this worksheet, we will be happy to assist you.**

The program under which you are requesting assistance receives funding for operation from sources such as HUD for which clients must qualify and/or local interfaith organizations and churches. Therefore, we are required to collect some personal information directly from you. Other personal information that we collect is important to run our programs, understand the needs of those we serve, and improve our services. We provide assistance to needy individuals without discrimination by age, race, sex, religion, disability, sexual orientation, national origin, or US citizenship. The information you provide is confidential and is considered to be relevant to the purpose for which it is to be used. Its release is only made with your expressed knowledge and written consent.

Please complete the following worksheet. Lutheran Social Services of Nevada (LSSN) determines the portion of rent we assist with based on an assessment of need. Your need will be determined by the information you provide on this worksheet.

Today's Date: _____

***We realize that if you have been served with an eviction notice, have a mortgage payment that is at least 5 days in arrears, or a utility termination notice, that you are in a crisis that deserves a timely response.**

Have you been served with an eviction or utility termination notice? YES NO

On what day was the eviction notice dated and served? _____

On what day will the utility(s) be terminated? _____

***Please tell us about your household.**

List each adult who appears on the lease/mortgage/utility bill and is therefore responsible for the payment. Circle or check the race/ethnicity which you most closely identify with.

First and Last Name:	Date of Birth:	Social Security # or ID #:	Veteran: Yes No
White	American Indian / Alaskan Native	Asian	Native Hawaiian / Other Pacific Islander
Black/African American	American Indian / Alaskan Native & White	Asian & White	Hispanic
Black /African American & White	American Indian / Alaskan Native & Black	Asian & Pacific Islander	Other Multi Racial

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Are there any adults who appear on the lease, but do not reside in the home? YES NO

How many individuals reside in your home? Adults _____ Children _____

Complete Address: _____

Home Phone: _____

Other Phone: _____

***Please tell us about your rental agreement/housing contract.**

Monthly Rental/Mortgage Amount: \$ _____

What day/date of the month is your rent/mortgage due? _____

Do you have a signed lease of 6 months or more (or a mortgage)? YES NO

Do you have a monthly or weekly rental agreement? YES NO Which? _____

Are you currently in tax credit housing, Section 8, or subsidized public housing? YES NO

Do you have pet or utility costs included in your rent? YES NO

Have you paid the rent or any portion of the current months rent? YES NO

If yes, how much did you pay? \$ _____

Do you owe any late fees? YES NO \$ _____

Have you paid the rent or any portion of the rent for last month? YES NO

If yes, how much did you pay? \$ _____

Do you owe any late fees? YES NO \$ _____

Lessor/Landlord Information

Name: _____

Contact Person: _____

Address: _____

Telephone: _____

***Please tell us about your utility bills.**

_____ Nevada Power

_____ Southwest Gas

Total current amount. \$ _____

Total current amount. \$ _____

Total past due amount. \$ _____

Total past due amount. \$ _____

Are you receiving help from any other source? YES NO If yes, please explain _____

Have you contacted any other agency for assistance? YES NO If yes, who? _____

Using the worksheet on the next page, take the following steps to determine your

Monthly Household Income and how much you can safely afford to pay for rent without becoming **Rent Burdened**. To be Rent Burdened means that your monthly rent is too high (more than 30% of your monthly income). If you are Rent Burdened, you are at **high risk of becoming homeless**.

Step #1

Take the number of hours you work each week and multiply them by 52 (there are 52 weeks in the year) to determine how many hours you work in one year.

Example: $40 \times 52 = 2080$

Step #2

Take the number of hours you work in a year and multiply them by your hourly wage (how much you make per hour) to determine your annual income (how much you make in one year).

Example: $2080 \times \$8.00 = \$16,640.00$

Step #3

Take your annual income and divide it by twelve (there are 12 months in a year) to determine your monthly income (how much you make in one month).

Example: $\$16,640.00 \div 12 = \$1,386.67$

Step #4

At this point you will need to add any other monthly source of income to your employment income to determine your **Monthly Household Income**.

Step #5

Take your Monthly Household Income and multiple it by 30% to determine the amount you can safely pay for rent and not be Rent Burdened.

Example: $\$1,386.67 \times 30\% = \416.00

According to this example, if you work full time and you make \$8.00 per hour, you can safely afford to pay \$416.00 per month for rent.

OR

Take your Monthly Household Income and multiple it by 50%. This is the maximum amount you can pay and be considered for assistance by LSSN.

***Determine your monthly household income and actual rent burden.**

1. _____ x 52 = _____ (hours per year)

2. _____ x \$ _____ = \$ _____ (annual income)

3. \$ _____ ÷ 12 = \$ _____ (monthly employment income)

4. \$ _____ + \$ _____ = \$ _____
(other household income) (Monthly Household Income)

5. \$ _____ x 30% = \$ _____ (affordable rent)

or

\$ _____ x 50% = \$ _____ (maximum rent)

Where does your Monthly Household Income come from?

Your Monthly Household Income is a combination of your income from all possible sources. Please consider all of the following sources when determining your Monthly Household Income:

Employment
Supplemental Security Income (SSI)
Veterans Benefits
Workers Compensation
TANF
Clark County General Assistance
Child Support
Day Labor Earnings

Unemployment
Social Security Disability (SSDI)
Private Disability Insurance
Pensions
Food Stamps
Social Security
Alimony
Unreported Income - babysitting, etc.

***Determine your monthly household expenses.**

Please list the **amount you pay monthly** for each household expense. Include recent expenses that have caused your household hardship.

Housing

Case Management Notes

Rent/Mortgage _____

Electric _____

Gas _____

Garbage/Sanitation _____

Water _____

House Telephone _____

Home Repairs _____

Childcare

Day Care _____

Safe Key _____

Private Baby Sitter _____

Child Support (that you pay) _____

Transportation

Car Payment _____

Gasoline _____

Repairs _____

Licensing _____

Insurance _____

Bus (\$40) _____

Health

Medical Bills/Co-Pays _____

Dentist _____

Insurance _____

Prescriptions _____

Clothing

Clothing/Shoes _____

Diapers _____

Food Expenses

Case Management Notes

Groceries _____

Eating Out _____

School Lunch _____

Hygiene Needs

Laundry _____

Shampoo, Soap etc. _____

Hair Cuts etc. _____

Credit Servicing

Credit Cards _____

Personal Loans _____

Bank Loans _____

Title or Payday Loans _____

Other Household Expenses

Cable TV _____

Cell Phone _____

Pet Food and Care _____

Internet _____

Entertainment _____

Cigarettes _____

Alcohol _____

Gambling _____

Other _____

Total Household Expenses _____

***The following calculation will reflect your current financial situation.**

Monthly Household Income _____

Less Total Household Expenses **=** _____

Difference +/- _____

Client Agreement

Your Rights for Services: I hereby give my consent to receive the services for which I have applied. I understand that all services are voluntary. I have the right to be informed about services, to participate in the selection thereof, and to withdraw this consent at any time, except to the extent that action has already been taken. Application to, acceptance of and participation in these services shall not be considered a prerequisite for access to other LSSN or community services. I understand that funding for these services is limited and may not be available at all times. I understand that if I am denied services, I have the right to request a written explanation.

Your Responsibilities for Service: I understand that it is my responsibility to provide information which is true and correct. I understand that it is my responsibility to report changes such as my address, telephone number, living expenses, marital status, employment status, number of people in my home, birth of a child, and any other change which may affect my household benefits. I understand that I am responsible for cooperating with my case worker, and for keeping appointments or calling to cancel them in a timely manner. I also understand that if I fail to follow through, my case may be closed.

Confidentiality: I understand that my relationship with Lutheran Social Services of Nevada (LSSN) is confidential. I hereby give my consent to release information which is necessary for confirming the authenticity of the information and documentation which I have provided. This release is considered to be relevant to the purpose it is to be used and/or required by law.

Unless I withdraw my consent earlier, this consent will expire one year from the date of my signature. I have a right to receive a copy of this document. I reserve all rights provided to me by law not waived by the scope of this consent.

I have read and understand the above statements:

Client Signature

Date

Client Signature

Date

Authorized LSSN Signature

Date

Copy of this signed consent given to client:

____ / ____ / ____

Client Initial: _____