

Pahrump Office
Marilynn Gallivan Complex
1981 E. Calvada Blvd. North
Suite 120
Pahrump, NV 89048
Phone: (775) 751-7095
Fax: (775) 751-4284



**Health and Human Services
Director - Karyn Smith**

Tonopah Office
Nye County Courthouse
101 Radar Road
Post Office Box 926
Tonopah, NV 89049
Phone: (775) 482-8125
Fax: (775) 482-7261

I.D.#: _____

****TO BE COMPLETED BY LANDLORD****
(ORIGINAL MUST BE RETURNED TO OFFICE)

Date: _____

Tenant's name and address:

You are past due with your rent payment for the month(s) of: _____

at a rate of \$ _____ per month, for a total amount of \$ _____

past due. To avoid further action, this past due amount must be paid immediately.

Please make a check payable to:

Name: _____

Social Security or Taxpayer ID #: _____

Mailing Address: _____

Telephone #: _____

I understand and agree that upon approval of client's application for rent assistance, I will not commence eviction proceedings at any time **during the month for which the assistance is intended**. Also, I understand that it may take 3-4 weeks before I receive a payment, if assistance is approved.

Please Note: Approval of rent assistance does not guarantee payment of full amount due. This form is **NOT** a guarantee of approval for rent assistance. It is my understanding that I will receive a letter from Nye County Health & Human Services indicating approval or denial of assistance.

Number of Bedrooms: _____

Landlord/Agent Signature

(Please sign in ink)

Fair Housing Act prohibits discrimination in housing on the basis of race, color, **national** origin, religion, sex, familial status, or disability.

