



# Department of Social Service

1600 Pinto Lane • Las Vegas NV 89106

(702) 455-4270 • Fax (702) 455-5950

Office Use Only:

Date Received: \_\_\_\_\_

Application #: \_\_\_\_\_

## Landlord Assistance Application

Date of Application: \_\_\_\_\_

### *Landlord Information*

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Property Information

Property Name	Street Address	City	Zip Code	Parcel ID	Date of Acquisition	Total # of Units	Ownership Documentation Included. Yes/No

**Total amount of funds being requested:** \_\_\_\_\_



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## Landlord Assistance Application

### Primary Lease Holder Information

Property Name: \_\_\_\_\_

Primary Lease Holder Name: \_\_\_\_\_

If Primary Lease Holder's address is the same as the property address, you may just enter Unit # below and skip to the Phone field.

Street address: \_\_\_\_\_

Unit #: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

A **Tenant Notice** was provided to the tenant for this unit:

Yes  No

The following documents are included for this unit:

- 1. Lease Agreement:      Yes       No
- 2. Delinquency Notices:      Yes       No
- 3. COVID Confirmation:      Yes       No

The breakdown of itemized cost:		
	MM/YYYY	AMOUNT
Rent	/	\$
Late Fees	/	\$
Other:		
Rent	/	\$
Late Fees	/	\$
Other:		
Rent	/	\$
Late Fees	/	\$
Other:		
Rent	/	\$
Late Fees	/	\$
Other:		
Rent	/	\$
Late Fees	/	\$
Other:		
Deposit	/	\$
<b>TOTAL:</b>		<b>\$</b>