

**RENO-SPARKS INDIAN COLONY  
HOUSING DEPARTMENT**

9055 Eagle Canyon Drive  
Sparks, Nevada 89441  
Ph 775-785-1300  
Fax 775-424-6004



**SENIOR FUND  
Emergency Assistance Application**

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

*All information obtained must be accompanied by the signed Release of Information form and will remain confidential.*

**Funding is first come first served, based upon availability of funds.**

1. Applicant: \_\_\_\_\_  
(Please Print)

2. RSIC Enrolled? ☐ Yes ☐ No (Copy Required) Tribal Enrollment #: \_\_\_\_\_

3. Current Address: \_\_\_\_\_  
Physical Address/PO Box City State Zip Code

4. Telephone #: \_\_\_\_\_ Message #: \_\_\_\_\_

5. Email Address: \_\_\_\_\_ (only if preferred method of contact)

6. List names of **all** persons living in Household:

Name	Relationship to Applicant	DOB	Age	Working		Name of School (If Attending)
				Yes	No	
	(head of household)			<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

7. Please describe the assistance you are requesting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

☐ Attached (Required) Copy of Recent Enrollment Card for Head of Household

I hereby certify all information provided is true and correct to the best of my knowledge and the required documents have been submitted. I understand that false information shall be cause for disqualification for assistance as outlined in the abuse and fraud policy.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

***FOR OFFICE USE ONLY***

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☐ APPLICATION COMPLETE      ☐ INCOMPLETE - \_\_\_\_\_

☐ APPROVED      ☐ DISAPPROVED

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Housing Director Signature

\_\_\_\_\_  
Date



## RENO-SPARKS INDIAN COLONY HOUSING DEPARTMENT

*9055 Eagle Canyon Drive, Sparks, NV 89441*  
*Phone 775-785-1300 | Fax 775-424-6004*

### Authorization of Release of Information

**You are required to sign a Consent Form Authorizing:** (1) The RSIC Housing Department (RSICHD) to request verification of salary and wages from current or previous employers; (2) RSICHD to request wage and unemployment Compensation claim information from the State Agency responsible for keeping that information (3) RSICHD to request verification of SS and SSI benefits from the U. S. Social Security Administration including online sources; and if necessary (4) to request a copy of your income tax return from the U. S. Internal Revenue Service (5) to request from Reno-Sparks Indian Colony interdepartmental offices; verification requests for enrollment, human services for wages, 477 Program for assistance, and other RSIC Departments as deemed necessary for the purpose of the application.

The law also requires independent verification of income information. Therefore, RSICHD may request information from financial institutions to verify your eligibility and level of benefits to include Law Enforcement and Criminal Justice Agencies.

**Who must sign the Consent Form:** Each member of your household who is eighteen (18) years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become eighteen (18) years of age.

**Information may also be obtained directly from:** (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e. interest and dividends).

I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial assistance of information regarding any period(s) within the last five years when I have received assisted housing benefits.

**Consent:** I consent to allow Reno-Sparks Indian Colony Housing Department to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility or continued participation in the RSICHD program. I understand that the RSICHD that receives income information under this form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds that were received. In addition, I must be given an opportunity to contest those determinations.

**\*\* This consent will expire 14 months after date of signature & date \*\***

Required Signature(s):

\_\_\_\_\_  
HEAD OF HOUSEHOLD

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last (4) digits of Social Security Number

\_\_\_\_\_  
Other family member – 18 years of age or older    Date

\_\_\_\_\_  
Last (4) digits of Social Security Number

\_\_\_\_\_  
Other family member – 18 years of age or older    Date

\_\_\_\_\_  
Last (4) digits of Social Security Number

\_\_\_\_\_  
Other family member – 18 years of age or older    Date

\_\_\_\_\_  
Last (4) digits of Social Security Number

# **RENO-SPARKS INDIAN COLONY HOUSING DEPARTMENT SENIOR ASSISTANCE FUND POLICY**

## **Objective**

To provide RSIC senior citizens with the use of Senior Assistance Funds to assist with the continuation of a safe, decent and healthy environment in their homes.

## **Policy**

Funding is provided from RSIC General Funds to the Housing Department as an annual budget. The amount provided is at the discretion of the Tribal Council. Funding is distributed to approved applicants according to the household funding limits as identified below on a first-come-first-served basis only up to the total amount provided in the annual budget.

Funding per applicant is up to \$1,700 per household per calendar year or as established by the RSIC Tribal Council. Assistance may be provided multiple times so long as the cumulative total does not exceed \$1,700 or amount established at the RSIC Tribal Council for the calendar year.

These funds may be used to make housing modifications and repairs. Funds may be utilized for purchasing of appliances and furniture such as couches, love seats, recliners, dining table sets and beds. These funds may also be used for payment of utility bills, rent or house payments.

These funds cannot be used for phone bills, car payments, car registration, auto insurance, credit card bills, loan payments, or luxury items not necessary for basic needs. Applicants will not be reimbursed for any payments made by the applicant to a contractor, utility company, etc. nor will RSIC be liable for any payments, damages, etc. to the housing unit that the applicant is conducting or hired/hiring of a third party.

## **Conditions Governing Eligibility**

Applicants must meet all of the following criteria to be eligible for the program:

- a. Senior Citizen (Age 55 or over)
- b. Enrolled member of Reno-Sparks Indian Colony
- c. Reside on Reno-Sparks Indian Colony

## **Application Requirements & Determination of Eligibility**

Complete and sign the Senior Assistance Fund application form and provide all required documentation. An authorized Housing Department representative will verify all information provided.

The Housing Director is authorized to approve the application if it meets the provisions of this policy or disapprove the application if it does not.

Applicants will be notified in writing within 5 business days after the submittal of a complete application to the Housing Dept. whether their application has been approved or disapproved. If disapproved, the reason will be stated in the written notification.

### **Appeal Process**

An appeal to the Appeals Committee may be filed under the Housing Appeals Policy.



SENIOR FUND APPLICATIONS MUST PROVIDE A WRITTEN QUOTE.  
ALL APPLICATIONS MUST INCLUDE THE FOLLOWING FOR  
TAX EXEMPTION

Phone Number:

775-329-2936

Address:

34 Reservation Road Reno, Nevada 89502

LOWES	HOME DEPOT	SARGENT MAYTAG	BLACK & WHITE APPLIANCE
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INCLUDE IN QUOTE:

- ALL ATTACHMENTS (HOSE, CORDS, DUCTING) ITEMS NEEDED FOR YOUR PURCHASE ITEM(S)
- DELIVERY CHARGES
- DISPOSING/REMOVAL OF OLD ITEM CHARGES
- EXTENDED WARRANTIES

**\*\*\*NOTE \*\*\* Home Depot and Lowes ordered furniture DOES NOT include installation- Delivery is provided by a third party**

**DELIVERY ADDRESS WILL BE YOUR HOME ADDRESS. Include phone number and email.**

## RC WILLEY

INCLUDE IN QUOTE:

**Due to recent issues with deliveries from RC willey, we strongly suggest this vendor be a last the last resort.**

- ALL ATTACHMENTS (HOSE, CORDS, DUCTING) ITEMS NEEDED FOR YOUR PURCHASE ITEM(S)
- DELIVERY CHARGES
- DISPOSING/REMOVAL OF OLD ITEM CHARGES
- EXTENDED WARRANTIES

## HOME EXPRESS FURNITURE

INCLUDE IN QUOTE:

- ALL ATTACHMENTS (HOSE, CORDS, DUCTING) ITEMS NEEDED FOR YOUR PURCHASE ITEM(S)
- DELIVERY CHARGES
- EXTENDED WARRANTIES

**DELIVERY ADDRESS WILL BE YOUR HOME ADDRESS. Include phone number and email.**

## AMERICAN FURNITURE AND MATTRESS

INCLUDE IN QUOTE:

- ALL ATTACHMENTS (HOSE, CORDS, DUCTING) ITEMS NEEDED FOR YOUR PURCHASE ITEM(S)
- DELIVERY CHARGES
- EXTENDED WARRANTIES

**DELIVERY ADDRESS WILL BE YOUR HOME ADDRESS. Include phone number and email.**