



WALKER RIVER HOUSING DEPARTMENT  
P.O. BOX 238/1063 HOSPITAL ROAD  
SCHURZ, NV 89427  
(775) 773-2334 FAX: 773-2340

**REQUEST FOR ELDERLY/DISABLED ASSISTANCE**

Purpose: The purpose of this statement is to provide for assistance to the low income elderly/disabled in the repairs and rehabilitation of existing homes, to ensure **ACCESS** to their homes and barrier free bath facilities; for safe and sanitary conditions and better living environment. This policy is NOT to be used for items that would be considered as luxury.

**MUST BE A LOW INCOME PERSON AGE 55 YEARS AND OLDER OR DISBALED RESIDENT OF THE WALKER RIVER PAIUTE TRIBAL RESERVATION.**

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

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

- 1) Are you 55 years of age or older? \_\_\_\_\_
- 2) Are you declared disabled by the American Disabilities Act and are you currently receiving disability payments? \_\_\_\_\_
- 3) Is your primary place of residency on the Walker River Paiute Reservation? \_\_\_\_\_
- 4) Have you been convicted of a felony? \_\_\_\_\_

Please state below your request in as much detail as possible.

REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing I agree that the above information is true and accurate to the best of my knowledge and I understand that falsifying information to receive federal assistance is punishable by law and will potentially eliminate me from receiving future HUD assistance through the WRHD programs.

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

**Please see back to see what documentation to submit with your application.  
NO application will be reviewed without all requested documentation.**

**ALL APPLICATIONS WILL BE CONSIDERED WITH PRIORITY GIVEN TO EMERGENCY NEEDS OF ELDERLY/DISABLED APPLICANTS. ALL SERVICES WILL BE CONTINGENT UPON THE AVAILABILITY OF FUNDS.**

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RETURN THIS FORM WITH THE FOLLOWING DOCUMENTATION:

- Proof of Income
- Family Composition
- Proof of Residency (bill w/your name, I.D. with physical address, WRHD proof of residency letter.)
- Identification (I.D., Driver's license, tribal I.D.) (name, D.O.B)
- Proof of Disability
- Certification from a medical professional that there is a need for an accessible route or alterations to dwelling unit.

**Income Requirements:**

Must be a resident whose income is below or lies within the median (80-100%) of the median income for this area, as determined by the Secretary of Housing and Urban Development, based on household size.

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