



Walker River Housing Department  
1063 Hospital Rd. / P.O Box 238 Schurz, NV 89427  
(775) 773-2334 Fax: 773-2340

## Loss of Income Statement

I, \_\_\_\_\_, a participant in the **(Please circle one) Low Rental Program/Homeownership Program** of the Walker River Housing Department, hereby give written notice that I am no longer employed and currently do not receive any supplemental income at this time.

I further state that if I am approved for funding due to loss of employment from any agency I will immediately provide documentation to Walker River Housing from the funding agency (IGA, SSI, TANF, ETC.) and any new employment I obtain.

(According to your signed agreement with the WRHD, you are required to maintain all utilities for your unit; therefore we ask that you provide a statement describing how you will be maintaining utilities with zero income.)

---

---

---

---

---

I acknowledge that the information I have provided is true and accurate. I further acknowledge that making a false statement or failing to report income to the Walker River Housing Department is a breach of my agreement and may result in termination of my agreement.

Dated this \_\_\_\_\_ day of 20\_\_\_\_.

Subscribed and sworn before me this \_\_\_\_\_ day of 20\_\_\_\_.

---

Signature of tenant/homebuyer

---

Notary Public (seal)