

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 Rd.
Post Office Box 926
Tonopah, NV 89049
Phone (775) 482-8125
Fax (775) 482-7261

INCOME-IN-KIND FORM

AUTHORIZATION TO FURNISH INFORMATION

You are hereby authorized to furnish to the Nye County Department of Social Services, any and all information requested by them. This authorization constitutes a full and complete release from any liability to you resulting from disclosure of the required information. Your full cooperation in this matter will facilitate my/our application to the Nye County Department of Social Services.

Signature of Applicant/Claimant

Date

Support Provider/Landlord/Manager: Thank you for your cooperation. The information provided will be used only in conjunction with the official duties of this agency and are confidential. Your helping the applicant is appreciated.

RE: _____
Applicant's Name Street/Residence Address City, State, Zip

To the best of my knowledge, the above named individual has no income. I currently provide the individual with the following supports:

Food *estimated monthly value \$* _____
 Transportation *estimated monthly value \$* _____
 Clothing *estimated monthly value \$* _____
 Shelter *estimated monthly value \$* _____
 Utilities *estimated monthly value \$* _____

1. List the full names of **EVERY** person (including the above person) living at the address:

2. When did _____ begin living at this address? Date: _____
Applicant's Name

3. Total estimated market value of rent \$_____. _____ pays \$_____
Applicant's name

4. Does a person outside the household pay any portion of the rent? YES NO

If YES, who? _____ How much \$ _____

5. Does rent value include heating and cooling? YES NO Amount: \$ _____

6. Does anyone in the household work in exchange for rent? YES NO

If YES, who? _____ Date started? _____ Monthly Amount \$ _____

I understand that this statement in no way obligates me to continue to provide this individual with these essentials, but only verifies that I am presently doing so & will continue to do so for _____ weeks/months.

Name of Person completing form & Relationship _____ Phone # _____

Signature of person completing form _____ Date _____