

Division of Welfare and Supportive Services ENERGY ASSISTANCE APPLICATION

The **Energy Assistance Program (EAP)** is designed to help eligible Nevada households with their heating and electric costs. **However, it is <u>NOT</u> an emergency program.**

***** INCOME REQUIREMENTS *****

The total gross monthly income of all household members may not exceed the amounts shown in the chart below.

YOUR HOUSEHOLD'S GROSS MONTHLY INCOME MAY NOT EXCEED:							
Persons in	Annual	Monthly	Persons in	Annual	Monthly		
Household	Income	Income	Household	Income	Income		
1	\$16,755	\$1,396	5	\$40,515	\$3,376		
2	\$22,695	\$1,891	6	\$46,455	\$3,871		
3	\$28,635	\$2,386	7	\$52,395	\$4,366		
4	\$34,575	\$2,881	8	\$58,335	\$4,861		

Households who meet specific criteria and whose gross income exceeds the limit, may have their income reduced by allowable expenses.

*** BENEFITS ***

Eligible households receive an annual one-time per year benefit, called a "fixed annual credit," which is paid directly to their energy provider. The benefit shows as a credit on the bill.

MINIMUM PAYMENT – The minimum yearly payment for eligible households is \$180.

*** WHEN TO APPLY ***

- \rightarrow If your family is not currently on the program, apply **NOW**.
- → If you received a benefit during the past 12 months, a notice will be mailed to notify you that it is time to reapply. If you submit an application prior to the date you're eligible to reapply, the application will be denied.

*** WHAT DO I NEED? ***

Complete an EAP application and <u>supply the documentation requested on the form</u>. Suggested income verifications are noted on the back of this page. To get answers to other questions, call:

Reno/Carson City	(775) 684-0730
Las Vegas	(702) 486-1404
Toll Free	(800) 992-0900

Visit our website at: <u>http://dwss.nv.gov</u> for more information on the program requirements.

DOCUMENTATION EXAMPLES OF REQUIRED PROOF OF INCOME

All documentation sent with your application can be either originals or photocopies. If you are unable to photocopy the originals, our office will copy the material and if requested we will send it back after your case has been processed.

Earned Income: Includes income from employment, self-employment (see below), child care services, house cleaning, and any service in which you are paid. Provide copies of check stubs for at least the last thirty (30) consecutive days. If paid weekly -4 check stubs; paid bi-weekly or semi-monthly -2 check stubs. If you do not have check stubs, a signed and dated statement on letterhead from your employer stating your gross income for the last thirty (30) days and how often you get paid, is acceptable.

<u>Self-Employment/Non-Profit Business Income</u>: Please contact the EAP office to determine what you are required to provide. Acceptable verification may include profit and loss statements signed by the applicant detailing gross income and expenses during the last 12 months, a copy of the sales tax statement showing gross net proceeds, audited or un-audited financial statements, or a loan application listing income and expenses for the last 12 months.

<u>Unearned Income</u>: Includes income from Social Security, SSI, Veterans Benefits, pensions, disability income, military income, unemployment, child support, alimony, interest income, dividends, regular insurance or annuity payments. <u>Social Security, SSI, Veterans Benefits, pensions, disability income, military income or unemployment</u>: provide copies of the benefit verification form or award letter from the entity providing the income for the current year showing any cost of living raises. <u>Child support/alimony income</u>: copy of divorce decree/separation/settlement agreement, or dated letter from person paying the support (to include name, address and phone number), or a copy of the last check/statement from the child support enforcement agency. <u>Interest income/dividends</u>: bank account statements, certificates of deposit or other documentation that contains details and is signed by the financial institution, or a broker's quarterly statement showing earnings.

<u>Cash Contributions and/ or Recurring Gifts</u>: Provide a signed statement by the person providing the money indicating the amount of support, how often it is paid, and when the arrangement began or a statement that is signed and dated by the applicant identifying the name(s), address (es), and phone number(s) of the donor(s).

Student Income: Includes ALL education scholarships and grants, e.g., PELL, BEOG, SSIG and Veteran's Administration educational benefits. Please provide written confirmation of the amount of assistance, and the educational institution's written confirmation of the cost for the prior two (2) semesters and summer school of the student's tuition, fees, books and equipment. If benefits are paid directly to the student, copies of the latest benefit checks or cancelled checks or receipts for tuition, fees, books, and equipment are acceptable.

<u>Public Assistance Income</u>: Includes but is not limited to TANF, County or Indian General Assistance, Native American Assistance. Provide a written statement from the public agency's with the amount paid during the last month, the time frame covered, and the beneficiaries of aid or a copy of the award letter or check.

PLEASE NOTE: 1099 and W-2 forms are <u>NOT</u> accepted as proof of income.

DIVISION OF WELFARE AND SUPPORTIVE SERVICES ENERGY ASSISTANCE PROGRAM

LAS VEGAS / NORTH LAS VEGAS

3330 E. Flamingo Rd., #55, Las Vegas, NV 89121 Telephone: (702) 486-1404 Fax: (702) 486-1441

OFFICE FOR ALL OTHER AREAS

2527 N. Carson Street, Suite 260, Carson City, NV 89706 Telephone: (775) 684-0730 Fax: (775) 684-0740

APPLICATION FOR ASSISTANCE

Please complete every section and answer each question. Sign the application and the Rights and Obligations form. Failure to complete all sections and questions and/or sign the application and, Rights and Obligations, OR provide the requested documentation noted on the application, will delay processing your application and may result in your application being denied.

A. APPLICANT/HOUSEHOLD INFORMATION

Complete the following for every person living in your home, **including** yourself (attach additional page if necessary). The first name on the application should be the applicant (person listed on the utility bill in the home). Provide proof of identity for the applicant.

	Name (Last, First, Middle) (Jr., Sr., III)	Relationship to You	S E X M/F	Date of Birth (mm/dd/yy)	A G E	U.S. Citizen or Eligible *Non-citizen Yes No		Disabled Yes No		Social Security Number
		SELF								
Are	there additional people in your home?	YES NO)	If "YES," l	ist the	em on a	a separa	ate sh	eet of	paper.
Hom	e Address			Ci	ty			:	State	Zip
Maili	ng Address (If different from your home	address.)		Ci	ty			:	State	Zip
Hom	e Phone Day	y/Message/Cell Pho	one	E-mai	l Addı	ess				
() ()								
*Li	st the names of non-citizen househol	d members auth	norize	d as legal resider	nts of	the U	nited S	tates.		
	vide copies of the front and back of ication.	of their I-688 (T	Tempo	orary Resident (Card)	or I-	551 (R	esideı	nt Ali	en Card) with this
		B. DWEL	LING	INFORMATI	[ON					
	Renters: Provide complete copy of a Buyers: Provide copy of mortgage		-	reement, listing	every	person	ı living	in th	e hom	ne(s).
1.	Dwelling Type: 🗌 House	Apartment] Con	ido 🗌 Rent	Roon	n 🗆	Mol	oile H	ome	
	Duplex	Motel/Hotel] Stuc	dio 🗌 Trave	el Tra	iler	Oth	er:		
2.	Dwelling Cost:	Buy	\$		pace 1	Rent \$_				
	Own When	n did you pay off	your r	nortgage?						
3.	Rent/Buyers only: Landlord, Project	/Complex, Mortg	age C	ompany Name: _						
	Address:				Tele	phone	No.: (_)		
4.	Do you reside in subsidized housing	where heating an	d elect	tric are included i	in the	rent?	□ Y	ES [] NC)
C. HELP US BETTER SERVE OTHERS										
	w did you hear about the Energy Assis TV	any (flyer or emp		Previous	s EAP d Not	Partic ice in N	Aail		Othe	r: Please identify

	D. UTILITY I	NFORMAT	ION				
HEATING SE (Attach Copy				TRIC SEI			
Check primary heating source:	OI Diii)	(Attach Copy of Bill) Check one that applies:					
🗌 Natural Gas 🗌 Electric 🗌		Receive bill from utility company					
☐ Kerosene ☐ Wood ☐ Oth		service include					
Check one that applies:			arate bill to land				
Receive bill from utility compar							
 Heating service included in rent Pay separate bill to landlord for 							
	licating service						
(Heating Compan	y Name)		(Elect	ric Company	Name)		
(Heating Account	Number)		(Electr	ic Account N	umber)		
(Name On Acc	count)		(Na	ume On Acco	unt)		
Is the person listed on the account you	ur landlord? 🗆 YES 🔲 NO	Is the person	listed on the ac	count you	r landlord? 🔲 `	YES 🗆 NO	
(If the account holder is NOT your land provide their address, telephone numbe separate piece of paper. Also include pro is named on the utility bill and a statem benefits on their behalf.)	er and relationship to you, on a boof of identity for the person who ent authorizing you to apply for	their address, t of paper. Also utility bill and behalf.)	telephone numbe include proof of a statement aut	r and relatio identity for horizing yo	nship to you, on a the person who is u to apply for be	separate piece named on the nefits on their	
ARREARAGE ASSISTANC	E (Once in a Lifetime)	ARI	REARAGE ASS	ISTANCE	(Once in a Lifeti	me)	
	Do you have past due charges with your heating utility and want assistance to pay this debt?Do you have past due charges with your electric utility and want assistance to pay this debt?Do you have past due charges with your electric Utility and want assistance to pay this debt?						
If your heating and/or electric vendor current utility bill. For all other ener current address will be required. Pre	gy providers, proof of the last 1	12 months of u	sage in dollars a	nd therms,	watts and/or gall	ons for your	
I	E. HOW DO YOU WAN	T YOUR BE	ENEFIT PAI	D?			
	fit between myPalectric vendor.tosingle payment to one vendormual usage for that vendor and	ay my entire be my heating ve , and your ber and the remaining	e ndor. nefit exceeds yo ng benefit will	to i our annual be paid to		o r. endor, your	
	F. IN	COME					
1. EARNED INCOME: Does any information below: (Include self							
				GROSS			
		DATE OF	TYPE OF	PAY PER	HOW OFTEN	TIPS PER	
NAME OF PERSON WORKING	EMPLOYER	HIRE	WORK	CHECK	PAID	MONTH	
List all household members, age 18	or older who are not current	v employed [.]					
			CDOCC DAV	DO VOL			
NAME OF PERSON	FORMER EMPLOYER	DATE LAST WORKED	GROSS PAY PER CHECK		EXPECT RE-EMP DING SSI? If YES,		
Attach copies of all check stubs or	other proof of gross income	for at least th	e last thirty (3()) davs eve	n if the person i	is no longer	
employed. EXCEPTION: Self-emproof of income.							

2. UNEARNED INCOME: Complete the following, indicating who, if anyone, receives money or benefits from the sources listed below. You must mark YES or NO for each income type and attach proof of all unearned income. 1099s and W-2s are <u>NOT</u> acceptable proof of current income.

		<u> </u>	PERSON	GROSS	
YES		INCOME TYPE	RECEIVING	AMOUNT	FREQUENCY
		Alimony			
		Boarders/Roomers (Attach notarized proof of rental or lease)			
		Child Support			
		Contribution/Gifts / Church or Charitable Donations			
		Educational Assistance / Student Loans (Attach proof of tuition, books and supplies for prior TWO semesters)			
	Π	Food Stamps			
		Foster Care			
		County Assistance / General Assistance			
		Interest / Dividends / Annuities / Royalties			
		Loans			
		Lump Sum Payments (Settlements / Back Pay, etc.)			
		Military Income / Allotment			
		Mining Claims			
		Panhandling			
		Pensions / Retirement			
		Property Rentals / Sale			
		Railroad Retirement			
		Room Rental (Attach notarized proof of rental or lease)			
		Social Security Benefits (RSDI)			
		Strike Benefits			
		Subsidized Housing			
		Supplemental Security Income (SSI)			
		Supported Living Arrangement (SLA)			
		TANF Assistance			
		Tribal Assistance / Indian General Assistance (IGA)			
		Trust Income (Provide proof if it is not accessible)			
		Unemployment Insurance			
		Utility Allowance / Rebate Check			
		Veterans Benefits			
		Winnings			
		Worker's Compensation or Temporary Disability			
		Other			
plea	se ex	o not have any income or if the household expenses (e.g., rent, utilit plain how you are able to meet these expenses. If someone is helpi iring the last six (6) months and from whom? (List each individual'	ng with your bills, how n	nuch help did	
	-	To u expect any changes in the household's income or benefits?			
		Changes in income prior to certification will be	used to determine eligib	ility	

G. RESPONSIBILITY

Information provided in this application is subject to verification and investigation by federal, state and local officials. If you make a false or misleading statement, misrepresent, conceal, fail to report changes or withhold facts to establish or maintain eligibility for energy assistance, your benefits may be denied, terminated or reduced. You are responsible for repayment of all monies, services and benefits for which you were not entitled. Additionally, you may also be barred from program participation, criminally prosecuted and/or otherwise penalized according to state and federal law.

Have you ever been determined to have committed an Intentional Program Violation (IPV)?	🗌 YES 🔲 NO	If YES, in what
State?		

H. AUTHORIZATION

By signing this application, I am authorizing the Department of Health and Human Services to make any investigation concerning me or any other member of my household which is necessary to determine eligibility for benefits received or to be received under programs administered by the Division of Welfare and Supportive Services. I hereby authorize and consent to the release of any and all information concerning me and/or my household members to the Division of Welfare and Supportive Services by the holder of the information regardless of the manner or form held, including by, without limitation, wage information, information made confidential by law or otherwise privileged under NRS 422A.320 or any other provision of law or otherwise. I authorize the Energy Assistance Program to release information about my household, to include energy usage information, to the State of Nevada Housing Division, Weatherization Assistance Program, for potential eligibility in weatherizing my residence. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. I ACKNOWLEDGE THAT A REPRODUCED COPY OF THIS AUTHORIZATION LEGALLY CONSTITUTES AN ORIGINAL COPY.

If I am 60 years of age or older, I hereby consent to the disclosure of my identity and waive my rights as an older person to have my identity kept confidential. I hereby release the holder of information from liability, if any, resulting from the disclosure of the required information.

I consent that the Division of Welfare and Supportive Services or its representatives may survey my energy usage, advise vendors of assistance grants, and status at the time of certification. I consent that the Division of Welfare and Supportive Services use Social Security Numbers (SSNs) provided in this application to verify factors of energy assistance program eligibility through automated data exchanges with the Social Security Administration.

I agree to notify the Energy Assistance Program of any changes in my household circumstances that may affect my benefits. I understand failure to report changes may cause an overpayment which I would be responsible to pay back and could even be prosecuted by a court of law. I swear I have honestly reported the citizenship of myself and anyone I am applying for.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.

Print Name of Applicant:	
Signature of Applicant:	Date:
Print Name of Other Adult Member(s) in Household:	
Signature of Other Adult Member(s) in Household:	Date:
Print Name of Other Adult Member(s) in Household:	
Signature of Other Adult Member(s) in Household:	Date:

WITNESS: (Use if applicant cannot read or write or is blind.) I have assisted with the completion of this application for Energy Assistance. The information in this application has been read to the applicant and I have witnessed the above signature.

Print Name of Witness

Signature of Witness

Division of Welfare and Supportive Services ENERGY ASSISTANCE PROGRAM NOTICE OF RIGHTS AND OBLIGATIONS

**** PLEASE READ AND SIGN BELOW ****

You have the following RIGHTS: A.

- No person will be discriminated against for any reason, i.e., race, age, color, religion, sex, disability, handicap (including 1. AIDS and AIDS related conditions), political belief or national origin, in any program administered by the Division of Welfare and Supportive Services. When the Energy Assistance Program (EAP) pays another agency, institution or person to provide EAP services to a household, the vender is not permitted to discriminate for any reason. Violations of discrimination shall be promptly reported to the Energy Assistance Program office, the Division of Welfare and Supportive Services Administrator, 1470 College Parkway, Carson City, Nevada 89706-7924, (775) 684-0500, the U.S. Office for Civil Rights (OCR), Department of Health and Human Services, 50 United Nations Plaza, San Francisco, California 94102, (415) 437-8310, TDD (415) 437-8311 or by calling toll free 1-800-368-1019.
- You have the right to a conference if you believe you have been unfairly treated or a mistake has been made concerning 2. your eligibility for assistance. To request a conference, write or call the Energy Assistance Program.
- 3. You have the right to a hearing if you are not satisfied with the agency's action affecting your assistance if you request the hearing, in writing, within ninety (90) days of the agency's action/decision, unless the sole issue for the agency's action/decision is one of state or federal law requiring automatic benefit adjustment. You have the right to a hearing if your application for benefits is denied, reduced, acted upon erroneously, or not acted upon with reasonable promptness.
- 4. You have the right to a mailed notice of decision telling you if you are eligible for program benefits and in what amount, to whom payments will be made, and the approximate payment date(s); or a notice informing you that you are not eligible for program benefits and why.
- 5. Program staff is required to:
 - Inform applicants of the eligibility requirements for the program;
 - Counsel on required documents; and/or
 - Provide assistance to the applicant, when needed.

You have the following OBLIGATIONS: В.

1. Notify the Energy Assistance Program within ten (10) working days of any of the following. Failure to do so may delay

- processing your application, or result in denial of benefits or a reduction in benefits.
- Any change in your household income **or** household size (number of people residing in the household);
- If you change utility companies; or
- If you move anytime after submitting your application.
- 2. Respond to any requests for additional information needed to process your application within ten (10) working days. It is your responsibility to ensure the requested materials are mailed or faxed early enough to meet the deadline provided to you. The Energy Assistance Program is not responsible for lost or misdirected mail, or faxes. (Be sure your name and SSN or UPI are on all documents/correspondence.)
- Cooperate with the Energy Assistance Program in its efforts to secure all information necessary to determine eligibility or 3. benefits.

C. **SPECIAL NOTE:**

- If you are applying for the Energy Assistance Program, you may receive help with your heating and/or electric bills. **BUT** 1. **REMEMBER, YOU MUST KEEP PAYING YOUR BILLS WHEN THEY ARE DUE**. If you do not pay them, the company can charge more money for paying late. The utility company can even turn off your service and you may be required to pay a deposit before they will turn your service on again. If you cannot pay your bill, contact the utility company and try to make payment arrangements.
- 2. Persons found guilty of intentionally violating program rules will be ineligible for program participation for one (1) year for the first violation, two (2) years for the second violation, and permanently barred from the program for the third violation

My signature below indicates I understand the Rights and Obligations as an applicant for the Energy Assistance Program.

Print Name of Applicant/Recipient:

Signature of Applicant/Recipient:

Date:

IF YOU ARE <u>NOT</u> REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?

(Please check one)

YES	NO
-----	----

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The **NATIONAL VOTER REGISTRATION ACT** provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT NOTICE: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance you will be provided by this agency.

Signature

Date

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.



Application No. HA

VOTER REGISTRATION APPLICATION

Nevada driver's license, I.D. card, or Social Security card referenced in Box 8. If you do not have any of these forms of identification, please see the instructions for Box 8.

BOX 4 - HOME ADDRESS Your home address is the street address assigned to the location at which you actually reside. If you reside at a location that has not been assigned a street address, a description of the location at which you actually reside must be provided. A P.O. Box cannot be listed as a home address.

BOX 8 - IDENTIFICATION REQUIREMENTS Federal and state law require you to provide your NV driver's license or NV ID number. If you do not have either, you must provide the last 4 digits of your social security number (SSN). If you do not have any of these three forms of identification, please contact your County Clerk/Registrar after you have completed and returned this form.

BOX 10 - PARTY REGISTRATION Mark your choice of a qualified party, "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

BOX 3 - NAME Please write your name exactly as it appears on the BOX 13 - ASSISTING IN THE COMPLETION OF THIS FORM If you are assisting a person to register to vote, you must complete Box 13. FAILURE TO DO SO IS A FELONY.

DEADLINES FOR SUBMITTING APPLICATION

- By Mail-postmarked by Saturday, 31 days before an Election.
- In Person at DMV-by Saturday, 31 days before an Election. *
- In Person At County Clerk's or Registrar's Office-by Tuesday, 21 days
- before an Election (for Municipal Elections, in person at City Clerk's).
- For Special/Recall Elections-contact your County Clerk or Registrar.

NOTICE You are urged to return your application to register to vote to the County Clerk/Registrar in person or by mail. If you choose to give your completed application to another person to return to the County Clerk/Registrar on your behalf, and the person fails to deliver the application to the County Clerk/Registrar, you will not be registered to vote. Please retain the duplicate copy or receipt from your application to register to vote.

INTERESTED IN BEING A POLL WORKER? Please contact your local County Clerk or Registrar's Office. See Reverse.

CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE

USE	BLACK INK — PLEASE PRIN	IT CLEARL	_Y		GIVING FALS			and the second se
1	Are you a citizen of the United State Will you be 18 years of age or over o If you checked "no" in response to ei form.	on or before E	lection Day?	Yes No Yes No	2 Check boxe	es that apply and		ns 3-13 ion Change
3	Last Name (Only)	ŀ	First Name (Only)		Mid	dle Name (Only)	G.	Jr. Sr. II III IV
4	Home Street Address (No P.O. Box/	Business Addi	ress. See Instructio	ns.) Apt.#	City		State	Zip Code
5	Mailing Address—If different from abo	ove. (P.O. Bo	x or Mail Service A	ddress)			6 Birth Dat	e (M/D/YR)
7	Place of Birth(State or Country)	8 NV Driver'	's License or NV ID	Card Number (If n	either, last 4 digits	of your SSN)	9 Telephor	ne No.(Opt.)
10 12 13	Party Registration—Check Only One Democratic Party Independent American Party Libertarian Party Republican Party Other Party – Write In Below Nonpartisan (no party affiliation Your name and residence address wil Important! If you are assisting a pers voter registration agency, you MUST	n) here you were	the next ele county and address list as my lega of civil right perjury that as registered to we to vote and you are	e not a field registra	e continuously re s in my precinct sole legal place m not laboring u ke it unlawful fo true and correct LICANT (REQUIREI Street, Apt. #, City r appointed by a Co	esided in Neva before the ne of residence a nder any felor r me to vote. I "")) State & Zip Cod	ada at least 3 ext election • and I claim n ny conviction I declare und • DATE (I • le of Former R	30 days in my The present to other place or other loss der penalty of REQUIRED) •
	Name Mailing ,	Address		City/State/Zip Code			Signatu	re
	VALIDATING A	GENCY US	SE ONLY. DO	NOT WRITE IN	THE SHADED	AREA BELO	ow.	
	AGENCY STAMP HERE	AGEN FIELD MAIL OTHE	REGISTRAR	CANCELLED INACTIVE PRECINCT		EIVED BY:	0. HA	
↑ Detach	Here 🛧		↑ Detach Here ↑				↑ Detach Here ↑.	
	IE OF PERSON RETAINING THIS APPLICATION		ECTION OFFIC	IAL OR AGEN Idress, Telephone,		/OTER APPL (Please	Retain Receipt	
AGENCY	STAMP OR NAME OF AGENT, ELECTION OFFICIAL OR PERSON RETAINING APPLICATION					u do not receive in the mail withi your County I		ase call or visit
-	PRINT NAME OF PERSON RETAINING FORM				APP		о на	

(Revised 8.2012)

	COUNTY CLERKS AND REC our application to the office in the county of	
CARSON CITY CLERK 885 East Musser Street, Suite 1025 Carson City, Nevada 89701-4475 (775) 887-2087	CHURCHILL COUNTY CLERK 155 North Taylor Street, Suite 110 Fallon, Nevada 89406-2748 (775) 423-6028	CLARK COUNTY REGISTRAR 965 Trade Drive Suite A P.O. Box 3909 Las Vegas, Nevada 89127-3909 (702) 455-VOTE (8683)
DOUGLAS COUNTY CLERK 1616 8 th Street, 2 nd Floor P.O. Box 218 Minden, Nevada 89423-0218 (775) 782-9023	ELKO COUNTY CLERK 550 Court Street 3 rd Floor Elko, Nevada 89801-3700 (775) 753-4600	ESMERALDA COUNTY CLERK Corner of Crook & Euclid P.O. Box 547 Goldfield, Nevada 89013-0547 (775) 485-6367
EUREKA COUNTY CLERK County Courthouse, Main Street P.O. Box 677 Eureka, Nevada 89316-0677 (775) 237-5262	HUMBOLDT COUNTY CLERK 50 West 5 th Street, #207 Winnemucca, Nevada 89445-3199 (775) 623-6343	LANDER COUNTY CLERK 315 South Humboldt Street Battle Mountain, Nevada 89820-9998 (775) 635-5738
LINCOLN COUNTY CLERK 181 North Main Street, Suite 201 P.O. Box 90 Pioche, Nevada 89043-0090 (775) 962-5390	LYON COUNTY CLERK 27 South Main Street Yerington, Nevada 89447-2571 (775) 463-6501	MINERAL COUNTY CLERK 105 South "A" Street, Suite 1 P.O. Box 1450 Hawthorne, Nevada 89415-0400 (775) 945-2446
NYE COUNTY CLERK 101 Radar Road P.O. Box 1031 Tonopah, Nevada 89049-1031 (775) 482-8127	PERSHING COUNTY CLERK 398 Main Street P.O. Box 820 Lovelock, Nevada 89419-0820 (775) 273-2208	STOREY COUNTY CLERK 26 South "B" Street Drawer "D" Virginia City, Nevada 89440-0139 (775) 847-0969
WASHOE COUNTY REGISTRAR 1001 East Ninth Street, Room A135 P.O. Box 11130 Reno, Nevada 89520 (775) 328-3670	WHITE PINE COUNTY CLERK 801 Clark Street #4 Ely, Nevada 89301-1994 (775) 293-6509	





of 8) 2824 – EL (12/12)