



Minimum Rent Hardship Exemption Form

I, _____, declare that my family is unable to pay the minimum rent required and request an exemption because of the following hardships and understand that I must provide any documentation proving such hardship:

The family has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program. For a family waiting for a determination of eligibility, the hardship period will end as of the first of the month following 1) implementation of assistance, if approved, or 2) the decision to deny assistance.

The family would be evicted because it is unable to pay the minimum rent.

Family income has decreased because of changed family circumstances, including the loss of employment.

A death has occurred in the family.

The family has experienced other circumstances determined by Housing Works.

I, _____, am requesting the following type of exemption:

Temporary (less than 90 days)

Long Term (more than 90 days)

Certification:

After reviewing my file and information submitted for this request, should Housing Works determine that the hardship is temporary, I will be required to pay back any and all minimum rents waived as a result of this request. I also understand that the determination of this hardship is based on that hardship that I have checked off in the box above and required to report any change that may have relieved this hardship.

Signature: _____ Date: _____