



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: _____

Main Office:

405 SW 6th Street
Redmond, OR 97756

P) 541-923-1018

F) 541-923-6441

Text) 541-286-5562

Hours: Mon to Thurs
8am to 5pm

Closed Friday

www.housing-works.org

Bend Satellite Office:

2017 NE Full Moon Dr.,
Suite 100

Bend, OR 97701

P) 458-281-0813

F) 458-281-0815

Text) 541-286-5562

Hours: Tue, Wed, Thurs
9am to 4pm

Closed Monday & Friday

www.housing-works.org