

WHEDA HCV PROGRAM MINIMUM RENT EXEMPTION REQUEST

(ONLY COMPLETE THIS FORM IF YOUR HOUSEHOLD IS CLAIMING ZERO INCOME)

I. CONDITIONS FOR HARSHIP EXEMPTION (Please read carefully and contact your PHA with any questions)

WHEDA's Administrative Plan requires that all households pay at minimum of fifty (\$50) dollars towards rent and utilities even if they are claiming zero income. However, households are able to apply for an exemption that will remove that \$50 requirement.

We have listed below the circumstances that can qualify for these exemptions. If you believe your household qualifies for an exemption, please check the qualifying circumstances that apply to you. Also please indicate whether you believe your need for an exemption will be short-term or long-term. Generally, circumstances that are expected to continue for 90 days or less are considered short-term, and those that are expected to continue for more than 90 days are considered long-term.

Only households that can verify that they need long-term exemptions will be allowed to have their minimum rent waived. If your need for an exemption is short-term, we will temporarily suspend your minimum rent obligation for up to 90 days. However, you must repay the total amount of suspended rent at the end of the short-term exemption period. We will work out a reasonable repayment schedule with you.

We will suspend your minimum rent obligation while we process your request and verify your need for an exemption. If we determine that you are not eligible for an exemption, you must pay any rent payments you missed. Here again, we can work with you on a reasonable repayment schedule.

Households applying for a Minimum Rent Exemption MUST complete the highlighted information and return the document to your PHA.

Head of Household Name: _____

Unit Address (include city, state ,and zip): _____

II. CIRCUMSTANCES THAT QUALIFY HOUSEHOLDS FOR EXEMPTION

I am requesting an exemption from paying the minimum rent because (check all that apply):

- My household would be evicted if the minimum rent requirement was imposed.
- My household lost eligibility for a federal, state, or local assistance program in the past 60 days.
- My household is awaiting an eligibility determination for a federal, state, or local assistance program.
- My household's income decreased in the past 60 days because of changed circumstances, including the loss of employment.
- An income contributor to the household died in the past 60 days.
- Other circumstances (please specify) : _____

My household's need for an exemption is: short-term (1 to 3 months) long-term (longer than 3 months)

III. AGREEMENT TO REPAY

I agree that, if I do not qualify for a long-term exemption, I will repay all the suspended rent. I understand that I must work with you if necessary to come up with a reasonable written repayment agreement and schedule based on the amount due and my household's circumstances at that time. I agree to repay the suspended rent based on that schedule.

Head of Household Signature

Date Signed

IV. PHA and WHEDA Approval Section

Household: Qualifies for a short-term exemption Qualified for long term exemption Does NOT qualify for exemption

Agent Signature: _____ **Date:** _____

WHEDA Staff Signature _____ **Date:** _____