



**Akron Metropolitan Housing Authority**

**Tenant’s Written Request for Financial Hardship Exemption from Minimum Rent**

Tenant Name \_\_\_\_\_

Tenant Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Financial Hardship includes the following and MUST be re-verified every 90-days:**

\_\_\_\_\_ The family has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program, including a family that has a member who is a noncitizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for the title IV of the Personal Responsibility and Work Opportunity Act of 1996;

\_\_\_\_\_ When the family would be evicted because it is unable to pay the minimum rent;

\_\_\_\_\_ When the income of the family has decreased because of changed circumstances, including loss of employment, which is defined as termination or layoff of employment, and excludes voluntarily quitting

\_\_\_\_\_ When a death has occurred in the family;

\_\_\_\_\_ When a medical issue results in a loss of income, must include approximate rehabilitation time;

\_\_\_\_\_ Other circumstances; \_\_\_\_\_

**\*\*Written proof of your hardship must accompany this form. Failure to do so will result in the automatic denial of your request.**

**No qualifying financial hardship exemption found:** the rent will be reinstated, including back rent owed, from the beginning of the suspension. The family must pay back rent owed, from the beginning of the suspension. The family must pay the back rent by entering into a repayment agreement.

**Temporary financial hardship exemption (lasting 90 days or less):** the rent will be reinstated, including back rent owed from the beginning of the suspension, once the hardship has ended. The family must pay back rent by entering into a repayment agreement.

**Long-term financial hardship exemption (lasting more than 90 days):** The family will be exempt from the minimum rent requirements so long as such hardship continues. Such exemption shall apply from the beginning of the month following the family’s request for a hardship exemption until the end of the qualifying financial hardship. No back rent will be owed.

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_