**HOUSING CHOICE VOUCHER PROGRAM**

**Minimum Rent Hardship Exemption Request Form**

Households paying the $50 minimum rent may qualify for an exception from the minimum rent requirement if they are having trouble paying the minimum rent for one or more of the following reasons:

**(Please mark all that apply)**

\_\_\_\_\_ The household has lost eligibility for a federal, state, or local program.

\_\_\_\_\_ The household has applied for a federal, state, or local assistance program and is waiting for a determination by program officials as to its eligibility for assistance.

\_\_\_\_\_ The household would face eviction if forced to pay the minimum rent.

\_\_\_\_\_ Household income has decreased.

\_\_\_\_\_ There has been a death in the household.

Provided your request meets at least one of the above conditions, the Housing Authority of South Bend (HASB) will grant your request effective the first of the month following the date you submit this form, or the first of the month following your lease-up, whichever is later; however, **you must provide proof of the hardship based on the reason(s) selected above.** If you do not submit sufficient proof along with this request, the HASB will give you an additional 10 days to do so. If you do not provide sufficient proof of your qualification for the hardship exception, the HASB will charge you for any additional assistance paid on your behalf.

The HASB will also need to determine if your hardship situation is likely to continue for a long time. HUD states that if a hardship is short-term, which they define as less than 90-days, you are only entitled to the exemption for up to three months and at the end of the three months, you would need to repay the HASB for the additional assistance.

**Minimum Rent Hardship Exemption Request Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am requesting a minimum rent hardship exception based on the reasons selected above. Specifically:

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I understand that if I do not provide proof of my hardship or if my hardship is determined to be temporary, I will be required to repay the HASB for any additional assistance paid to the landlord on my behalf.

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Signature Date

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Complete Address (Including City, State, Zip)