INDIANAPOLIS HOUSING AGENCY

MINIMUM RENT HARDSHIP EXEMPTION REQUEST

Head of Household Name: _____SSN: _____

I/We hereby request a hardship exemption for the following reason(s) please check which apply:
My/our hardship is _____long-term _____short-term, in my/our opinion.

_____ 1) I have lost my eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program. This includes a family 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 Title IV of the Personal Responsibility and Work Opportunity Act of 1996. A hardship will be considered to exist only if the loss of eligibility has an impact on the family's ability to pay the minimum rent. 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.

_____ 2) I/We will be evicted because I/we unable to pay the minimum rent. For a family to qualify under this provision, the cause of the potential eviction must be the family's failure to pay rent to the owner or tenant-paid utilities. The family must provide documentation supporting the potential eviction would be cause by inability to pay rent or utilities.

_____ 3) Family income has decreased because of changed family circumstances, including the loss of employment.

_____ 4) A death in our family has occurred. IHA will also consider the severe illness of a family member. In order to qualify under this provision, a family must describe how the death or severe illness has created a financial hardship (e.g., because of funeral-related expenses or the loss of the family member's income)

_____ 5) The family has experienced other circumstances determined by the IHA. When the family has an increase in expenses due to changed circumstances, such as medical costs, childcare, transportation, education, or similar items.

The request must be accompanied by the following:

1. A completed IHA Interview packet, listing all household members, all current and anticipated household income, all household assets and their sources, an income questionnaire, and an open verification form signed by each household member 18years of age and over.
2. A completed Zero Income Interview Guide and Checklist listing all the household members' current financial obligations and routine expenditures.
3. A certification statement that no member of the household has made a purchase or financial obligations of a non-essential nature within the past 90 days.
4. A Non-Income Affidavit certification statement signed for each household over the age of 18 years.

I/We certify that the information given to the Indianapolis Housing Agency on household composition, income, net family assets, allowances and deductions and other family information is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.

_____ _____
Signature of Head of Household Date

_____ _____
Other Adult Date