



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program  
165 South French Broad Avenue  
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

**REQUEST FOR HARDSHIP EXEMPTION TO MINIMUM RENT REQUIREMENT**

I, \_\_\_\_\_, as head of household, hereby declare that my family is unable to pay the minimum rent required and request an exemption to the minimum rent requirement because of the following hardship or hardships checked.

- My family has lost eligibility for, or is awaiting an eligibility determination for, a Federal, State, or local assistance program, resulting in our inability to pay the minimum rent.
- My family has received a notice to vacate within the next 30 days for non-payment of rent because of our inability to pay the minimum rent.
- My family income has decreased, resulting in our inability to pay the minimum rent.
- The death of a member of my household has occurred, resulting in our inability to pay the minimum rent.

I understand that I must provide documentation proving the hardship as determined by the Housing Authority.

I understand that if it is determined by the Housing Authority that a hardship does not exist or that the hardship is of a temporary nature, I will be required to pay back any and all minimum rents waived as a result of this request.

I also understand that a determination to waive the minimum rent is based on a hardship as I designated, and that I am required to report in writing any changes in my family circumstances that may have relieved that hardship.

I understand that I have the right to an informal hearing under grievance or hearing procedures of a Housing Authority determination of no hardship or temporary hardship.

If working with a case manager from another agency, provide agency name, case manager name, and email:

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\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

**Housing Agency Use Only**

Request approved

Request denied

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed name of Housing Authority representative

\_\_\_\_\_  
Signature of Housing Authority representative

\_\_\_\_\_  
Date