



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

Request for a New Hardship

Request for a Hardship Exemption to Minimum Rent Requirement

I, _____, as head of household, hereby declare that my family is unable to pay the rent required 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 rent or minimum rent required.
- 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 rent or the minimum rent required.
- My family income has decreased, resulting in our inability to pay the rent or the minimum rent required.
- The death of a member of my household has occurred, resulting in our inability to pay the rent or the minimum rent required.

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.

Head of Household Signature

Date



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

Housing Agency Use Only

Request Approved

Request Denied

Date Approved: _____

Date Denied: _____

Comments: _____

Printed Name of Housing Authority Representative

Signature of Housing Authority Representative

Date