



Stepped Rent Hardship Request Form

Hardship requests must be made by completing this form and submitting it, along with supporting documentation. Documentation and submission instructions can be found on page two of this form.

Date: _____ Contact Phone Number: _____

Head of Household Name: _____

Address: _____

New Hardship Request

Hardship Extension Request

Please check the box indicating the type of hardship you are experiencing and provide a short explanation of how this circumstance creates financial hardship. Please see page two of this form for information about required documentation.

Are you able to pay the monthly \$50 minimum rent? Yes No

Reduction in Income

Financial Hardship Due to Annual Stepped Rent Increase (*Stepped rent greater than 40% of monthly income*)

Death of a Family Member

Significant Out-of-Pocket Expenses (example: large medical bill)

Household Facing Eviction due to Inability to Pay Rent

Other

Please explain how this circumstance creates a financial hardship:

What is your total current monthly family income? \$ _____

Under penalties of perjury, I certify that the information presented in this Request is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

Head of Household Signature

Date

<p align="center">In addition to the required documentation above, please submit the following to document the type of hardship selected on page one.</p>	
Reduction in Income	Paystubs, a letter from the employer (or other income source), or similar written documentation verifying the loss or reduction of income, the date the change took effect, and contact information for additional verification if necessary.
Financial Hardship Due to Annual Stepped Rent Increase (<i>Stepped rent greater than 40% of monthly income</i>)	Paystubs, a letter from the employer (or other income source), or similar written documentation of all current income dating back at least 30 days from the date of submission of the request.
Death of a Family Member	Death Certificate or similar documentation verifying the name and date of death for the deceased.
Significant Out-of-Pocket Expenses	Written verification of expenses, such as receipts for payments, ledgers, or letters from service providers, dating back at least 30 days from the date of submission of the request.
Household Facing Eviction due to Inability to Pay Rent	Copy of Notification from Landlord confirming the reason for the potential eviction and anticipated date for the court filing.
Other	Contact your Housing Support Specialist to discuss what documentation may be necessary for circumstances other than the ones listed above.

Submission Instructions:

This form and additional documentation may be dropped off in person at 165 South French Broad Avenue, in the office’s drop box after hours, or may be submitted via mail, email, or fax to your Housing Support Specialist. If you need assistance with contacting them, please call 828-258-1222, Monday through Thursday from 9 AM to 5 PM.

Please contact Asheville Housing Authority if you, or a member of your household, require accommodation in order to fully utilize our programs and services.