



**COLUMBUS METROPOLITAN HOUSING AUTHORITY**  
COMMUNITY. COMMITMENT. COLLABORATION.

**Request for Financial Hardship Exemption from Minimum Rent**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Financial Hardship includes the following and MUST be re-verified every 90 days if the hardship is determined to be temporary. Supporting documentation is *required to maintain the temporary hardship*. Failure to provide written proof of your situation will result in an automatic denial of your request, and if applicable, immediate repayment of any outstanding balance awarded as a temporary hardship.**

**Please select below:**

\_\_\_\_ The family has lost eligibility for or is awaiting an eligibility determination for a federal, state or local assistance program, including a family that has a member who is a non-citizen lawfully admitted for permanent resident under the *Immigration and Nationality Act* who would be entitled to public benefits but for the *title IV* of the *Personal Responsibility and Work Opportunity Act of 1996*;

\_\_\_\_ When the family would be evicted because it is unable to pay the minimum rent (\$50);

\_\_\_\_ When the income of the family has decreased because of changed circumstances, including the loss of employment, which is defined as termination or layoff of employment, and excludes voluntary quitting;

\_\_\_\_ When a death has occurred in the family;

\_\_\_\_ When a medical issue results in a loss of income, must include approximate rehabilitation time;

\_\_\_\_ Other circumstances: \_\_\_\_\_

**Once CMHA receives and reviews your request with supporting documentation, you will receive a determination in writing:**

- No qualifying financial hardship exemption found
- Temporary financial hardship exemption (lasting 90 days)
- Long-term financial hardship exemption (lasting more than 90 days)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_