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HARDSHIP EXEMPTION REQUEST FOR MINIMUM RENT REQUIREMENT

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Based on the amount of income in your household you may qualify for a Minimum Rent Hardship Exemption. If you feel that you meet any of the conditions listed below, please complete and submit this form. CHA will approve or deny this request based on HUD regulations.

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

Name: \_\_\_\_\_ Voucher #: \_\_\_\_\_
(Head of Household)

Address: \_\_\_\_\_ Apt. #/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

I am requesting a hardship exemption for the minimum rent requirement due to the following reason(s):

- Loss of eligibility for benefit income: Submit a letter from the agency, dated within the last 90 days, indicating the loss of benefit income.
Awaiting determination of eligibility for benefit income: Submit a letter from the agency, dated within the last 90 days, indicating pending eligibility of benefit income.
Family will be evicted without exemption: Provide a letter from the Property Owner/Manager which states that eviction procedures will begin if the family does not pay the minimum rent. Note: a completed Zero Income Affidavit and Zero Income Questionnaire indicating no income is being received by any adult member (18 years of age and older) in the household must also be on file.
Decrease in family income, including loss of employment: Documentation must be submitted when the decrease in income has occurred 30-90 days prior to the hardship exemption request.
Death in the family: A copy of the death certificate must be submitted for the household member whose death occurred within 90 days of the hardship exemption request. In addition, provide a statement as to how the death has created a financial hardship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Rev. 05312017, Eff. 06012017, CHA-0050: Hardship Request

CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS

- Central Office: 60 E. Van Buren Street, Chicago, IL 60605
South Office: 10 W. 35th Street, Chicago, IL 60616
West Office: 2750 W. Roosevelt Road, Chicago, IL 60608
CHA Customer Call Center / TTY: 312-935-2600 / 312-461-0079
Web: www.thecha.org/hcv
Email: hcv@thecha.org