Ann Arbor Housing Commission

Minimum Rent Hardship Exception Request

Date: _____

Head of Household: _____

Co-Head or Spouse: _____

Address: _____

Telephone Number: _____

Ann Arbor Housing Commission will make a determination on the exception request within 14 days of receipt of request. The minimum rent will be suspended the first of the following month following receipt of the request. If we determine that you are not eligible for an exception, you must pay back any minimum rent amounts that were suspended during this period.

My minimum rent is currently established at $100.00 and I am requesting a hardship exemption for the following reason(s) (check as many that apply):

I. Qualifying Hardship Exceptions:

☐ The family has lost eligibility for, or is awaiting an eligibility determination for a Federal, State or local assistance program

☐ I am currently facing eviction because of the imposition of minimum rent

☐ My household would be evicted if the minimum rent requirement were imposed.

☐ Family income has decreased because of a loss of employment and/or benefits.

☐ There has been a death in the family resulting in loss of employment and/or financial obligations involving the death.

☐ Homeless and zero income at move-in (per agency policy)

☐ Other (please specify):

YOU MUST PROVIDE DOCUMENTATION OF ALL HARDSHIP CLAIMS. FAILURE TO PROVIDE DOCUMENTATION MAY RESULT IN A DENIAL OF THE REQUEST.

I. Duration of Hardship Exception:

☐ Temporary/Short Term hardship exemption (90 days or less)
This temporarily suspends your minimum rent obligation for up to 90 days from the date of the suspension. You must REPAY the total amount of suspended rent at the end of the short term exception period. We will work out a reasonable repayment plan with you.

☐ Long-term hardship exemption (over 90 days)
This waives the minimum rent obligation from the date the exception was granted until such a time that the hardship no longer exists. The waived rent does not have to be repaid.

_____ _____
Head of Household Signature Date

_____ _____
Co-Head/Spouse Signature Date

_____ _____
Occupancy Specialist Signature Date

Based on the documentation received for the Household

☐ Approved for a Temporary/Short Term exception

☐ Approved for a Long Term exception

☐ Not Approved for an exception

_____ _____
Supervisor Signature Date

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