Clermont Metropolitan Housing Authority
65 South Market Street | Batavia, Ohio 45103
513.732.6010 | Fax 513.732.6520
www.clermontmha.org

Hardship Exemption from Minimum Rent Form

Tenant Name_____

Tenant Address_____

Phone Number_____ Email Address _____

Financial Hardship includes the following and may be re-verified every 90-days:

_____The family has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program;

_____When the family would be evicted because it is unable to pay the minimum rent;

_____When the income of the family has decreased because of changed circumstances, including loss of employment, which is defined as termination or layoff of employment, and excludes voluntarily 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 _____

****Written proof of your hardship must accompany this form. Failure to do so may result in the automatic denial of your request. If denied a hardship, the family has a right to request a hearing.****

No qualifying financial hardship exemption found: the rent will be reinstated, including back rent owed, from the beginning of the suspension. The family must pay back rent owed, from the beginning of the suspension. The family must pay the back rent by entering into a repayment agreement.

Temporary financial hardship exemption (lasting 90 days or less): the rent will be reinstated, including back rent owed from the beginning of the suspension once the hardship has ended. The family must pay back rent by entering into a repayment agreement.

Long-term financial hardship exemption (lasting more than 90 days): The family will be exempt from the minimum rent requirements so long as such hardship continues. Such exemption shall apply from the beginning of the month following the family's request for a hardship exemption until the end of the qualifying financial hardship. No back rent will be owed.

Tenant
Signature_____Date_____

Occupancy
Specialist Signature_____ Date_____