



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 _____