

PARMA PUBLIC HOUSING AGENCY
APPLICATION FOR FINANCIAL HARDSHIP EXEMPTION

DATE: _____

HEAD OF HOUSEHOLD NAME: _____

I am applying for an exemption to the minimum rent requirement due to the following financial hardship:
(check one)

- The family has lost eligibility or is awaiting an eligibility determination for federal, state or local financial assistance;
- The family would be evicted as a result of the imposition of the minimum rent requirement; or
- The income of the family has decreased because of changed circumstances, including loss of employment, death in the family, and other circumstances as determined by the PPHA or HUD.

Date Hardship Began: _____ Date Hardship Expected To End: _____

Please describe the circumstances and source of the financial hardship:

Please list all 3rd party sources that can certify the above noted financial hardship exemption. **If possible, please attach supporting documentation pertaining to the financial hardship exemption.**

	NAME	ADDRESS	TELEPHONE # (area code)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby understand that any misrepresentation of information or failure to disclose information on this application may disqualify me from participation in the program, and may be grounds for denial of assistance or termination of assistance. I certify that all information contained on this application is true and complete to the best of my knowledge.

SIGNATURE

DATE

APPROVED

NOT APPROVED

Effective Date: _____
Termination Date: _____
Long term: _____ Short term: _____
RPA Required? _____

Signature/Title of Official

Date