

I. Applicant/Client Section *(This section to be completed by Applicant / Client only)*

Applicant/Client Name:	Applicant/Client ID Number:	Unit No:
Applicant/Client ID Address:		

Instructions: Please check what applies to you and complete each section below

- Applicant (s) requesting Minimum Rent Hardship.** Please complete section A.
 Applicant (s) requesting MTW Hardship Exemption. Please skip section A and complete section B.

Section A: Applicants requesting minimum rent hardship must complete item #1 to item #9.

Please note, the information on this worksheet will assist in making a determination for qualifying for a financial hardship and it is your responsibility to submit documentation of amounts claimed. Failure to submit required documents may result in a decline of hardship. Complete all questions and sign and date this request form.

1. At the present time do you have any income from any source? [] Yes [] No. If yes, list amount and source below:
Amount (\$) _____ Source: _____
2. When was the last time you had income? _____ 3. What was the source of that income _____
4. Have you applied for DPA/TANF Assistance? [] Yes [] No. If yes, please state when? _____
5. Do you receive food stamps? [] Yes [] No If yes, what is the monthly amount? _____
If no, when did you last apply? _____
6. Have you applied for Social Security or SSI? [] Yes [] No. If yes, please state when? _____
7. Do you have an open case for child support/alimony? [] Yes [] No a. If yes, when was the last time you received this form of support? _____
8. Does anyone (other than your household members) make contributions to your household in the form of cash for products or services (for purchases of food, clothing, cars, cable TV, grooming products, cigarettes etc.)? [] Yes [] No
If yes, please provide Details _____

9. Are you requesting financial hardship exemption? [] Yes [] No, If yes, please explain the nature of the hardship and how the hardship has affected the family's ability to pay minimum rent.

Section B: Applicants requesting MTW Hardship Exemption must complete item #10.

10. For all of PHA's rent, recertification and ceiling rent policies implemented pursuant to its MTW authority, PHA will consider exceptions to these policies on a case-by-case basis for families who can demonstrate a long term hardship that will result from application of the policies to them, or as a reasonable accommodation. To qualify for a MTW hardship exemption, you must complete and submit this section of the form with an explanation on the reason for the hardship and how the application of PHA's MTW rent, recertification or ceiling rent policy(ies) will affect your household.

For Hardship Waiver Request, check boxes as applicable: MTW Rent Calculation Annual vs. Biennial or Triennial Recertification Limit on Interim Recertifications MTW Ceiling Rent Policy

I was made aware that I am required to complete this certification of minimum rent financial hardship worksheet every 120 days, until I have obtained income and reported it to the Philadelphia Housing Authority (PHA)/Philadelphia Asset Property Management Corporation (PAPMC). In addition, any person who knowingly and willingly makes false or fraudulent statements, to any, Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony per Title 18, Section 1001 of the U.S. Code. Failure to provide true information may be grounds for termination of housing assistance. **I certify the answers I have given are true and accurate to the best of my knowledge. I have no objection to inquiries made to verify any statement herein.**

Applicant/Client Signature: _____ **Date:** _____

II. PHA/PAPMC Verification Section (This section to be completed by PHA/PAPMC Representative only)

1. Date of any prior 120-Day Review(s): _____
2. Where applicable, was the hardship request received within 10 business days from the date the notice of Rent Change?
 Yes No
3. Is the hardship temporary or long term? Please check one.
 Temporary (less than 90 days) Long Term (more than 90 days)
4. Recommended Override of MTW Rent, Recertification or Ceiling Rent (enter the recommended policy override):

5. Recommend Denial of Hardship (enter the reason for the denial): _____

Review Completed By: Name and Signature – Property Manager

Review Date

To Be Completed by the Director (For MTW Hardship Exemption Only)

- Hardship Request Approved Hardship Request Denied

Notes: _____

Name and Signature – Director

Date