



Executive Director
Hilary Lopez, PhD.

Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512
775.786.1712 Fax 385.770.7166 TDD
775.329.3630 RenoHA.org

MINIMUM RENT HARDSHIP EXEMPTION REQUEST FORM

Households paying the \$75 minimum rent may qualify for an exception from the minimum rent requirement if they are having trouble paying the minimum rent for one or more of the following reasons:

(Please mark all that apply)

- The household has lost eligibility for a federal, state, or local program.
- The household has applied for a federal, state, or local assistance program and is waiting for a determination by program officials as to its eligibility for assistance.
- The household would face eviction if forced to pay the minimum rent.
- Household income has decreased.
- There has been a death in the household.

Provided your request meets at least one of the above conditions, the Reno Housing Authority (RHA) will grant your request effective the first of the month following the date you submit this form, or the first of the month following your lease-up, whichever is later; however, **you must provide proof of the hardship based on the reason(s) selected above**. If you do not submit sufficient proof along with this request, the RHA will give you additional time to do so. If you do not provide sufficient proof of your qualification for the hardship exception, the RHA will charge you for any additional assistance paid on your behalf.

The RHA will also need to determine if your hardship situation is likely to continue for a long time. HUD states that if a hardship is short-term, which they define as less than 90 days, you are only entitled to the exception for up to three months and at the end of the three months you would need to repay the RHA for the additional assistance.

RHA USE ONLY

Client # _____



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(Continued)

I, _____, am requesting a minimum rent hardship exception based on the reasons selected above. Specifically: *(please provide a detailed explanation for needing a hardship exemption from the minimum rent)* _____

I understand that if I do not provide proof of my hardship or if my hardship is determined to be temporary, I will be required to repay the RHA for any additional assistance paid to the landlord on my behalf.

By typing my full name below, I am certifying the information on this form is true and complete.

E-Signature: _____ Date: _____

Complete Address (including City, State & Zip): _____

RHA USE ONLY

Rent: _____ M/I: _____ Docs? Yes / No Denied / Approved effective _____