JACKSON COUNTY HOUSING AUTHORITY
P.O. BOX 1209 • 300 NORTH SEVENTH STREET • MURPHYSBORO, ILLINOIS 62966 • TELEPHONE (618) 684-3183 • FAX (618) 684-3222

MINIMUM RENT HARDSHIP REQUEST

(Section 8 and Public Housing Programs)

A new federal law passed on October 21, 1998, created "hardship exceptions" to the minimum $50 rent requirement for Section 8 and Public Housing participants. Hardship exceptions may only be granted for one of the four reasons stated at the bottom of this form.

Only households paying the $50 minimum rent can claim hardship exceptions. This means that 30% of gross adjusted monthly income cannot exceed $50. Households paying more than the minimum rent may be entitled to an interim recertification in appropriate circumstances, but do not qualify for an exception.

If a hardship exception is requested, the Housing Authority will verify the circumstances listed in the request. This will be done in the same way the Housing Authority verifies facts affecting housing assistance. The agency will also verify that the hardship situation is likely to continue for a long period of time (over 90 days). Federal law states that if a household is facing a short-term hardship (less than 90 days), they are only entitled to a grace period of no more than three months. In short-term hardship situations, the household must repay the overdue suspension of the minimum rent.

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Request & Authorization: I request a hardship exception to the minimum rent requirement. The basis of my request is checked below. I authorize the Housing Authority to verify my eligibility for this request.

__My household has lost eligibility for a federal, state, or local income assistance program or is waiting for a determination by program officials as to our eligibility for assistance. (Families who lose their public assistance due to program fraud or failure to cooperate with Welfare to Work requirements are not eligible for the hardship exception).

__My household would face eviction if forced to pay minimum rent.

__My household income has decreased because of changed circumstances, including loss of employment.

__There has been a death in my household that affects household income.

Printed name_____ Soc. Security Number_____

Address (including city)_____

Signature_____ Date_____

You will be **notified by the Housing Authority of a decision on your request.

HOUSING AUTHORITY USE ONLY: [ ] QUALIFIES FOR EXCEPTION [ ] DOES NOT QUALIFY FOR EXCEPTION

By: _____ **Administration Approval:** _____ **Date:** _____

Notification of decision to client date: _____

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