

EQUAL HOUSING

Homes. People. Partnerships. Good.

www.homesforgood.org

## MTW HARDSHIP WAIVER REQUEST FORM

Homes for Good, as a Move to Work (MTW) housing agency, has the ability to make exceptions to certain U.S. Department of Housing and Urban Development (HUD) rules if those rules have unintended negative effects on some families. Homes for Good has a single policy for these situations.

A family may qualify for a hardship exemption if they have to pay more than 50% of their income for rent and utilities as a result of an MTW policy. The "total family share" means how much the family has to pay for rent plus any utility allowance costs they are responsible for.

If the request meets the hardship standards, Homes for Good will adjust the total family share of rent plus utilities allowances the family is responsible for by the first day of the following month. This adjustment will set the family's share to either the higher amount of \$0 or 40% of the family's adjusted gross income.

## **How to Submit a Hardship Exemption:**

- 1. **Submission Deadline**: Turn in your hardship waiver request form by the 15th of the month to have your new rent start on the 1st of the next month (if approved).
- 2. **Required Documents**: Include all of the following with your submission:
  - Completed Hardship Waiver Request Form
  - Proof that you applied for unemployment (if your household recently lost earned income)
  - o Proof that you applied for TANF and/or child support (if you have minor children)
  - o Proof that you applied for or are in one of Homes for Good's self-sufficiency programs
  - Proof that you applied for low-income energy help through Homes for Good or another community partner
- 3. Please submit this form and the required documents by mail, drop-off, fax, or email.
  - o Mailing Address / Drop-off: 100 West 13th Avenue, Eugene, OR 97401
  - o Fax Number: 541-682-3411
  - Email: paperwork@homesforgood.org

Work policy affects your household resulting in your household paying more than 50% of your income to rent):	
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Family Signature/Date:	





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To be completed by PHA Staff
Was the submission of the hardship request received by the deadline and complete with all documents? [] Yes [] No
[ ] Enter recommended calculation or policy override:
[ ] Effective date of action:
[ ] Recommended Denial of Hardship (enter reason for the denial):
To be completed by Program Supervisor or Division Director
[] Hardship Request Approved [] Hardship Request Denied
Notes:
Supervisor Name & Date: