

**REQUEST FOR FINANCIAL HARDSHIP WAIVER TO MINIMUM TENANT CONTRIBUTION**

**Tenant Name:**

**Unit Address:**

I am requesting a financial hardship waiver to the IHCDCA minimum tenant contribution of \$10 for the following reason(s) (select all that apply):

- My household has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program, resulting in our inability to pay the minimum rent.
- My household would be evicted for failure to pay rent to the owner or pay tenant-paid utilities.
- My household income has decreased because of changed household circumstances, including the loss of employment.

I understand that I must provide documentation proving the hardship as determined by IHCDCA. **I understand that if it is determined by IHCDCA that a hardship does not exist or that the hardship is of a temporary nature, I will be required to pay back any and all minimum rent payments waived as a result of this request.** I also understand that a determination to waive the minimum tenant contribution is based on a hardship as I designated, and that I am required to report in writing any changes in my household circumstances that may have relieved that hardship.

I understand that I have the right to an informal hearing under grievance or hearing procedures of a determination of no hardship or temporary hardship.

---

Head of Household

---

Date



We encourage and support the nation's affirmative housing program in which there are no barriers to obtain housing because of race, color, religion, sex, national origin, handicap, or familial status.

