



HARDSHIP EXEMPTION FROM MINIMUM RENT REQUEST FORM

Name of Tenant: _____ Date: _____

Property Name: _____ Address/Apt #: _____

I would like to request a hardship exemption for the following reason (check one):

I/we are facing eviction because I/we are unable to pay the minimum rent (cause of the potential eviction must be failure to pay rent or tenant-paid utilities).

I/we lost eligibility for or are awaiting an eligibility determination for a federal, state, or local assistance program AND the loss of eligibility has an impact on my/our ability to pay the minimum rent.

Income has decreased because of changed family circumstances, including the loss of employment.

A death has occurred in the family which has created a financial hardship (e.g., because of funeral-related expenses or the loss of the family member's income).

Please explain the nature of your hardship and how it has affected your ability to pay rent:

Check if supporting documentation is attached.

Please note a change form should also be submitted for reasons related to loss of income/benefits.

OHA will provide a final decision in writing no more than 30 days from the date of the request. Please note that temporary hardship exemptions may be approved for no more than 90 days and require repayment of rent upon expiration of the approval period.

Signature of Head of Household

Omaha Housing Authority

TO BE COMPLETED BY OHA STAFF

Property Code _____ Unit # _____

Date Received _____

Property Manager Signature

Requests must be submitted to the Assistant Director of Property Management for approval prior to the end of the month in which the request was made.

TO BE COMPLETED BY OHA STAFF

Assistant Director of Property Management Determination

Denied, reason: _____

Temporary Hardship Approved – facing eviction

Temporary Hardship Approved – death occurred

Referred to Director of Compliance for consideration of long-term hardship (loss of income/awaiting benefits)

Assistant Director Signature

Date