



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

HARDSHIP WAIVER OF MINIMUM RENT-Policy

- No Hardship** If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent to the Housing Authority for the time of suspension.
- Temporary Hardship** If the Housing Authority determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a reasonable repayment agreement for any minimum rent back payment paid by the Housing Authority on the family's behalf during the period of suspension.
- Long-term Hardship** If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
- Appeals** You should use the informal hearing procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to request an informal hearing.

I, (Print Name) _____ am requesting a hardship waiver of the \$50.00 minimum rent required for GMHA residents. My hardship exists for the following reason(s).

Please check one and attach verifications:

- My household has lost eligibility for or is awaiting an eligibility determination for a Federal, State, or local assistance program.
- My household is in jeopardy of eviction as a result of the imposition of the minimum rent requirement.
- My household income has decreased because of changed circumstances, including loss of employment.
Please explain _____
- My household expenses have increased as a result of changed circumstances; for medical costs, childcare, transportation, education, or similar items.
Please explain: _____
- A death has occurred in my family _____

Signature _____ Date _____
Head of Household

Request Approved ____ Denied ____

Reason for denial: _____

Signature of Housing Manager: _____ Date _____