



## Request for Interim Hardship

I, \_\_\_\_\_, as head of household hereby request an Interim Hardship for the following:

- A second interim decrease in a 12 month period
- A interim decrease in my initial 6 month occupancy with the RHA.

I'm requesting the hardship for the following reason(s):

- My family has experienced a change in the number of people in the household. Please explain:  
\_\_\_\_\_
- The income lost cannot be replaced and was through no fault of my own. Please explain:  
\_\_\_\_\_
- The loss of income is disability related. Please explain:  
\_\_\_\_\_
- The income decreased by greater than 10% and was through no fault of my own. Please explain:  
\_\_\_\_\_

- I understand that I must provide documentation with the Interim Request. Failure to do so will result in the request being denied.
- I understand if the hardship is denied, the RHA will not adjust my income for the decrease, and I must continue to make the same monthly payments towards rent and will need to supplement my family income to enable me to do so.
- I understand that I have the right to an informal hearing under grievance or hearing procedures of a Housing Authority determination of no hardship.
- I understand if the decrease is approved, I must wait 60 days before the Interim decrease will be retroactively applied to the appropriate month.
- I understand if the Interim is approved, it may adjust my re-exam schedule.
- As a result of a change in the re-exam schedule, I may be required to fill out additional paperwork with the request so a Re-exam may be completed for the same time period.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date