

REQUEST FOR INTERIM RECERTIFICATION FORM

Elm City Communities (ECC) will process an interim recertification for certain changes in family composition or income. An interim recertification form must be filed when reporting any of the following changes:

1. Income increases of \$200 or more per month must be reported within 10 calendar days of the change.
2. Changes in family composition (written notification is required within 30 days of the addition) due to the following:
 - a. Birth;
 - b. Adoption or the assisted family being otherwise granted custody of a child by operation of law (includes, but is not limited to pre-need guardianships and powers of attorney); or
 - c. A family member moving out of the unit.
3. All other changes in family composition must be reported and approved before a person is permitted to move into your unit.
4. Decrease in income may be reported

To request an interim recertification, changes must be reported in writing and every adult in the household must sign an Authorization of Release for Information/Privacy Act Notice HUD-9886 form and the ECC/HANH Authorization of Release for Information.

Please select the option below that best identifies the type of change you are reporting. In addition, please complete the attached form that corresponds to the option you have selected below and provide the items listed below to match what you have reported

Income Increase Yes <input type="checkbox"/> No <input type="checkbox"/>	Family composition Increase Yes <input type="checkbox"/> No <input type="checkbox"/>
Income Increase If you are reporting an increase of more than \$200 a month in income, you must supply the following as applicable: <ul style="list-style-type: none"> 2 current, consecutive paystubs from the income source or letter from employer listing start date, as well as pay rate and frequency of pay (i.e. daily, monthly, weekly.) Proof of new or increased Social Security or other benefit awards. Evidence of new or increased pension or other income increases. 	FAMILY COMPOSITION INCREASE If you are reporting/requesting an increase in family composition, you must supply the following: <ul style="list-style-type: none"> Landlord approval letter Birth Certificate and Social Security Cards for new family members Declaration of citizenship status Income information of new family member Court issued custody documents or notarized affidavit granting custody HUD Authorization for the Release for Information/Privacy Act Notice form HUD 9886 for any person 18 or older being added to the household ECC/HANH Authorization for Release of Information for any person 18 or older being added to the household Debts owed to PHA form
Income decrease Yes <input type="checkbox"/> No <input type="checkbox"/>	Family composition decrease Yes <input type="checkbox"/> No <input type="checkbox"/>
INCOME DECREASE If you are reporting a decrease in income, you must supply the following as applicable: <ul style="list-style-type: none"> Separation notice from former employer or evidence of income decrease. Proof of decrease or denial of Social Security or other benefit awards. Status of unemployment application. Evidence of decrease or denial of pension or other income. 	FAMILY COMPOSITION DECREASE If you are reporting removing a household member, the head of household must provide at least one of the following: <ul style="list-style-type: none"> A completed withdraw form, utility bill with new address, USPS change of address request form, or state issued photo ID with new address. Head of Household certification that the family member is no longer a part of the assisted household; or A copy of a lease showing the name and current address of the family member to be removed from the assisted household. Copy of Death Certificate

Interim Request

Head of House	Last Name (as it appears on social security card)		First Name	Middle Name
Current Address	Street	Apt #	City/State	Zip code
Contact Numbers	House phone		Cell phone	Alternate phone
Email Address	Preferred communication language : <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other:			

Are you requesting to **add a person** to the household? ☐ Yes ☐ No

If yes, complete Part A. The new household member must also sign this form.

Are you requesting to **remove a person** from the household? ☐ Yes ☐ No

If yes, complete Part B

Are you reporting a **change in income** for yourself or a member of the household? ☐ Yes ☐ No

If yes, complete Part C. The household member that is reporting a change must also sign this form.

PART A: REQUEST TO ADD A PERSON TO THE HOUSEHOLD

A. Family Composition Increase. List all family members requested to be added to the family composition. Use additional paper for more members										
1. Family Member										
Last Name			First Name		MI	Date of Birth		Social Security # / Alien Reg. #		Sex
										M / F
Disability? Y / N	Veteran? Y / N	Citizen? Y / N	FT Student? Y / N	Hispanic/Latino Y / N	Race	Relati on	Expected Move-in Date:		Live in Aide? Y / N	
2. Family Member										
Last Name			First Name		MI	Date of Birth		Social Security #/ Alien Reg. #		Sex
										M / F
Disability? Y / N	Veteran? Y / N	Citizen? Y / N	FT Student? Y / N	Hispanic/Latino Y / N	Race	Relati on	Expected Move-in Date:		Live in Aide? Y / N	

Does this (these) family member(s) have an income?? ☐ Yes ☐ No

If employed, please complete the sections below and submit documentation or have employer complete the Verification of Wages. If other income, also complete the section below and submit documentation for all other sources of income received.

INCOME SOURCE <input type="checkbox"/> Employment <input type="checkbox"/> Other _____	AMOUNT \$ _____ PER _____ (Frequency, i.e., per week, month, day)	EMPLOYER NAME AND PHONE NUMBER OR TYPE OF INCOME (IF OTHER THAN EMPLOYMENT):
INCOME SOURCE <input type="checkbox"/> Employment <input type="checkbox"/> Other _____	AMOUNT \$ _____ PER _____ (Frequency, i.e., per week, month, day)	EMPLOYER NAME AND PHONE NUMBER OR TYPE OF INCOME (IF OTHER THAN EMPLOYMENT):

PART B: REQUEST TO REMOVE A PERSON FROM THE HOUSEHOLD

B. Family Composition Decrease. List all family members being removed from the family composition:			
Name	Last 4 of SSN	Expected Move-Out Date/ Date of death?	What is the new address of the family member being removed?

Reason for removal of the above family member:

- ☐ Family member passed away
☐ Household member moved out.

PART C: REQUEST TO CHANGE INCOME INFORMATION FOR AN EXISTING MEMBER OF THE HOUSEHOLD.

C. Income Increase of more than \$200 a month or Decrease. List all changes to household income:			
Family member	Previous Income Source and Amount	Current Income Source and Amount	Temporary or Permanent Change?

If you have changed employers or stopped working, you must provide a letter from your former employer stating the last date of employment.

ARE YOU CURRENTLY EMPLOYED?

☐ YES ☐ NO

If you have a new employer, please submit documentation or have your employer complete the Verification of Wages. If you have begun receiving other income such as PA, SSI, or child support, please submit documentation. If you have stopped receiving other such income, please submit proof of termination documentation.

<input type="checkbox"/> Reporting new income <input type="checkbox"/> Reporting end of income	INCOME SOURCE <input type="checkbox"/> Employment Wages <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Public Assistance <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other	AMOUNT \$ _____ PER _____ (Frequency, i.e., per week, month, day)	EMPLOYER NAME AND PHONE NUMBER OR TYPE OF INCOME (if other than employment):
<input type="checkbox"/> Reporting new income <input type="checkbox"/> Reporting end of income	INCOME SOURCE <input type="checkbox"/> Employment Wages <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Public Assistance <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other	AMOUNT \$ _____ PER _____ (Frequency, i.e., per week, month, day)	EMPLOYER NAME AND PHONE NUMBER OR TYPE OF INCOME (if other than employment):

I/WE CERTIFY THAT ALL STATEMENTS IN THIS SECTION ARE TRUE AND COMPLETE. I/WE UNDERSTAND THAT ALL INCOMPLETE INTERIM REQUESTS WILL BE RETURNED TO ME UNPROCESSED. IN ADDITION, I/WE AM STILL RESPONSIBLE FOR MY CURRENT PORTION OF RENT UNTIL I HAVE RECEIVED AN UPDATED RENT LETTER FROM AN ECC REPRESENTATIVE.

SIGNATURE OF PROPOSED HOUSEHOLD MEMBER OR GUARDIAN
(IF UNDER 18) (PART A) OR HOUSEHOLD MEMBER REPORTING CHANGE

_____/_____/_____
DATE

SIGNATURE OF HEAD OF HOUSEHOLD

_____/_____/_____
DATE

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Elm City Housing
360 Orang Street
PO Box 1912
New Haven, CT 06511

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 39 months after signed.

Signatures:

_____ Head of Household		_____ Date	
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	
_____ Spouse		_____ Date	
_____ Other Family Member over age 18		_____ Date	
_____ Other Family Member over age 18		_____ Date	
_____ Other Family Member over age 18		_____ Date	

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this
Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

ZERO INCOME DECLARATION FORM

DATE:

NAME:

Address:

This worksheet is to be completed for all families who have no income from any source, or that is receiving only food stamps. A family receiving other types of income, whether included or excluded under regulation or federal statute is not considered a Zero income family. This form must be completed in office or returned within 10 business days of the date of this letter.

Please describe how your household is meeting your basic daily/monthly needs by filling in ALL blanks on this form honestly.

Expense	Monthly amount	Source off Money or Nonmonetary Contribution/Gift for the Expense
Rent		
Rent	\$	
Utilities/Cable/Internet		
Utilities	\$	
Cable/satellite TV	\$	
Internet	\$	
Phone		
Phone bill	\$	
Food		
SNAP (food stamp) benefits	\$	
Groceries	\$	
Personal and Cleaning Products		
Personal Products: shampoo, salon, deodorant, barber, toothpaste, etc	\$	
Cleaning Products: laundry detergent, dishwashing soap, etc	\$	
Paper Products: toilet paper, paper towels, trash bags, diapers	\$	
Transportation		
Car loan payment	\$	
Car Insurance	\$	
Gas/Maintenance	\$	
Non-car transportation: bus, subway, taxi, bicycle	\$	

Expense	Monthly amount	Source off Money or Nonmonetary Contribution/Gift for the Expense
Cigarettes/Vapor/Alcohol		
Cigarettes/Vapor	\$	
Alcohol	\$	
Pets		
Pet food/toys	\$	
Pet medical care	\$	
Clothing/Shoes		
Clothing	\$	
Shoes	\$	
Other Expenses		
Credit Cards	\$	
Loans	\$	
Medical Expenses	\$	
Other:	\$	

I/we certify the above information to be correct and any misrepresentation of household income may result in termination of my/our assistance and/or lease as permitted by federal regulations and/or state and local law. I understand that I must complete this questionnaire as requested as long as no adult members of the household is working or receiving regular income and/or benefits (such as child support, social security, etc.) and/or has an adjusted income of less than \$100 per month.

I/we understand that, if I/we furnish false or incomplete information, I/we can be fined up to \$10,000 or imprisoned up to five years or lose that subsidy HUD pays and have my/our rent increased.

Head of Household Signature		Date	
Spouse/Co-Head Signature		Date	
Other Adult Member Signature		Date	
Other Adult Member Signature		Date	
Other Adult Member Signature		Date	
Other Adult Member Signature		Date	

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.



No- Income Affidavit

Date: _____ Recert Month: _____

Head of Household Name: _____

Applicant/Tenant Name: _____ SSN: _____

Address: _____

You are either an applicant for, or participant in, a federally funded housing assistance program. Please provide the information requested and return to our office personally or via mail in the enclosed self-addressed stamped envelope as quickly as possible to avoid delay of your benefits in the housing Choice Voucher Program (Section 8).

If you have any questions, please call _____ at (203) 498-8800, Ext _____

I, _____, hereby swear and affirm that I do NOT have any income. This includes but is not limited to income from any of the following:

1. Wages, Public Assistance (TANF, GR, etc.), Social Security, SSI, etc.;
2. Child Support, Alimony, or regular monetary gifts from family or friends, etc.;
3. Assets (homes, stocks, etc.; may be inherited property);
4. Interest Income from Savings, Checking, Christmas Club and other bank accounts, IRA's, Certificates of Deposit, Money market Funds, Credit Unions, etc.;
5. U. S. Saving Bonds, Stocks or Bonds of any kind;
6. Pensions, Annuities, Retirement Funds, etc. (this includes benefits you may receive from being a beneficiary of a life insurance or retirement plan);
7. Whole Life Insurance;
8. Real Estate Property, Earned Income Tax Credit, etc.;
9. Burial Plots; and/or
10. ANY OTHER INCOME (includes tips, property sold, babysitting, etc.).

Applicant/Participant Signature: _____ Date _____

I/WE CERTIFY THAT ALL STATEMENTS IN THIS SECTION ARE TRUE AND COMPLETE. I/WE UNDERSTAND THAT ALL INCOMPLETE INTERIM REQUESTS WILL BE RETURNED TO ME UNPROCESSED, IN ADDITION. I/WE AM STILL RESPONSIBLE FOR MY CURRENT PORTION OF RENT UNTIL I HAVE RECEIVED AN UPDATED RENT LETTER FROM AN ECC REPRESENTATIVE.

SIGNATURE OF PROPOSED HOUSEHOLD MEMBER OR GUARDIAN
(IF UNDER 18) (PART A) OR HOUSEHOLD MEMBER REPORTING CHANGE

DATE

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

No- Income Affidavit

Date: _____ Recert Month: _____

Head of Household Name: _____

Applicant/Tenant Name: _____ SSN: _____

Address: _____

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2. Child Support, Alimony, or regular monetary gifts from family or friends, etc.;
3. Assets (homes, stocks, etc.; may be inherited property);
4. Interest Income from Savings, Checking, Christmas Club and other bank accounts, IRA's, Certificates of Deposit, Money market Funds, Credit Unions, etc.;
5. U. S. Saving Bonds, Stocks or Bonds of any kind;
6. Pensions, Annuities, Retirement Funds, etc. (this includes benefits you may receive from being a beneficiary of a life insurance or retirement plan);
7. Whole Life Insurance;
8. Real Estate Property, Earned Income Tax Credit, etc.;
9. Burial Plots; and/or
10. ANY OTHER INCOME (includes tips, property sold, babysitting, etc.).

Applicant/Participant Signature: _____ Date _____

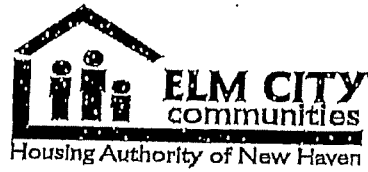
I/WE CERTIFY THAT ALL STATEMENTS IN THIS SECTION ARE TRUE AND COMPLETE. I/WE UNDERSTAND THAT ALL INCOMPLETE INTERIM REQUESTS WILL BE RETURNED TO ME UNPROCESSED. IN ADDITION, I/WE AM STILL RESPONSIBLE FOR MY CURRENT PORTION OF RENT UNTIL I HAVE RECEIVED AN UPDATED RENT LETTER FROM AN ECC REPRESENTATIVE.

SIGNATURE OF PROPOSED HOUSEHOLD MEMBER OR GUARDIAN
(IF UNDER 18) (PART A) OR HOUSEHOLD MEMBER REPORTING CHANGE

_____/_____/_____
DATE

SIGNATURE OF HEAD OF HOUSEHOLD

_____/_____/_____
DATE



Section 8 HCV Program Withdraw Request Notice

I, _____ wish to withdraw my name from section 8 HCV

Program belonging to Head of Household _____

I am currently living at _____

I would like this notice to be done immediately, attached please find my execute lease
(Which includes property owners name and contract number), Utility bill, or other to
verify my new address.

I/WE CERTIFY THAT ALL STATEMENTS IN THIS SECTION ARE TRUE AND COMPLETE. I/WE UNDERSTAND THAT ALL
INCOMPLETE INTERIM REQUESTS WILL BE RETURNED TO ME UNPROCESSED. IN ADDITION, I/WE AM STILL RESPONSIBLE
FOR MY CURRENT PORTION OF RENT UNTIL I HAVE RECEIVED AN UPDATED RENT LETTER FROM AN ECC REPRESENTATIVE.

SIGNATURE OF PROPOSED HOUSEHOLD MEMBER OR GUARDIAN
(IF UNDER 18) (PART A) OR HOUSEHOLD MEMBER REPORTING CHANGE

_____/_____/_____
DATE

SIGNATURE OF HEAD OF HOUSEHOLD

_____/_____/_____
DATE

Application for Tiered Rent Waiver Hardship Exemption

Consistent with HANH's Moving to Work Rent Simplification Policy, Households that are experiencing exceptional expenses that create a financial hardship may request a rent reduction. Rent reductions must be based upon financial hardship related to extraordinary deductions or extraordinary cost of living. This request is to be furnished in writing.

Extraordinary Deductions

A hardship review and rent reduction can be requested by the family if its un-reimbursed medical, un-reimbursed childcare expenses and/or un-reimbursed disability attendant care and auxiliary apparatus expenses exceed \$6,000.00 annually.

Extraordinary Cost of Living

A hardship review and rent reduction can be requested by the family if its monthly total shelter costs (tenant paid rent plus paid utilities), when combined with un-reimbursed monthly medical expenses, as determined in accordance with 24CFR Part 5.611 (a)(3)(i), disability attendant care and apparatus allowance, as determined in accordance with 24 CFR Part 5.611 (a)(3)(ii) and/or reasonable childcare expenses as determined in accordance with 24 CFR Part (a)(4), exceed forty (40%) of a family's monthly income (monthly income is defined as Annual Income divided by twelve).

All requests for Hardship Review and rent reductions shall be referred to and reviewed by the Hardship Committee. Should a resident request hardship review but fail to attend the scheduled meeting, one opportunity to reschedule will be provided. If the resident fails to attend the second scheduled appointment no further attempts to reschedule will be made and HANH will determine that no hardship exists.

- ☐ Yes, I want to apply for Hardship Review for Exceptional Expenses.

☐ No, I do not want to apply for a Hardship Review for Exceptional Expenses.

Name: _____ Address: _____ Tel: _____

Reason for Request: _____

Signature: _____ Date: _____

Any family that is unable to attend the meeting due to a disability may request a Reasonable Accommodation. Please contact Teena Bordeaux at 203-498-8800 X1507.

Solicitud para eximir el alquiler escalonado Exención por dificultades financieras

De acuerdo con la Política de simplificación de alquiler del Programa de empleo de la Autoridad de Vivienda de la Ciudad de New Haven (HANH), las familias que experimenten gastos excepcionales que les generen una dificultad financiera pueden solicitar una reducción del alquiler. Las reducciones del alquiler deben basarse en las dificultades financieras relacionadas con las deducciones extraordinarias o el costo de vida extraordinario. Esta solicitud debe presentarse por escrito.

Deducciones extraordinarias

La familia puede solicitar una revisión de su dificultad financiera y una reducción del alquiler si sus gastos médicos no reembolsados, sus gastos de cuidado de niños no reembolsados y/o sus gastos por asistencia en el cuidado de personas discapacitadas y por aparatos auxiliares no reembolsados exceden los \$6,000.00 anuales.

Costo de vida extraordinario

La familia puede solicitar una revisión de su dificultad financiera y una reducción del alquiler si sus costos totales de albergue (alquiler más servicios pagados) combinados con los gastos médicos mensuales no reembolsados, determinados según el Título 24 del Código de Regulaciones Federales (CFR) Sección 5.611 (a)(3)(i), sus gastos por asistencia en el cuidado de personas discapacitadas y por prestación de aparatos, determinados según el Título 24 del CFR Sección 5.611 (a)(3)(ii) y/o sus gastos razonables de cuidado de niños, determinados según el Título 24 del CFR Sección 5.611 (a)(4), exceden el cuarenta por ciento (40%) de los ingresos mensuales de la familia (los ingresos mensuales se definen como los ingresos anuales divididos por 12).

Todas las solicitudes de revisión de dificultades financieras y reducción de alquiler serán referidas al Comité de Revisión de Dificultades y serán revisadas por el mismo. Si un residente solicita una revisión de dificultades financieras pero no asiste a la reunión programada, se le brindará una oportunidad para reprogramar la reunión. Si el residente no asiste a la segunda cita programada, no se realizarán más intentos por reprogramar la cita y la HANH determinará que no existen dificultades.

Marque "SI" o "No"

- ☐ Sí, deseo solicitar la revisión de dificultades financieras por gastos extraordinarios

☐ No, no deseo solicitar la revisión de dificultades financieras por gastos extraordinarios

Nombre: _____ Dirección: _____ Telf.: _____

Motivo de la solicitud: _____

Firma: _____ Fecha: _____

Cualquier familia que no pueda asistir a la reunión debido a una discapacidad, puede solicitar una adaptación razonable. Comuníquese con Teena Bordeaux al 203-498-8800 X1507.

Application – Exemption from Minimum Rent of \$50

For Households that are currently paying the Minimum Rent of \$50.00:

Households with an annual income below \$2,500 annually shall pay the minimum rent of \$50.00. All families placed on minimum rent must be informed of the Exemption from Minimum Rent and the ability to have Minimum Rent waived. All residents on minimum rent with the exception of elderly and person with disabilities must be referred to the Family Self Sufficiency Program.

If a family is unable to pay the minimum, rent because of a financial hardship the family may be eligible for a temporary or long-term waiver from paying Minimum Rent. Minimum Rent can be waived once during a twelve-month period. This limitation does not apply to Elderly and Disabled families. Families may receive this exemption more than once during a twelve-month period if at least one adult is engaged in the Family Self Sufficiency Program. HANH will suspend the minimum rent requirement for 90 days effective as of the first of the next month after the date this application is received.

A family is automatically exempt from Minimum Rent for 90 days when the following occurs:

1. When the family has lost eligibility or is awaiting eligibility determination from a Federal, State or local assistance.
2. When the family would be evicted because it is unable to pay the minimum rent.
3. When the income of the family has decreased because of changing circumstances, including loss of employment, death, or other event.
4. Other circumstances determined by HANH to be reasons to waive the minimum rent requirement.

While the request for exemption from Minimum Rent is reviewed, HANH will not pursue eviction for non-payment of rent.

For Long Term exemption from minimum rent (more than 90 days), the minimum rent is suspended immediately until the Hardship Committee meets to determine whether the hardship is temporary or long term and implements a recommendation.

If the exemption from the minimum rent of \$50 is determined to be temporary, you will have the right to enter into a reasonable repayment agreement with HANH for the amount of the minimum rent that was suspended.

Please check either Yes or No

- ☐ **Yes, I want to apply for Exemption from Minimum Rent.**

☐ **No, I do not want to apply for Exemption from Minimum Rent.**

Signature: _____ Date: _____

Reason:

Any family that is unable to attend the meeting due to a disability may request a Reasonable Accommodation. Please contact Teena Bordeaux at 203-498-8800 X1507.

Solicitud – Exención del alquiler mínimo de \$50

Para familias que actualmente pagan el alquiler mínimo de \$50.00:

Las familias con un ingreso anual inferior a \$2,500 pagarán el alquiler mínimo de \$50.00. Todas las familias que pagan un alquiler mínimo deben ser informadas de la Exención del alquiler mínimo y la posibilidad de quedar exentas del alquiler mínimo. Todos los residentes que pagan un alquiler mínimo, salvo los ancianos y las personas con discapacidades, deben ser referidos al Programa de Autosuficiencia Familiar.

Si una familia no puede pagar el alquiler mínimo debido a una dificultad financiera, la familia puede ser elegible para una exención temporal o a largo plazo del pago del alquiler mínimo. El alquiler mínimo se puede eximir una vez durante un período de doce meses. Este límite no se aplica a las familias de ancianos y discapacitados. Las familias pueden recibir esta exención más de una vez durante un período de doce meses, siempre y cuando al menos un adulto participe en el Programa de Autosuficiencia Familiar. La Autoridad de Vivienda de la Ciudad de New Haven (HANH) suspenderá el requisito de alquiler mínimo durante 90 días a partir del primer día del mes siguiente a la fecha en que se reciba esta solicitud.

Una familia queda automáticamente exenta del alquiler mínimo durante 90 días cuando ocurra lo siguiente:

1. Cuando la familia haya perdido la elegibilidad o esté esperando una determinación de elegibilidad de un programa de asistencia local, estatal o federal.
2. Cuando la familia esté a punto de ser desalojada por no poder pagar el alquiler mínimo.
3. Cuando los ingresos de la familia hayan disminuido por distintas circunstancias, que incluyen la pérdida del empleo, el fallecimiento u otras circunstancias.
4. Otras circunstancias que la HANH determine como motivos para eximir el requisito de alquiler mínimo.

Mientras se revise la solicitud de exención del alquiler mínimo, la HANH no ordenará el desalojo por la falta de pago del alquiler.

En los casos de exención a largo plazo del alquiler mínimo (más de 90 días), el alquiler mínimo se suspende inmediatamente hasta que el Comité de Dificultades se reúna para determinar si la dificultad es temporal o a largo plazo, e implemente una recomendación.

Si se determina que la exención del alquiler mínimo de \$50 es temporal, usted tendrá derecho a llegar a un acuerdo de pago razonable con la HANH por el monto del alquiler mínimo suspendido.

Marque "SI" o "No"

- ☐ Sí, deseo solicitar la Exención del alquiler mínimo
- ☐ No, no deseo solicitar la Exención del alquiler mínimo

Firma: _____ Fecha: _____

Motivo:

La familia que no pueda asistir a la reunión debido a una discapacidad puede solicitar una adaptación razonable. Póngase en contacto con Teena Bordeaux llamando al 203-498-8800, ext. 1507.