



Housing Authority
of the
City of Alameda

PHONE: (510) 747-4300
FAX: (510) 522-7848
TTY/TRS: 711

701 Atlantic Avenue • Alameda, California 94501-2161

MTW Hardship Request Form for Alternative Reexamination Schedule

The Housing Authority of the City of Alameda (AHA) offers hardship exemptions for its Alternative Reexamination Schedule. Families who meet the hardship criteria outlined in the hardship policies for the Alternative Reexamination Schedule may qualify for a hardship exemption. If you have any questions regarding the hardship policies, you may refer to the hardship policy on the AHA website (<https://www.alamedahsg.org/housing-programs/moving-to-work/>) or you may email hardshiprequest@alamedahsg.org. By submitting a hardship exemption request, the family is acknowledging their understanding of and agreeing to any and all terms outlined in the hardship policy for the activity including repaying any overpaid rental assistance as determined by the AHA.

Head of Household First Name: _____

Head of Household Last Name: _____

Name of Caseworker: _____

Question #1: How many interims have you had this year that were not for an increase of more than \$10,000 in total income, involuntary family composition changes, an Earned Income Disallowance, an owner rent increases, or a reasonable accommodation? (Please check one box and follow the below directions.)

- 1 interim this year (go to question #2)
- 2 or more interims (go to question #3)

Question #2: If you answered "1 interim" to Question #1, please select the reason you are requesting a hardship. (Please select one of the following answers)

- My family's income has decreased to \$0.
- My income decrease is going to last more than 30 days and I don't expect a second source of income to increase.
- I am facing eviction.



Question #3: If you answered “2 or more interims” to Question #1, you must be facing eviction and (Please select one of the reasons below):

- Experiencing a decrease in income because of the following changed circumstances:
 - Loss or reduction of employment
 - Death in my assisted family
 - Reduction or loss of earnings or other assistance

- Experiencing an increase in one of the following expenses:
 - Medical
 - Childcare
 - Transportation
 - Education
 - Other, please explain here:

- Experiencing a loss of income that was through no fault of my family, the decreased income results in a decrease of the rent portion greater than 10 percent, the decrease is not due to a sanction on public assistance income. (You must provide verification of eligibility or ineligibility for unemployment benefits.)

Please note that if you are facing eviction, you must attach proof, such as 1) a copy of a Termination of Tenancy, 2) the eviction notice or 3) a self-certification, signed under penalty of perjury. If you would like to attach other documentation to support your case, you may do so.

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the Unites States. I certify that I have supplied accurate and complete information. I understand that reporting false or incomplete information is fraud and may result in denial or termination of rental housing assistance. If it is found that the hardship is temporary (will last 90 days or less) or that a hardship does not exist, the family will be responsible for repaying any housing assistance payments that were overpaid on their behalf.

First and Last Name of Head of Household

Signature

Date