

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: _____

Phone Number: _____

Email: _____

Question #1: Why are you requesting this hardship? (Please select one of the following answers)

- ☐ I or someone in my household has experienced a decrease in income because of changed circumstances, including loss or reduction of employment, death in the family, or reduction in or loss of earnings other assistance.
- ☐ I or someone in my household has experienced an increase in expenses, because of changed circumstances, for medical costs, childcare, transportation, education, or similar items.

Please note that the more information and documentation that you can provide to support your case, the better. If the AHA needs additional information, you have 7 business days from the AHA's request for information to provide all of the information required.



Please describe your circumstances here.

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 United 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