



Charleston-Kanawha Housing Authority
 P.O. Box 86 • Charleston, West Virginia 25321-0086
 1525 Washington Street, W • Charleston, West Virginia 25387
 304-348-6451 • Fax 304-348-6454 • TDD 304-348-6840

MOVING TO WORK (MTW) REQUEST FOR HARDSHIP EXCEPTION

Hardship requests must be made by completing this form and attaching supporting documentation.

Date: _____ Contact Phone Number: _____

Head of Household Name: _____

Address: _____ Program: HCV ____ or PH ____

- New Hardship** **Hardship Extension** **Automatic Hardship (recertification)**

Please check the box indicating the type of hardship you are experiencing and provide a short explanation of how this circumstance creates a financial hardship.

<input type="checkbox"/> Reduction in Income <input type="checkbox"/> Increase in Monthly Child Care Expenses (at least \$2,500 annually) Monthly Expenses: \$ _____ <input type="checkbox"/> Other/Significant Out-of-Pocket Expenses (example: large medical bill; funeral expenses) Please explain how this circumstance creates a financial hardship: _____ _____ _____ _____ What is your total current monthly family income? \$ _____

I understand that I must provide documentation proving the hardship as determined by CKHA and that all household income will be evaluated.

If CKHA determines that the request did not meet hardship standards, any retroactive rent will be collected, if applicable, through a reasonable payment agreement. I understand the above information and I have had the opportunity to ask questions.

Under penalties of perjury, I certify that the information presented in this Request is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

 Head of Household Signature

 Date

 Staff Name & Signature (initial pending request entry)

 Date

