

HOUSING AUTHORITY OF THE COUNTY OF KERN

STEPPED RENT HARDSHIP REQUEST FORM (ONLY FOR SECTION 8 AND LOW-INCOME PUBLIC HOUSING PARTICIPANTS ENROLLED IN THE STEPPED RENT PROGRAM)

Hardship requests must be made by completing this form and submitting it, along with supporting documentation.

Date: _____ Contact Phone Number: _____

Head of Household Name: _____

Address: _____

New Hardship Request

Hardship Extension Request

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.

Reduction in Income

Financial Hardship Due to Annual Stepped Rent Increase (*Stepped rent greater than 40% of monthly income*)

Death of a Family Member

Significant Out-of-Pocket Expenses (example: large medical bill)

Household Facing Eviction due to Inability to Pay Rent

Other

Please explain how this circumstance creates a financial hardship:

What is your total current monthly family income: \$ _____

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

Submit this form to your assigned Housing Specialist or Housing Manager. Your Housing Specialist/Manager will contact you at the phone number listed above to discuss the documentation you will need to provide. If you do not know who your Housing Specialist/Manager is, please call 661-631-8500.

