**Seattle/King County Rapid Re-Housing**

**Rental Assistance Hardship Request**

Occasionally, situations come up that put an extra, unexpected financial burden on a household. When that happens participants and case managers can use this form to request additional financial support from the program to help the household remain stably housed. Participants and case managers continue to work together to create solutions that support households to increase income, address or eliminate housing barriers, and become financially self-sufficient.

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We (participant and case manager) are requesting additional financial support due to the following circumstances:** (Please briefly explain the circumstances which led to the request for additional financial support)

**Please briefly describe what steps are being taken to increase participants’ housing stability (ex: move to more affordable unit, get roommate, live with family/friends, increase income, other):**

**Rental Assistance Request Information:**

**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rent Request Month(s)/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Rent Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Move-in Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of months of previously subsidized rent: \_\_\_\_\_\_\_\_\_**

**Subsidy amount per schedule (full rent minus 60% of client income) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subsidy amount requested with this exception: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has a hardship been previously requested for this participant? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing this request, the participant and case manager certify that they are working together to increase participant’s housing stability. Submitting this request does not guarantee approval.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name (Printed) Date Additional Participant Name (Printed) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Additional Participant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Name (Printed) Case Manager Signature

|  |
| --- |
| **To be completed by supervisor within 48 hours of request:**  Is there a strong plan in place to increase housing stability? \_\_\_\_ Yes \_\_\_\_ No  Is there a strong plan in place to increase income? \_\_\_\_\_Yes \_\_\_\_\_No  Rent to income ratio: \_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name & Title:  \_\_\_\_ Approved \_\_\_\_ Denied (please explain):  Funder pre-authorization required? \_\_\_\_\_Yes \_\_\_\_\_No  (If yes, attach copy of email confirming funder pre-authorization.)  **Place this form in the participant’s file.** |