

Rent Allowance Request Form

The Rent Allowance Request Form is used to request a reduction in the awardee's portion of the monthly rent due to circumstances which make their current portion an undue hardship on them and/or their household.

Head of household first and last name:	Primary phone number or email address:
Address:	Rent Allowance Amount Requested Per Month:

Rent allowances are reviewed by AHAH Program Staff and approved on a case-by-case basis. To help staff make a determination, please be sure to include as much detail as the awardee is willing to provide about:

- The cause of the undue hardship (i.e., medical expenses, high utility bills, family emergency, etc.)
- The length of time the rent allowance is being requested for.
- A brief explanation of how this rent allowance will allow the household to maintain permanent housing.

Explanation of Rent Allowance:	

Important: Apple Health and Homes Rental Assistance may take up to two weeks to make a final determination on a rent allowance. Once processed, the awardee and the FCS provider will be notified. In the case that the rent determination changes, the landlord will also be notified.

By signing below, I attest that I have verified, to the best of my ability, that the awardee listed above is in need of a rent allowance for the amount of time requested above and that the information provided on this form is true and accurate.

FCS Provider Signature: Da)ate:
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