



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:

- 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:	

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: _____ **Date:** _____

Once completed, this form is submitted by the FCS provider to Wellpoint