

**A Better Life Program  
Hardship Waiver Application**

Name of Applicant requesting the Hardship Waiver: \_\_\_\_\_

Date of request: \_\_\_\_\_

Date Received by GHA: \_\_\_\_\_

- **Please describe the nature of your hardship:**  
*(examples but not limited to caring for a disabled dependent, death of a family member, temporary illness or injury etc.)*
  
- **Please describe how and why your hardship impedes your ability to participate in the ABL program:**
  
- **Please attach all third-party documents that verify and support your hardship.**  
*(examples but not limited to death certificate, medical report, physical exam, police report)*
  
- **I authorize the GHA staff to verify that I or a member of my family have a hardship that impedes my ability to participate in the ABL program. In order to verify the hardship and the impact it has on my participation the Gloucester Housing Authority may contact the following professionals. List all professionals and use additional space if necessary**
  - **Name:** \_\_\_\_\_ **Title of Professional:** \_\_\_\_\_
  - **Agency:** \_\_\_\_\_
  - **Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

- *By signing this waiver, I am confirming that all the information contained in this waiver request is accurate and true to the best of my ability. I understand that the information obtained by the Gloucester Housing Authority will be kept completely confidential and used solely to make a determination of my hardship waiver request.*

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**For Office Use only**

- **Request Approved** \_\_\_\_\_ **Full Exemption** \_\_\_\_\_ **Modification Exemption (explain)** \_\_\_\_\_

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- **Dates of Exemption** \_\_\_\_\_ **to** \_\_\_\_\_ **(180 days)**
- **Request Denied** \_\_\_\_\_ **Reason for denial:** \_\_\_\_\_
- **Request Denied based on lack of verification documentation:** \_\_\_\_\_
- **Request for verification documents:**
  - **List documents requested** \_\_\_\_\_
- **Other comments** \_\_\_\_\_

**Signatures of Review Committee** \_\_\_\_\_ **Date** \_\_\_\_\_

## **ABL Exemption and Hardship Waiver Process Gloucester Housing Authority (GHA)**

### **ABL Exemptions:**

1. Family housing households consisting of a sole member that is 55 years or older will be exempted from the ABL program requirements.
2. Family housing households where all adults are 55 years old and older will be exempted from the program requirements.
3. Those adults, age 18-54, within a Family housing household, who are unable to work because of a documented disability (i.e., a physical or mental impairment that substantially limits one or more major life activities) will be exempted from the program requirements.
4. If each and every adult household member is determined unable to work due to a disability, the household will be exempt from the program requirements. In households where there are adult household members who are not disabled, the program requirements would apply. If some of the adult household members are disabled and others are not, but the disability present requires care by the remaining adult member, the household may apply for an exemption.
5. For issues not relating to disability, housing authority staff will consider applications by residents to modify or exempt their participation in the program beyond the exemptions described herein. If the resident disagrees with the decision of the housing authority staff, they have the right to bring their request for a hardship waiver to the Grievance Hearing panel set up by the housing authority.
6. For issues relating to disability, residents may request a reasonable accommodation. Reasonable accommodations notices and forms are provided to tenants upon lease signing and also may be obtained from the management office upon request.

NOTE: Exemptions for an individual family may change as the age and ability of family members and family composition changes.

### **Hardship Review:**

Hardship evaluation will be done by housing authority staff for the A Better Life (ABL) program to determine cases eligible for either temporary or permanent exemption from the ABL program requirements on the basis of a hardship that is unrelated to a disability.

Housing authority staff will review cases monthly and make a determination, based on each individual's situation.

Hardship may include, but is not limited to temporary situations, such as a death in the family or illness; or, it may include a long-term hardship situation, such as the need to care for a dependent at home, for example.

Any resident who is required to participate in ABL, but who feels that they have a hardship that will impede their ability to comply with any ABL requirement, may apply for a hardship waiver. Residents may obtain a Hardship Application at either the GHA's Main Office, Resident Services Office or on the GHA's website. The Application should be submitted to the tenant's ABL Case Manager, or the GHA's Main Office. Tenants are strongly encouraged to provide third party verification to document their need for a hardship, such as documents from a medical provider.

Hardships will be evaluated on a case-by-case basis and the housing authority staff has the right to ask for additional documentation from the tenant and may request that the tenant meet with them to discuss their application.

Hardship Exemptions may be granted to applicants for 180 days. After 180 days, tenants may request an extension, which may or may not be granted by the housing authority staff. All extensions must be re-evaluated each year and re-approved by the Hardship Evaluation Committee to maintain their validity.

The housing authority staff shall issue its decisions in writing. If not approved, residents shall have the right to file a grievance in accordance with the GHA's Approved Grievance Policy for State-aided Housing if they disagree with the decision of the housing authority staff.

**I acknowledge that I have been provided with a copy of the "ABL Exemption and Hardship Waiver Process":**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date