

**SSC HOUSING HARDSHIP QUESTIONNAIRE FORM**

**YOU MUST ANSWER EVERY QUESTION** All Documentation **MUST** be submitted/received in order to qualify for a Hardship



Is this Change? Temporary \_\_\_\_ or Long Term \_\_\_\_

Head of House: \_\_\_\_\_

What is your change? \_\_\_\_\_

Date your Change occurred: \_\_\_\_\_

**Income:**

**Employment:**

Quit            \_\_\_ Yes \_\_\_ No  
Fired           \_\_\_ Yes \_\_\_ No  
Layed Off      \_\_\_ Yes \_\_\_ No

Was there a death in your HOUSEHOLD?   \_\_\_ Yes \_\_\_ No  
You must provide proper documentation

**Do you receive:**

ADC/TANF                   \_\_\_ Yes \_\_\_ No  
Child Support              \_\_\_ Yes \_\_\_ No  
Unemployment              \_\_\_ Yes \_\_\_ No

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**INCOME – Include ALL Household Income**

Family Member With (Pension, Income	Income Amount Received	How Often Received (Weekly/Monthly/Annually)	Name & Address of <u>Employer</u> Or Other <u>Source</u> Of Income Employment, TANF, SS, Etc.)

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**Have your medical expenses exceeded 25% more?** \_\_\_ Yes \_\_\_ No.  
If yes, anticipated cost \_\_\_\_\_

**Have your Child care expenses increased 25%?** \_\_\_ Yes \_\_\_ No.  
If yes, anticipated cost \_\_\_\_\_ Provider? \_\_\_\_\_

**Do you have involuntary Loss of Transportation?** \_\_\_ Yes \_\_\_ No  
If yes, must provide documentation

**Have you started school fulltime?** \_\_\_ Yes \_\_\_ No. If yes, where? You must provide documentation.

I/We certify that the information given to the So. Sioux City Housing Agency on household composition, Income and Deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. \*I/We also understand that false statement or information is grounds for termination of housing assistance and termination of tenancy.

I have received a copy of the South Sioux City's Hardship Policy and Grievance Procedure and understand that I am requesting an exemption from the MTW Waiver.

\_\_\_\_\_  
Signature of Head of Household      Phone Number      Date      Signature of Other Adult      Date

Return to:  
South Sioux City Housing Agency  
118 E. 21<sup>st</sup> St  
South Sioux City, NE 68776  
402.494.7514

OFFICE USE ONLY:  
Date recvd: \_\_\_\_\_  
HA initials: \_\_\_\_\_