

# Ryan White Part A/HOPWA-STRMU Housing Service Limit Exception Form

Due to funding constraints, there is a limit on the amount of times financial assistance for rent, mortgage, utilities, application fees, and/or moving expenses may be provided to a client. Through Ryan White Part A Housing, clients may receive financial assistance a maximum of three times/calendar year. Additionally, there is a 24 month maximum lifetime limit. Through HOPWA-STRMU, clients may receive a maximum of \$1,500 per twelve month period. Circumstances may require individual exceptions to the service limit policy. Exceptions are made on a case-by-case basis and availability of funding. All determinations are final. Complete all sections of this form and return it to the program checked below.

**Housing Provider:**

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address (including city, state, and zip code): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Request Information** (check all that apply)

- Rent \$ \_\_\_\_\_     
  Mortgage \$ \_\_\_\_\_     
  Utility \$ \_\_\_\_\_  
 Application Fee \$ \_\_\_\_\_     
  Moving Expense \$ \_\_\_\_\_

**Reason for Exception** (check all that apply)

<b>Ryan White Part A Housing</b>	<b>HOPWA-STRMU (please note, if approved for an exception, the maximum exception assistance is \$1,500.)</b>
<input type="checkbox"/> Severe medical condition	<input type="checkbox"/> Additional unexpected hardship
<input type="checkbox"/> Major delay in service delivery	<input type="checkbox"/> Plan for maintaining housing independence was unsuccessful
<input type="checkbox"/> Significant safety concern	
<input type="checkbox"/> Other (please list): _____	

**Exception Request Description** (please provide additional information that will help justify the need for an exception)

**Referral Source Information**

Professional's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Professional's Signature (required): \_\_\_\_\_

<b>HOUSING SERVICE PROVIDER USE ONLY</b>	
Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> More information needed	
Notes:	
Professional's Signature: _____	Date of Decision Notification: ____/____/____

