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| **Form J: Housing Choice Voucher/Other Affordable Housing Waiver** | | | | |
| ***TBRA or TSH households only.*** | | | | |
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| According to the LDH HOPWA Program Manual, TBRA and TSH households that fail to apply for the HCV Program and other affordable housing programs, renew applications as required, and/or accept assistance as offered may be terminated from the program. In special circumstances where accepting the HCV or other affordable housing would place an undue burden on the client, Project Sponsors may request a waiver to the policy using Form J: Housing Choice Voucher/Other Affordable Housing Waiver, which must be approved by LDH on a case-by-case basis. LDH recognizes there may be circumstances in which accepting affordable housing is not in a client’s best interest. This form allows Project Sponsors to apply for a waiver of this requirement through LDH. The applicant must demonstrate adequate justification that accepting affordable housing would be detrimental to the client’s health and well-being. LDH will monitor applications to ensure that waivers are approved in a uniform, consistent, and non-discriminatory manner. | | | | |
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| Client Name: | |  | | |
|  | | *First, Middle, Last* | | |
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| **On behalf of the above client and their household, we are requesting a waiver for the following reasons:** | | | | |
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| Case Manager Name: | |  |  |  |
|  | |  |  |  |
| Case Manager Signature: | |  | Date: |  |
|  | | | | |
| **LDH Use Only** | | | | |
|  | | | | |
|  | **Approved  Denied** | | | |
|  | |  |  |  |
| LDH Signature: | |  |  |  |