

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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Rent \$ _____            | <input type="checkbox"/> Mortgage \$ _____       | <input type="checkbox"/> Utility \$ _____ |
| <input type="checkbox"/> Application Fee \$ _____ | <input type="checkbox"/> 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): \_\_\_\_\_

**HOUSING SERVICE PROVIDER USE ONLY**

**Request Approved:** ☐ Yes ☐ No ☐ More information needed

**Notes:**

**Professional's Signature:** \_\_\_\_\_ **Date of Decision Notification:** \_\_\_\_/\_\_\_\_/\_\_\_\_

