

### Subsidy Standard Exception Request

- **Subsidy Standard:** The number of bedrooms on a voucher is based on the number of approved household members. Families can rent a larger unit if the rent is within their subsidy amount. A subsidy standard exception is not required to rent a larger unit.
- **Subsidy Standard Exception:** An extra bedroom may be approved if necessary to accommodate a need of a family member due age (50+), health, or disability. The need must not be capable of being met in the existing space or in another way. In some cases, a knowledgeable third-party, such as a doctor or other medical professional, social worker, or case worker must provide verification of this need.
- **Home Forward Response Timeline:** Barring exceptional circumstances, our goal is to:
  - Acknowledge all requests within five (5) business of receipt; and
  - Provide a substantive written response within 15 business days of receiving the request or the most recent discussion about the request.

<b>Request: <i>To be completed by requester</i></b>	
Head of Household:	Individual requesting accommodation:
Type of accommodation requested (check one): <input type="checkbox"/> Live-in Aide -OR- <input type="checkbox"/> Extra Bedroom	
<b>Verification of Need: <i>To be completed by knowledgeable third-party</i></b>	
<p><b>Live-in Aide:</b> A live-in aide must be necessary for the care and well-being of the person. If approved, a separate bedroom will be approved for the live-in aide.</p> <p>1. A live-in aide is necessary to provide (check all that apply):  <input type="checkbox"/> Help with daily tasks; <input type="checkbox"/> Medical care; <input type="checkbox"/> Other (use back of form)</p> <p>2. A live-in aide is necessary due to (check all that apply): <input type="checkbox"/> Age (50+); <input type="checkbox"/> Health; <input type="checkbox"/> Disability</p> <p>3. The need for a live-in aide is unlikely to change: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. A live-in aide is essential to the care and well-being of this person: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>Extra Bedroom:</b></p> <p>1. A separate bedroom is necessary to accommodate this person's:  <input type="checkbox"/> Age (50+); <input type="checkbox"/> Health; <input type="checkbox"/> Disability in the following ways:  <input type="checkbox"/> Medical Equipment - Explain type and size of equipment on page 2.  <input type="checkbox"/> Therapeutic activities - Explain therapeutic activities on page 2.  <input type="checkbox"/> Other - Explain on page 2.</p> <p>2. These activities cannot be done in a shared room or another area of the home for the following reasons: _____          _____</p> <p>3. This condition/need is unlikely to change: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**Certification: *To be completed by knowledgeable third-party***

*I certify the information in this Verification of Need for Subsidy Standard Exception is true and accurate.*

Signature:

Date:

Name Printed:

Phone:

Title:

Fax:

Agency/Office Address:

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