

North Carolina Transition to Community Living Initiative  
State Waiver Request Form

**Instructions:** Upload completed form and supporting documentation into CLIVE.

Waiver Request Information	
1. Name of Proposed Tenant	2. Address of Proposed Unit (street address, apt. #, city, state, zip)
3. Name of Owner	4. Name of Development (If Applicable):
5. Name of LME/MCO or Agency making request	6. Name of Individual/Transition Coordinator making Request
7. Has tenant submitted Request for Lease for this unit yet? <input type="checkbox"/> No <input type="checkbox"/> Yes	8. If yes to 7, date RFL submitted:
9. <b>Select the rule the waiver is requested for:</b> <input type="checkbox"/> The rent determined reasonable exceeds Fair Market Rent and owner will not negotiate <input type="checkbox"/> Owner conflict of interest: owner is a service provider for tenant <input type="checkbox"/> Owner conflict of interest: owner is a relative of tenant <input type="checkbox"/> Unit's bedroom size exceeds the standard for tenant's family size and medical needs <input type="checkbox"/> Unit's development has more than 20% of its units set aside for persons with disabilities <input type="checkbox"/> Other: _____	
10. <b>Please describe the circumstances necessitating the exception (Include tenant's other options):</b> <div style="height: 80px; border: 1px solid black;"></div>	
11. Date Submitted (mm/dd/yyyy)	12. Transition Coordinator Signature
<input type="checkbox"/> <b>NCHFA has reviewed this request and concurs that a waiver is warranted in this case.</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">           _____ Date Approved (mm/dd/yyyy)         </div> <div style="width: 30%;">           _____ Name of NCHFA Staff (Print)         </div> <div style="width: 30%;">           X _____ Signature         </div> </div>	

<b>State/DHHS Determination:</b> <input type="checkbox"/> Denied <input type="checkbox"/> Approved as proposed <input type="checkbox"/> Approved with restrictions (see remarks) <b>Remarks:</b>		
_____ Date (mm/dd/yyyy)	_____ Name of Approval Committee Member	X _____ Signature

<b>Requested Rent: \$</b> _____
_____ <b>County</b> _____ <b>Bedroom FMR = \$</b> _____
<b>Rent determined to be reasonable:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No