# 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?  □ No  □ Yes
8. If yes to 7, date RFL submitted:
9. Select the rule the waiver is requested for:
   - □ The rent determined reasonable exceeds Fair Market Rent and owner will not negotiate
   - □ Owner conflict of interest: owner is a service provider for tenant
   - □ Owner conflict of interest: owner is a relative of tenant
   - □ Unit’s bedroom size exceeds the standard for tenant’s family size and medical needs
   - □ Unit’s development has more than 20% of its units set aside for persons with disabilities
   - □ Other: ________________________________
10. Please describe the circumstances necessitating the exception (Include tenant’s other options):
11. Date Submitted (mm/dd/yyyy)
12. Transition Coordinator Signature

☐ NCHFA has reviewed this request and concurs that a waiver is warranted in this case.

Date Approved (mm/dd/yyyy) Name of NCHFA Staff (Print) Signature

State/DHHS Determination: □ Denied □ Approved as proposed □ Approved with restrictions (see remarks) Remarks:

Date (mm/dd/yyyy) Name of Approval Committee Member Signature

Requested Rent: $___________

___________County _______ Bedroom FMR = $___________

Rent determined to be reasonable: □ Yes □ No

Revised 12/28/16