

Claiming Financial Hardship/Inability to Pay

Homeowner Name: _____

Property Address: _____

Phone Number: _____

Email Address: _____

Reason for your inability to pay your monthly land lease fee

Office Use Only

Have Communicated with Homeowner Date: _____

Date Claim Approved (must be within 90 days of above date)

Homeowner has supplied letter from financial counselor verifying initial meeting within 90 days of above date

i Signed form authorizing Stewardship Coordinator to talk with financial counselor (optional)



RE: Claiming Financial Hardship

Dear Homeowner,

You have elected that you are unable to afford to pay toward your land lease fee account and to meet with a financial counselor in order to forego being assessed a fee to the balance of your lease fee account. Please fill out the attached form and return to Brooke. **The form must be returned within 30 days of the date of this letter in order to not be assessed the fee.**

Email: btapp@1roofhousing.org (a photo of the document with your phone will be accepted)

Mail: One Roof Community Housing
Attn: Brooke Tapp
12 E 4th Street
Duluth, MN 55805

Text: (218) 235-3311 (a photo of the document with your phone will be accepted)

Fax: (218) 727-9368 Attn: Brooke Tapp

You also must meet with a financial counselor within 90 days of the date of this letter. Here are three organizations that we know of that provide financial counseling.

- One Roof Community Housing (218) 727-5372 leave a message requesting “lease fee financial counseling”
- Lutheran Social Services (888) 577-2227 to schedule “a housing review and you were referred by One Roof”
- Community Action Duluth (218) 726-1665 ext 218 or coaching@communityactionduluth.org

A letter verifying you have met with a financial counselor must be received within 90 days of the date of this letter in order to not be assessed a fee. The sample letter attached or a letter from the organization you are working with will be accepted. If you are unable to make this deadline due to financial counselor unavailability, you must notify me of this prior to 90 days of the date of this letter and provide steps you have taken to secure an appointment.

Sincerely,

Brooke Tapp
Stewardship Coordinator
(218) 235-3311 | btapp@1roofhousing.org

Enc. Claiming Financial Hardship form and sample letter to verify financial counseling.

One Roof Community Housing
Attn: Brooke Tapp
12 E 4th Street
Duluth, MN 55805

Regarding: Financial Counseling

Dear CLT Stewardship Coordinator,

This letter is to confirm that I have met with the homeowner listed below for an initial session to address their inability to financially afford their monthly commitment to pay One Roof Community Housing a land lease fee.

Sincerely,

_____, _____
Printed name of financial counselor (organization affiliated with)

Homeowner Name: _____

Address: _____

Homeowner Signature: _____