

Health Advocate's Guide to Commenting on HUD's Proposed Rule Cutting Housing Benefits

This guide provides an overview of how you or your organization may comment on HUD's proposed rule cutting housing benefits: ["Establishing Flexibility for Implementation of Work Requirements and Term Limits" \(FR-6520-P-01\)](#). **This rule would allow PHAs and subsidized housing owners to impose work reporting requirements and time limits as conditions of continued housing assistance.** The attached template provides example arguments for a comment opposing the rule, but you should customize the template with your unique perspective. Form letters will not be considered, so your comments must be original. NHLP, CLASP, and our partners have created these resources to assist with commenting: [one-pager](#), [fact sheet](#), [potential impact for every state](#), [legal analysis](#), and [our compilation of research on work requirements and time limits](#).

This comment template is meant for public health advocates, including but not limited to national and state advocacy organizations, housing providers that offers supportive services for people with health conditions, health care providers, advocates for people with disabilities or chronic conditions, and tenants who personally understand the consequences of housing instability on health.

You can submit comments by [going to this link and clicking on "Comment."](#) You can upload your comments as a document or type them into the text box. More guidance about [submitting comments is at this link](#) and [in this FAQ](#). **The deadline to submit comments is Friday, May 1, 2026, at 11:59pm Eastern.** If you have questions about your comments, the commenting process, please contact Jesse Fairbanks at jfairbanks@clasp.org

[Organization letterhead]

[Date], 2026

Re: Establishing Flexibility for Implementation of Work Requirements and Term Limits

Docket No. FR-6520-P-01, RIN 2501-AE15

Submitted via www.regulations.gov

Regulations Division, Office of General Counsel, U.S. Department of Housing and Urban-Development:

On behalf of [ORGANIZATION], I am submitting comments on the Department of Housing and Urban Development's (HUD) proposed rule change published in the Federal Register on March 2, 2026, Establishing Flexibility for Implementation of Work Requirements and Term Limits (FR-6520-P-01). We ask that HUD withdraw the proposed rule in its entirety.

[INTRODUCE YOUR ORGANIZATION AND ITS MISSION IN 2-3 SENTENCES. *Example: "I am writing on behalf of the Center for Law and Social Policy, which advocates to end poverty among people with low incomes nationwide".* We work directly with [POPULATIONS YOU SERVE], many of whom receive or are eligible for federal housing assistance. This work provides us with unique insight into how work requirements and time limits will impact people in [LOCATION]. [IF YOU ARE COMMENTING ONLY ON A PARTICULAR SECTION, STATE THAT HERE].

We are in strong opposition to this proposed rule, which would allow PHAs and subsidized housing owners to impose work reporting requirements and time limits as conditions of continued housing assistance. Based on extensive evidence from other benefit programs, we are confident these policies will not increase employment or self-sufficiency. Instead, these policies will cause housing instability, eviction, and homelessness, with lasting harm to children and families' health.

[PULLING FROM ANY OF THE ARGUMENTS ENUMERATED BELOW, DESCRIBE YOUR ANALYSIS OF THE PROPOSED RULE AND HOW IT WOULD IMPACT YOU OR THE PEOPLE YOU HELP]

[ORGANIZATION] therefore urges HUD to withdraw this proposed rule. Allowing work requirements and time limits does nothing to promote HUD's mission of providing affordable housing. The proposed rules will only result in vulnerable renters losing their housing. Without housing stability, families impacted by work requirements or time limits will struggle to access needed medical care.

Our comments include citations to supporting research for the benefit of HUD in reviewing our comments. We direct HUD to each of the items cited and made available to the agency through active hyperlinks and as attachments, and we request that these, along with the full text of our comments, be considered part of the formal administrative record on this proposal

Thank you for the opportunity to comment on this proposed rule.

Sincerely,

[Name, Title, Organization, Contact Information]

ARGUMENTS TO CUSTOMIZE IN YOUR ORIGINAL COMMENT

1. Losing housing assistance is destabilizing and harmful to public health.

This NPRM would allow a PHA to evict an entire family, including young children, because one adult member failed to meet the hours requirement. This is not hypothetical: the Arkansas statute HUD cites as a model explicitly calls for terminating assistance for *any household* with a non-compliant able-bodied adult.¹² This penalty is far more severe than the corresponding sanctions under SNAP or Medicaid where other family members can continue to receive benefits if one individual within the household loses benefits due to work requirements.

A growing body of research links eviction to adverse birth outcomes, mental health hospitalizations, and all-cause mortality. Adults who are evicted are more likely to lose their jobs, and families pushed into homelessness face food insecurity, trauma, and substance use disorders. [If you have specific stories about clients whose health outcomes were affected by eviction or the threat of it, add them here.]

The World Health Organization, the CDC, and the Kaiser Family Foundation all recognize housing as a social determinant of health. Research consistently shows that stable housing supports chronic disease management, reduces emergency room utilization, and improves mental health outcomes. In one study of nearly 10,000 people in Oregon with unstable housing, providing affordable housing decreased Medicaid expenditures by 12 percent, increased outpatient primary care use by 20 percent, and reduced emergency department use by 18 percent.³

[If you have additional information about how housing is critical to health, add it here.]

Reliable access to rental assistance helps people invest in their health care. When housing costs consume a disproportionate share of household income, every other part of the budget suffers. In 2020, low-income households in “severely rent burdened households” spent 70 percent less on health care than similar households renting housing they could afford.⁴ People who are worried about paying rent are more likely to postpone needed medical care and to have poorly managed chronic conditions such as hypertension, heart disease, and diabetes.⁵ [If you have specific stories about clients whose health outcomes were affected by housing instability or loss of housing (e.g., avoiding treatment because of fears of cost), add them here.]

Moreover, once a family loses subsidized housing assistance, they are extremely unlikely to regain it. [Add information about the waiting lists for housing assistance in your area. If you do not have this information, you can just say “Waiting lists for housing vouchers and public housing are years long in most jurisdictions.”] A family that loses assistance due to a temporary disruption in work—an illness, a shift cut, a caregiving emergency— will experience years of consequences, not months. Such disruptions are all too common for people living with or caring for someone with chronic illness or disability.

2. Work requirements and time limits will not increase self-sufficiency or employment rates.

According to over 30 years of research, work requirements reduce participation in benefit programs among eligible families without meaningfully increasing employment or earnings. Random assignment evaluations of welfare-to-work programs found that employment increases among individuals subject

to work requirements were modest and faded over time; in nearly all programs evaluated, employment among recipients *not* subject to work requirements was the same as or higher than among those subject to them within five years.⁶

Work reporting requirements in Medicaid have only been fully implemented in one state, Arkansas, from June 2018 to April 2019. During this period, over 18,000 adult recipients were disenrolled from Medicaid. HHS later calculated that between 20 and 47 percent of those subject to the reporting requirements lost coverage each month that the waiver was in effect.⁷

[If you have state or local specific information about the failure of work requirements and time limits in Medicaid or other programs, include it here.]

3. Working families will lose housing because of this rule.

The primary reason families remain in subsidized housing for extended periods is not lack of effort — it is that wages are too low to cover market rents. [Add your own information here about the cost of housing in your area as it compares to the earnings of low-paid workers. The [Out of Reach report](#) has data by state and for many metropolitan areas.⁸ You may also want to include data from [this CBPP report](#), which has state level data to complete this sentence: “CBPP estimates that of the xxx people who would lose assistance due to a broadly applied 2 year time limit, yyy are already in working families.”⁹]

Workers in low-wage jobs face particular risk from work reporting requirements. Research consistently documents that retail, food service, and other low-wage jobs involve highly variable and unpredictable hours—often shifting by 10 or more hours per week.^{10 11} The NPRM allows work requirements of up to 40 hours per week, a threshold twice as high as the new Medicaid requirement. This requirement would expose seasonal workers, on-call workers, and those whose employers deliberately limit hours to constant risk of losing their housing. Workers would also be at high risk of losing benefits during an economic downturn when jobs are unavailable.

[If you have information about how people subject to work requirements have struggled to have consistent hours of work, share it here.]

If your organization serves families in a specific sector/industry, you may want to add a sentence here about the specific scheduling challenges your clients face. Depending on your focus, you may want to add data about how younger workers, workers of color, and workers with disabilities are less able to find consistent full-time work.]

4. People with disabilities and chronic health conditions will lose assistance because of work requirements and time limits, even if they are exempt.

People who are exempt from work requirements or time limits still must submit documentation proving their exemption regularly. Therefore, these requirements act as a barrier to participation for people who should qualify for an exemption from the requirements due to disability, caregiving or other factors that limit their ability to work consistently. [If you are particularly concerned that this rule will lead to a specific exempted population losing assistance, add that here.]

Studies of TANF and SNAP programs consistently find that clients with physical and mental health conditions are disproportionately likely to be sanctioned for failing to meet work requirements; the same conditions that limit their ability to work also make it harder to navigate paperwork, attend appointments, and obtain documentation. People with non-visible disabilities — mental health conditions, long COVID, many chronic illnesses — are particularly at risk of being denied exemptions, since their limitations may not be apparent to caseworkers.¹² For example, an Ohio study found that one-third of the people referred to a SNAP employment program that would allow them to keep their benefits in spite of the time limit reported a physical or mental limitation.¹³

The required disability exemptions under the NPRM are limited to people who meet Social Security Insurance's stringent definition of permanent and complete disability, or other similarly narrow definitions. People with serious conditions that limit work but do not make it completely impossible would be at risk of losing benefits. Current Population Survey data finds that more than 14 percent of the individuals who would be considered "work-eligible" under HUD's definition self-report as having a work-limiting disability.¹⁴

[If your organization serves people with specific health conditions or disabilities, describe here how work requirements would affect them and why the exemption process would be inadequate.]

Even for people with disabilities or chronic conditions who can work, it is highly unlikely that work requirements will lead to the earnings needed to afford market-rate housing. New York City's PRIDE program — a rigorously evaluated, intensive welfare-to-work program specifically designed for cash assistance recipients with work-limiting medical and mental health conditions — was considered a success because it increased employment. Yet even with intensive supports, more than half of participants never worked at all over the four-year follow-up period. Those in the program group earned on average only about \$450 more per year than those who received no services, and neither earned anywhere near enough to afford unsubsidized housing.¹⁵

5. No funding is provided for meaningful supportive services.

Providers succeed at increasing self-sufficiency among recipients when they offer meaningful supportive services. The Charlotte program cited in HUD's NPRM combined a work requirement with intensive, directly provided supportive services including life coaches, case management, and workforce development partnerships—none of which are funded under this NPRM. Participating agencies are required to provide supportive services, but a simple referral to the local career center would be sufficient to meet this requirement. The NPRM prohibits use of HCV administrative fees or project funds to pay for supportive services and does not offer any new funding. Referring people to already underfunded and overwhelmed service providers is not providing services. [Add information you may have about waiting lists for child care, lack of transportation, how little job training is provided by WIOA agencies in your area, how programs are already struggling to offer services to people impacted by expanded SNAP time limits.]

[If you have information about the services provided by another high quality program, and the costs of providing those services, add them here.]

6. Differing requirements across basic needs programs will confuse families.

People who receive help with housing costs often rely on other programs to help them meet their basic needs. Households participating in both rental assistance programs Medicaid may lose their benefits because the reporting requirements differ by program. The work requirements and time limits in housing have different hours standards, countable activities, exemption standards and reporting requirements than the new Medicaid requirements. This inconsistency across programs will multiply the confusion and administrative burden of each requirement. People may lose benefits because they complied with the requirements of one program and assumed that the information would be shared with the other.

¹ Department of Housing and Urban Development, “NPRM on Establishing Flexibility for Implementation of Work Requirements and Term Limits,” 91 FR 10016, March 2, 2026. (NPRM) <https://www.federalregister.gov/d/2026-04095/p-55>

² Arkansas HB 1196 of 2023.

<https://arkleg.state.ar.us/Home/FTPDocument?path=%2FBills%2F2023R%2FPublic%2FHB1196.pdf>

³ Lauren Taylor, *Housing And Health: An Overview Of The Literature*. Health Affairs, 2018.

<https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>.

⁴ *America’s Rental Housing 2022*. Joint Center for Housing Studies of Harvard University, 2022.

https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_Americas_Rental_Housing_2022.pdf.

⁵ Gracie Himmelstein and Matthew Desmond. *Eviction And Health: A Vicious Cycle Exacerbated By A Pandemic*. Health Affairs, 2021. <https://www.healthaffairs.org/doi/10.1377/hpb20210315.747908/full/>.

⁶ LaDonna Pavetti, "Evidence Doesn't Support Claims of Success of TANF Work Requirements," Center on Budget and Policy Priorities, April 3, 2018. <https://www.cbpp.org/research/family-income-support/evidence-doesnt-support-claims-of-success-of-tanf-work-requirements>

⁷ Elizabeth Richter, “CMS Letter to Arkansas,” March 17, 2021. <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ar-works-ca2.pdf>.

⁸ Out of Reach. National Low Income Housing Coalition. <https://nlihc.org/oor>

⁹ Will Fischer and Erik Gartland. *Rental Assistance Time Limits Would Place More Than 3 Million People — Half of Them Children — at Risk of Eviction and Homelessness*. Center on Budget and Policy Priorities, 2025. <https://www.cbpp.org/research/housing/rental-assistance-time-limits-would-place-more-than-3-million-people-half-of-them>

¹⁰ Lauren Bauer, Chloe East, and Olivia Howard. *Low-Income Workers Experience—by Far—the Most Earnings and Work Hours Instability*. 2025. <https://www.brookings.edu/articles/low-income-workers-experience-by-far-the-most-earnings-and-work-hours-instability/>

¹¹ Michael Karpman, Heather Hahn, and Anuj Gangopadhyaya, "Precarious Work Schedules Could Jeopardize Access to Safety Net Programs Targeted by Work Requirements," Urban Institute, June 2019. https://www.urban.org/sites/default/files/publication/100352/precarius_work_schedules_could jeopardize_access_to_safety_net_programs_1.pdf

¹² Ashley Burnside, Elizabeth Lower-Basch, Teon Dolby, Parker Gilkesson, and Lisa McCorkell. “Advancing Disability Equity and Access in TANF and SNAP for People with Long COVID.” CLASP, October 13, 2022. <https://www.clasp.org/publications/report/brief/advancing-disability-equity-and-access-in-tanf-and-snap-for-people-with-long-covid/>.

¹³ Ohio Association of Foodbanks, Comprehensive Report: Able-Bodied Adults Without Dependents, 2015, <HHRG-116-AG03-Wstate-Hamler-FugittL-20190403-SD001.pdf>

¹⁴ Original analysis of data from CPS ASEC 201–2025 pooled. Adults ages 18–61, not in school, not a parent of a child under 6, and not receiving SSI or Social Security benefits (including SSDI) are considered “work-eligible” following the NPRM specifications. IPUMS CPS, University of Minnesota, <http://www.ipums.org>

¹⁵ David Butler et al. *What Strategies Work for the Hard-to-Employ?* MDRC, May 1, 2012.
<https://www.mdrc.org/work/publications/what-strategies-work-hard-employ>.