

RENT CALCULATION WORKSHEET

Name _____

Date _____

- | | | |
|---|---|----------|
| 1. | Gross Annual Income | \$ _____ |
| <hr style="border-top: 1px dashed black;"/> | | |
| 2. | Number of family members under 18, disabled, Handicapped or full-time student (excluding "head" and "spouse") | _____ |
| 3. | Dependent allowance (line 2 x \$480) | \$ _____ |
| 4. | Child Care expenses | \$ _____ |

ONLY Elderly, handicapped or disabled families:

- | | | |
|-----|--|-----------------|
| 5. | Total medical expenses | \$ _____ |
| 6. | Total handicapped assistance expense | \$ _____ |
| 7. | Total medical & handicapped expense | \$ _____ |
| 8. | 3% of Annual Income (line 1 x .03) | \$ _____ |
| 9. | Allowable medical deduction (line 7 – line 8) | \$ _____ |
| 10. | Insert \$400 for elderly/disabled/handicapped family | \$ _____ |
| 11. | Total adjustments (add line 3,4,9 and 10) | \$ _____ |
| 12. | Adjusted Income (line 1 – line 11) | \$ _____ |

- | | | |
|---|--|----------------------|
| <hr style="border-top: 1px dashed black;"/> | | |
| 13. | GROSS INCOME (Line 1)
Line 13 divided by 120 | \$ _____
\$ _____ |
| 14. | ADJUSTED INCOME (Line 12)
Line 14 divided by 40 | \$ _____
\$ _____ |
| 15. | Minimum Rent Amount | \$ <u>50.00</u> |
| 16. | TOTAL TENANT PAYMENT (TTP)
(enter whichever is greatest: line 13, 14, or 15) | \$ _____ |
| 17. | UTILITY ALLOWANCE (If applicable) | \$ _____ |
| 18. | TENANT RENT PAYABLE TO PHA (line 16 - line 17)
(Enter "0" if amount is a negative number and go to line 19) | \$ _____ |
| 19. | UTILITY REIMBURSEMENT (line 17 - line 16) | \$ (_____) |

FAMILY'S CHOICE OF RENT:

- Flat Rent: \$ _____
- Income-Based Rent \$ _____

[] Resident Selects Flat Rent

Initials of Head of Household _____

Initials of PHA Representative _____

RENT CHOICE CERTIFICATION FORM

In accordance with the U. S. Department of Housing and Urban Development, FLAT RENTS are total tenant payments set by the PHA that are based on market rate rents and comparable to rents in the private sector for similar type and size units. Effective 10/31/2014 the new flat rents apply to all new admissions or at the current tenant's next annual re-exam.

This is to certify that the computation of my rent amount has been explained to me and I have been provided with the choice of Income Based, 10% of family monthly income, Flat or Ceiling Rent. The amount charged will be according to unit size. Based on the information provided to me, I elect to use the following method:

- Income Based Rent
(10% of Gross; 30% of Adjusted Annual Income; Minimum Rent)
- Flat Rent – For New Admissions (Housed on or after 10/31/2013)

Bedroom Size	FMR	At Least 80% of FMR	-	Utility Allowance	=	Flat Rent
0 Bedroom	\$450.00	\$360.00	-	\$49.00	=	\$311.00
1 Bedroom	\$529.00	\$423.00	-	\$58.00	=	\$365.00
2 Bedrooms	\$700.00	\$560.00	-	\$65.00	=	\$495.00
3 Bedrooms	\$1,012.00	\$810.00	-	\$73.00	=	\$737.00
4 Bedrooms	\$1,230.00	\$984.00	-	\$84.00	=	\$900.00

- Ceiling Rent - (A maximum amount established by the PHA, not to exceed the flat rent amount resident qualifies for.)

I/We understand that:

- All income changes for the family MUST be reported within 10 days.
- If I/we choose the Flat Rent method, I/we may change to Income Based at any time. But, if I/we choose the Income Based method and then have an increase in income, I/we cannot change to Flat Rent until the next Annual Re-Certification. However, I/we can choose the Ceiling Rent if this situation occurs, until the next Annual Re-Certification.

Signature Head of Household

Date

Signature Spouse/Co-Head

Date

PHA Representative

Date