

Learning Activity 2-1: Calculating Assets

Task

- This PHA’s policy is to use the current value of savings accounts as the market/cash value.

Family Information:

Relation	Name	Age	Disabled
Head	John	45	N
Spouse	Sue	43	N
Youth	Clive	11	N

- John and Sue Long have a \$10,000 life insurance policy with a cash surrender value of \$8,000. The policy pays an annual dividend of \$125. John has a savings account with a current balance of \$4,575 that pays an annual interest rate of .05 percent. The six month average balance of the savings account is \$700. Son Clive has an irrevocable college trust fund in the amount of \$5,000 that he may not access until he turns 18 years old.
- PHA-approved passbook rate is 0.0075.

1. Life Insurance Policy

- a) Market Value: _____
- b) Cash Value: _____
- c) Anticipated income: _____

2. Savings

- a) Market Value: _____
- b) Cash Value: _____
- c) Anticipated income: _____

3. College trust fund

- a) Market Value: _____
- b) Cash Value: _____
- c) Anticipated income: _____

Learning Activity 2-2: Calculating Assets Using Verification

Task

- Using the verifications provided, calculate the market value, cash value, and anticipated income for each asset.

Scenario

- You are conducting an annual recertification for the Pepper family. Head of household Sally Pepper completes a declaration showing the following assets: a CD, a savings account, and a home which she does not rent to anyone.
- Sally provides third-party verification for these assets. Documentation is provided to show the home is a three-bedroom, two-bath, single-family dwelling of 1,750 square feet.

Relevant PHA Policy

- The market/cash value of a savings account is the current balance.
- The market value of real property is determined by averaging recent sales of at least three properties in the surrounding or similar neighborhood that possess comparable factors affecting market value.
- For the purposes of calculating expenses to convert to cash for real property, the PHA will use three percent of the market value of the home.
- Information from an online home listing service shows three similar units in the neighborhood that sold recently as follows:
 - 7654 Glinda Ct., 3-br, 2-ba, 1,711 sq. ft. sold last month for \$211,500
 - 5421 Baum Bl., 3-br, 2-ba, 1,735 sq. ft. sold a month and a half ago for \$209,000
 - 4398 Em St., 3-br, 2-ba, 1,722 sq. ft. sold two months ago for \$179,500

1. CD

a) Market Value: _____

b) Cash Value: _____

c) Anticipated income: _____

2. Home

a) Market Value: _____

b) Cash Value: _____

c) Anticipated income: _____

3. Savings

a) Market Value: _____

b) Cash Value: _____

c) Anticipated income: _____

Learning Activity 2-3: Assets Disposed of for Less than Fair Market Value

Task

- Using the verifications provided, calculate final asset income in 6j for the Martin family.

Scenario

- At Miranda Martin's annual recertification in May, she informs the PHA that she no longer owns the home that she has had for the last several years. The PHA previously verified that the home was worth \$185,000. Miranda says that she decided to sell the home to her son Michael two months ago because she could no longer maintain it.
- Miranda's only other asset is a savings account. PHA policy states to count the current balance of a savings account as its cash value.
- For real property currently owned by the family, PHA policy is to determine the market value of real property by examining recent sales of at least three properties in the surrounding or similar neighborhood that possess comparable factors that affect market value, and use an average of the value of these three properties.
- For purposes of calculating expenses to convert to cash for real property, the PHA will use three percent of the market value of the home.
- For real property disposed of, the PHA will obtain an assessment of the property value from a qualified professional.
- The PHA collected the following verifications from Miranda.
- PHA-approved passbook rate is 0.0075.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Learning Activity 2-4: Rental Income on the 50058

Task

- Using the verifications provided, record the family’s assets on the 50058 and calculate the final asset income for the Vickers family.

Family Information:

Relation	Name	Age	Disabled
Head	D’Angelo	52	N
Spouse	Caroline	50	N

Scenario

- The Vickers family’s annual reexamination is due July 1st.
- Mr. Vickers owns a rental unit. He pays gas and electric monthly for the unit, taxes twice a year, trash monthly, and a monthly mortgage payment for the unit of \$500, of which \$200 is principal and \$300 is interest.
- The PHA’s policy is to use the current balance for checking and savings accounts.
- The PHA-approved passbook rate is 0.0075.
- PHA procedure is to use a three-month average of utility costs.
- PHA policy is to determine the market value of real property by averaging recent sales of at least three properties in the surrounding or similar neighborhoods that possess comparable factors that affect market value.
- For the purposes of calculating expenses to convert to cash for real property, the PHA will use three percent of the market value of the home.
- Information from an online home listing service shows three similar units in the neighborhood that sold recently as follows:
 - 7613 Dorothy Ct. sold last month for \$398,000
 - 2323 Frank Bl. sold two months ago for \$389,255
 - 4398 Elm St. sold two months ago for \$399,229

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Learning Activity 2-5: Discrepancy Discovery

Task

- Using the verifications provided, calculate the Champion family's final asset income on the blank 50058 provided.
- Next, review each asset item on the completed 50058. Note any discrepancies and highlight them on the PHA's 50058.

Family Information:

Relation	Name	Age	Disabled
Head	Charles	72	N
Spouse	Cynthia	68	N
Other Adult	Clyde	23	Y

Scenario

- The Champion family's annual reexamination is due July 1st.
- The PHA's policy is to count the current balance for checking and savings accounts.
- The PHA-approved passbook rate is 0.0075.
- For real property currently owned by the family, PHA policy is to determine the market value of real property by averaging recent sales of at least three properties in the surrounding or similar neighborhoods that possess comparable factors that affect market value.
- For the purposes of calculating expenses to convert to cash for real property still owned by a family, the PHA will use three percent of the market value of the property.
- For real property disposed of, the PHA will attempt to obtain an assessment of property value from a qualified professional.
- The family currently owns a vacant lot (Parcel #155555, lot 22) and recently sold another vacant lot (Parcel #155566, lot 23s) The lot still owned by the family is larger and in a more desirable location than the recently sold lot.
- Information from an online home listing service shows three similar lots in the neighborhood that are similar to Parcel 155555, lot 22) that sold recently as follows:
 - Parcel 155553 lot 18 sold last month for \$8,100
 - Parcel 155500 lot 28 sold 2 months ago for \$7,897
 - Parcel 155501 lot 8 sold 2 months ago for \$8,000

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Learning Activity 3-1: Annual Income Inclusions and Exclusions

Task

- Identify whether the following types of income are included or excluded.
 1. The wages of a live-in aide who works full time outside of the unit
 - a) Included
 - b) Excluded
 2. The interest on the savings account of a minor who is working part-time
 - a) Included
 - b) Excluded
 3. Income from a HUD-funded training program operated by the PHA
 - a) Included
 - b) Excluded
 4. A resident service stipend of \$150 paid to an HCV participant for lawn care at the apartment complex where he resides
 - a) Included
 - b) Excluded
 5. The wages of the head of household who is also attending school full time
 - a) Included
 - b) Excluded
 6. Income from temporary employment with the US Census bureau
 - a) Included
 - b) Excluded
 7. The wages of the 16 year-old daughter of the head of household who has quit school and is working full time
 - a) Included
 - b) Excluded
 8. The wages of the head of household who is temporarily absent from the unit due to a work assignment in another state
 - a) Included
 - b) Excluded

Learning Activity 3-2: Annualizing with Conflicting Verifications

Task

- Answer the following questions for the Morris family.

Scenario

- Zach Morris is head of household. He works at Carpet Emporium. His annual recertification is due 8-1-XX. As part of the annual recertification process, per PHA policy, Zach's last four current, consecutive pay stubs were requested. Zach said he couldn't find any of his current pay stubs because he threw them away. The PHA then sent a third-party written verification form to Zach's employer to verify his wages. After the PHA received the following verification form from the employer, Zach was able to find his pay stubs.
- PHA procedures call for averaging the last four pay periods, then annualizing to anticipate annual income.

1. Based on the verifications provided, what is Zach's annual income?

2. Why is it challenging to annualize Zach's income using the information provided?

3. Which verification did you use to calculate your answer, the third-party written verification provided by the tenant or the third-party written verification form provided by the employer? Why?

4. After reviewing the verifications provided, would you take any further steps to verify Zach's wages? In other words, what other verification should be in the file?

Learning Activity 3-3: Discrepancy Discovery

Task

- Annual income was incorrectly calculated for the Burnham family, the Root family, and the Grace family. Review the 50058s and verifications obtained and determine where PHA staff incorrectly calculated annual income.

Scenario

Burnham Family

- Head of household Daniel Burnham works part-time at Coffee Co. His wife Lily collects Social Security. They have no other sources of income.
- PHA policy calls for two current and consecutive pay stubs.

1. Which sources of income were calculated incorrectly?

2. Explain why they are calculated incorrectly.

3. What should the family's annual income be?

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
Daniel	1	W	373.50 x 24	\$ 8,964	\$ 0	\$ 8,964
Lily	1	SS	700 x 12	\$ 8,400	\$ 0	\$ 8,400
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 17,364 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 17,364 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Scenario

Root Family

- Head of household John Root has been retired for one year. He collects a pension from his job at the City Center Government. He has no other sources of income and lives alone.

1. Which sources of income were calculated incorrectly?

2. Explain why they are calculated incorrectly.

3. What should the family's annual income be?

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
John	1	P	400 x 12	\$ 4,800	\$ 0	\$ 4,800
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 4,800 7g.

7h. Reserved

7i. Total annual income: 6j + 7g \$ **13,589** 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Scenario

Grace Family

- Wilma Grace is head of household. She is a participant on the HCV program. She is 29 years old. She lives with her 4 year-old daughter Wanda. She has a part-time job at Shoe Connection. She also attends Knowledge University on a full-time basis. She has no other sources of income.
- PHA policy calls for two current and consecutive pay stubs.

1. Which sources of income were calculated incorrectly?

2. Explain why they are calculated incorrectly.

3. What should the family's annual income be?

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ _____ 6i.
6j. Final asset income: larger of 6g or 6i					\$ _____ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
Wilma	1	N	7,500 x 2	\$ 15,000	\$ 0	\$ 15,000
Wilma	1	W	8.25x23x24	\$ 4,554	\$ 4,074	\$ 480
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 15,480 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 15,480 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Learning Activity 3-4: Discrepancy Discovery

Task

- Using the verifications provided, calculate the Champion income on the blank 50058 provided.
- Next, review each income item on Cubzide City PHA’s 50058. Note any discrepancies and highlight them on the PHA’s 50058.

Family Information:

Relation	Name	Age	Disabled
Head	Charles	72	N
Spouse	Cynthia	68	N
Other Adult	Clyde	23	Y

Scenario

- The Champion family’s annual reexamination is due July 1st. Proper notification was sent to the family in a timely manner.
- The PHA uses an average of the most recent four pay stubs to anticipate wages.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
Charles	1	SS	479 x 12	\$ 5,748	\$ 0	\$ 5,748
Cynthia	2	SS	500 x 12	\$ 6,000	\$ 0	\$ 6,000
Charles	1	P	200 x 12	\$ 2,400	\$ 0	\$ 2,400
Clyde	3	W	549 x 24	\$ 13,176	\$ 0	\$ 13,176
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 27,324 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 27,324 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Learning Activity 3-5: Seasonal Employment

Task

- Brittney Perry is seasonally employed. The PHA incorrectly calculated her annual income. Using her 50058, PHA policy and verifications, answer the following questions about Brittney's income.

Scenario

- Brittney Perry has been seasonally employed as a school bus driver at the School District of Towncity for the last two years. At her annual recertification in April, Brittney says that during the school year, which lasts from September through the end of May, she receives the following semi-monthly pay stubs. During the summer months of June, July and August, Brittney receives no pay. The PHA verifies with the school district that Brittney is only paid during the school year and has summers off with no pay. During her interview, Brittney informs the PHA that she does not plan on working this summer.

1. Did the PHA calculate Brittney's income correctly according to PHA policy and HUD regulations? Why or why not?

2. Given the verifications and PHA policy, would you use Method 1 or Method 2 to calculate Brittney's income?

3. What is Brittney's annual income?

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
Brittney	1	W	12 x 80 x 18	\$ 17,280	\$	\$ 17,280
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 17,280 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 17,280 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Learning Activity 3-6: Sporadic Income

Task

- For each family decide if the income described is sporadic. Describe what documentation you would include in the family's file.

SPORADIC INCOME EXAMPLE 1

Daniel Johns receives Social Security Disability plus works as a handyman occasionally. He claims he only worked a couple of times last year. He worked for a day painting a neighbor's fence and was paid \$100. Last year, he also worked for his church for a day fixing a hole in the roof and was paid \$75. He has no documentation for either job.

Answer the following questions:

1. Does this fit the description of sporadic income?

2. How would you document this in Daniel's file?

SPORADIC INCOME EXAMPLE 2

Natalie Imbruglia states that she has zero income. When the PHA asks her how she pays her electricity bill, Natalie responds that two months ago she received \$35 from her mom to pay her bill, last month her church helped her pay her \$40 bill, and this month she is uncertain whether or not she will be able to pay the bill.

Answer the following questions:

1. Does this fit the description of sporadic income?
2. How would you document this in Natalie's file?

SPORADIC INCOME EXAMPLE 3

Ross Gellar claims that he is zero income. When the PHA asks him how he pays his cable bill every month, he responds that sometimes he gets help from his mother. He says, and verification confirms, that his mother paid his cable bill ten times last year.

Answer the following questions:

1. Does this fit the description of sporadic income?
2. How would you document this in Ross's file?

Learning Activity 3-7: Imputed Welfare Income

Scenario 1

- Leslie Knope and her three children currently receive TANF benefits. They do not have any other source of income. The welfare agency has notified you that Ms. Knope's benefits are being reduced because of fraud. Ms. Knope's regular TANF amount was \$750 per month. Her TANF benefit is being reduced to \$0, and the reduction is expected to last for the next 12 months.

Task

- Using Section 7 of the 50058, calculate the Knope family's total annual income.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Scenario 2

- Three months later, Ms. Knope begins to receive \$150 per month in alimony. The welfare sanction reducing her TANF benefits from \$750 to \$0 is still in place.

Task

- Taking these changes into account, calculate her total annual income on the 50058.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Scenario 3

- Six months later, Ms. Knope starts a new job at which she earns \$800 per month. She also continues to collect alimony in the amount of \$150 per month. The welfare sanction reducing her TANF benefits from \$750 to \$0 is still in place.

Task

- Taking these changes into account, calculate her total annual income on the 50058.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Learning Activity 3-8: EID Qualifiers

Task

- In each example, decide whether the family member qualifies for the EID.
1. Danny Tanner (age 35) is a public housing resident in Illinois. At Danny's last reexamination, his annual income consisted of a job where he worked 5 hours a week earning \$8.25 per hour. Danny did not qualify for the EID when he started this job. Danny notifies the PHA that he has been promoted to assistant manager, and the PHA has verified he will now be working 40 hours a week earning \$8.35 an hour. The minimum wage in Illinois is \$8.25.

Q1. Does Danny qualify for the EID?

2. Joey Gladstone (age 35) is an applicant to the HCV program. He is a person with disabilities. When he applied to the program last month, Joey's only source of income was \$250 per month in SSI. Joey is still on the wait list. He has just reported that he has become employed at Pizza Hut, and the PHA has verified that he will now be earning \$14,500 a year. He continues to receive SSI.

Q2. Does Joey qualify for the EID?

3. Denise Jackson (age 27) is a public housing resident. She has been working full-time for the same company for the past four years, and currently earns \$26,000 a year. Four months ago, she enrolled in a computer training program through her company, attending at lunch and after hours. She has just reported that, even though she is still continuing in the training program, she received a promotion. She now works in the company's IT department, earning \$32,000 a year.

Q3. Does Denise qualify for the EID?

4. Kimberly Chang (age 19) is a participant in the HCV program. She is head of household. Kimberly has never worked before. She is not disabled. Kimberly lives with her disabled brother Joey who is the cohead. Joey collects \$500 per month in SSI. Kimberly notifies the PHA that she has become employed at Ross, and the PHA verifies that she will be earning \$13, 976 a year.

Q4. Does Kimberly qualify for the EID?

-
5. Carl Winslow (age 42) is a public housing resident. He lives with his son Eddie (age 12) and his mother Harriet (age 65). Four months ago, the PHA did an interim reexamination for Carl because his TANF benefits ended as a result of the expiration of the lifetime limit on receiving benefits. At the time, this was the family's only source of income.

Carl notifies the PHA that he has now become employed, and the PHA verifies that he will earn \$15,975 a year.

Q5. Does Carl qualify for the EID?

-
6. Blossom Russo (age 59) is a participant in the HCV program. Blossom's only source of income for the last three years has been \$800 per month from SSI.

Blossom notifies the PHA that she has become employed at Panera, and the PHA verifies that she will now earn \$750 per month. Her SSI benefits stop completely.

Q6. Does Blossom qualify for the EID?

Learning Activity 3-9: EID Questions

Task

- A participant in your program has just qualified for the EID. They are uncertain about how this exclusion works so they ask you the following questions.
- Break into groups of two. One person is Team Member A and the other is Team Member B. In each group, alternate asking each other questions as indicated by the letters below. When it's your turn to answer, think about how you would explain the EID to a participant.

1A. What is a qualifying event? In other words, what's the first thing that has to happen in order for me to qualify for EID?

1B. What does previously unemployed mean?

2A. Can I have had a job before and still qualify for EID?

2B. What is an economic self sufficiency or job training program?

3A.I was enrolled in an English class six months ago and I got a job last week, does that count?

3B.My TANF benefits ended 3 months ago. Can I still qualify for EID?

4A.What if I don't get regular TANF benefits? Can I still qualify if the TANF department gave me a wage subsidy last month?

4B.What does prequalifying income mean?

5A.Do you automatically exclude everything I earn if I qualify for EID?

5B.Do you look at my income individually or the income of my entire family when you are calculating the exclusion?

6A.If I work for a little while and then I lose my job, does that mean I won't qualify for EID anymore?

6B.Can I choose not to do EID right now and use it later when I get a better job?

Learning Activity 3-10: EID Scenarios

Task

- For each scenario, use the EID calculation worksheet to find the family’s exclusion
- For HCV, assume the qualifying member is disabled.

Scenario 1

- When Emma first qualified for the EID six months ago she was receiving \$325/month in TANF and got a job as a security guard earning \$8.00/hr, 20 hours/week. Her TANF stopped. She has just written the PHA to report that she has gotten a raise. Her new rate of pay is \$10/hr. and she will be working 35 hours per week. Calculate Emma's current EID exclusion.

Step 1: Calculate EID family member’s exclusion amount.

A1. Earned income of EID family member		\$	
A2. Earned income, if any, included in prequalifying income.	\$		
A3. Increase in earned income (A1– A2). If 0 or negative, STOP. Do not exclude any earned income.	\$		
B. Other income of EID family member (including income from assets)		\$	
C. Total annual income of EID family member (A1 + B)		\$	
D. Enter prequalifying income		\$	
E. Full exclusion (C – D, <i>but no more than A3</i>)		\$	
F. 50% exclusion during phase-in period, if applicable (E × 0.50)		\$	

Step 2: Determine EID family member’s wages after exclusion.

G. EID family member’s earnings (HUD-50058, 7d)	\$	
H. Exclusion (E or F, as applicable) (HUD-50058, 7e)	\$	
I. EID family member’s earned income after exclusions (G – H) HUD-50058, 7f)	\$	

Form HUD-50058

7a. Family member name	No.	7b. Income code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
7g. Column total						

Rent Calculation II: Hands-on Workshop

Annual Income

Section 3.5: EID Errors

Scenario 2

- Before Jayden qualified for the EID 14 months ago he had been earning \$200/month at a baby sitting job. He got a job working 15 hours per week at Burger King and qualified for EID. He has just called to report that he has been promoted to assistant manager and will be earning \$9.50/hr. working 30 hours per week.

Step 1: Calculate EID family member’s exclusion amount.

A1. Earned income of EID family member		\$	
A2. Earned income, if any, included in prequalifying income.	\$		
A3. Increase in earned income (A1– A2). If 0 or negative, STOP. Do not exclude any earned income.	\$		
B. Other income of EID family member (including income from assets)		\$	
C. Total annual income of EID family member (A1 + B)		\$	
D. Enter prequalifying income		\$	
E. Full exclusion (C – D, but no more than A3)		\$	
F. 50% exclusion during phase-in period, if applicable (E × 0.50)		\$	

Step 2: Determine EID family member’s wages after exclusion.

G. EID family member’s earnings (HUD-50058, 7d)	\$	
H. Exclusion (E or F, as applicable) (HUD-50058, 7e)	\$	
I. EID family member’s earned income after exclusions (G – H) HUD-50058, 7f)	\$	

Form HUD-50058

7a. Family member name	No.	7b. Income code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
7g. Column total						

Rent Calculation II: Hands-on Workshop

Annual Income

Section 3.5: EID Errors

Scenario 3

- Before Theresa qualified for the EID seven months ago her only income was \$200/month from her mom, which stopped when she became employed. Her job as a nurse’s aide pays her \$13/hour, 40 hours a week, for 52 weeks per year. Theresa has just written to report that her ex-husband has started to pay her \$400/month in child support. Calculate Theresa's EID exclusion and annual income.

Step 1: Calculate EID family member’s exclusion amount.

A1. Earned income of EID family member		\$	
A2. Earned income, if any, included in prequalifying income.	\$		
A3. Increase in earned income (A1– A2). If 0 or negative, STOP. Do not exclude any earned income.	\$		
B. Other income of EID family member (including income from assets)		\$	
C. Total annual income of EID family member (A1 + B)		\$	
D. Enter prequalifying income		\$	
E. Full exclusion (C – D, <i>but no more than A3</i>)		\$	
F. 50% exclusion during phase-in period, if applicable (E × 0.50)		\$	

Step 2: Determine EID family member’s wages after exclusion.

G. EID family member’s earnings (HUD-50058, 7d)	\$	
H. Exclusion (E or F, as applicable) (HUD-50058, 7e)	\$	
I. EID family member’s earned income after exclusions (G – H) HUD-50058, 7f)	\$	

Form HUD-50058

7a. Family member name	No.	7b. Income code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
7g. Column total						

Learning Activity 4-1: Family Type and Dependents

Task

- For each family, examine the family composition and decide which family members are dependents. Then decide whether or not the family is a HUD-defined elderly/disabled family.

Granger Family Information:

Relation	Name	Age	Disabled
Head	William	47	Y
Spouse	Jade	48	N
Youth	Carol	11	N
Full-time student	Jim	21	N
Youth	Jane	2	N
Other Adult	Sheila	78	N

1. Which members of the Granger family are dependents?

2. Is the Granger family a HUD-defined elderly-disabled family?

Baldwin Family Information:

Relation	Name	Age	Disabled
Head	Bernadette	32	N
Cohead	Barbara	30	N
Adult	Billie	65	N
Youth	Brandon	2	Y

1. Which members of the Baldwin family are dependents?

2. Is the Baldwin family a HUD-defined elderly-disabled family?

Gomez Family Information:

Relation	Name	Age	Disabled
Head	Maria	27	N
Full-time student	Mario	27	N
Other adult	Selena	21	Y

1. Which members of the Gomez family are dependents?

2. Is the Gomez family a HUD-defined elderly-disabled family?

Duff Family Information:

Relation	Name	Age	Disabled
Head	Loretta	82	N
Cohead	Jerome	89	Y
Youth	Hannah	5	N
Youth	Marcus	10	Y

1. Which members of the Duff family are dependents?

2. Is the Duff family a HUD-defined elderly-disabled family?

Learning Activity 4-2: Allowable Child Care Costs

Task

- Complete sections 7 and 8 of the 50058 to calculate the Edwards family's annual and adjusted income.

Family Information:

Relation	Name	Age	Disabled
Head	Kenny	42	N
Youth	Stacy	14	N
Youth	Devyn	11	N

Scenario

- Kenny works part-time at Better Bread Bakery, 5 hours a week, 52 weeks a year, earning \$7.00 per hour. He also receives \$700 per month in TANF for himself and his two children. Kenny is also enrolled in an accelerated business program where he attends school 5 hours per week, 52 weeks per year.
- Kenny pays a total of \$160 per week for both children to ABC Childcare for childcare for Stacy and Devyn. This expense enables him to both work 5 hours per week and attend school 5 hours per week.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
---	---	---

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
---------------------------------------	----	-----

Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$

8e. Total permissible deductions (sum of column 8d)	\$	8e.
---	----	-----

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
---	----	-----

8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
---	----	-----

8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
--	----	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
---	----	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
--	----	-----

8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
---	----	-----

8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
--	----	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
--	----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
---	----	-----

8n. Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
--	---	----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
---	----	-----

8p. Elderly/disability allowance (default = \$400)	\$	8p.
--	----	-----

8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)	\$	8q.
---	----	-----

8r. Allowance per dependent (default = \$480)	\$	8r.
---	----	-----

8s. Dependent allowance: 8q X 8r	\$	8s.
----------------------------------	----	-----

8t. Total annual unreimbursed childcare costs	\$	8t.
---	----	-----

8x. Total allowances: 8e + 8n + 8p + 8s + 8t	\$	8x.
--	----	-----

8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.
--	----	-----

Learning Activity 4-3: Child Care Costs Capped by EID

Task

- Using the information provided, fill out an EID worksheet and section 8 of the 50058 to calculate annual and adjusted income for the Jacob family.

Family Information:

Relation	Name	Age	Disabled
Head	Rebecca	37	Y
Youth	Mary	10	N

Scenario

- On February 10, Rebecca Jacob and her daughter Mary were admitted to the program. At the time of admission, Rebecca was working at Schlagel’s Bagels, 8 hours per week at a rate of \$7.25 per hour. On April 13, the manager at Schlagel’s Bagels increased her hours to 25 per week, while leaving her rate of pay at \$7.25. Due to the increase in her work hours, Rebecca also began to pay \$100 per week in child care for Mary.
- Note: The prevailing minimum wage is \$7.25.
- The PHA conducts interim reexams for any reported income increases.

Rent Calculation II: Hands-on Workshop

Adjusted Income

Section 4.2: Adjusted Income Common Errors

Step 1: Calculate EID family member’s exclusion amount.

A1. Earned income of EID family member		\$	
A2. Earned income, if any, included in prequalifying income.	\$		
A3. Increase in earned income (A1– A2). If 0 or negative, STOP. Do not exclude any earned income.	\$		
B. Other income of EID family member (including income from assets)		\$	
C. Total annual income of EID family member (A1 + B)		\$	
D. Enter prequalifying income		\$	
E. Full exclusion (C – D, <i>but no more than A3</i>)		\$	
F. 50% exclusion during phase-in period, if applicable (E × 0.50)		\$	

Step 2: Determine EID family member’s wages after exclusion.

G. EID family member’s earnings (HUD-50058, 7d)	\$	
H. Exclusion (E or F, as applicable) (HUD-50058, 7e)	\$	
I. EID family member’s earned income after exclusions (G – H) HUD-50058, 7f)	\$	

Form HUD-50058

7a. Family member name	No.	7b. Income code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
7g. Column total						

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
---------------------------------------	----	-----

Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$

8e. Total permissible deductions (sum of column 8d)	\$	8e.
---	----	-----

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
---	----	-----

8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
---	----	-----

8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
--	----	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
---	----	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
--	----	-----

8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
---	----	-----

8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
--	----	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
--	----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
---	----	-----

8n. Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
--	---	----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
---	----	-----

8p. Elderly/disability allowance (default = \$400)	\$	8p.
--	----	-----

8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)	\$	8q.
---	----	-----

8r. Allowance per dependent (default = \$480)	\$	8r.
---	----	-----

8s. Dependent allowance: 8q X 8r	\$	8s.
----------------------------------	----	-----

8t. Total annual unreimbursed childcare costs	\$	8t.
---	----	-----

8x. Total allowances: 8e + 8n + 8p + 8s + 8t	\$	8x.
--	----	-----

8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.
--	----	-----

Learning Activity 4-4: Identifying Disability Assistance Expense

Task

- Identify whether the following expenses would qualify as a disability assistance expense.

1. Ramp to enable a disabled person to get into school

Yes No

2. Care attendant for a disabled family member so another family member can work

Yes No

3. Assistance dog to relieve anxiety while shopping

Yes No

4. Transportation expenses to doctor's office for an elderly individual

Yes No

5. Talking computer to enable employment of a disabled family member

Yes No

6. Medicare Part B premium for a disabled head of household

Yes No

Learning Activity 4-5: Disability Assistance Expense Allowance

Task

- Calculate the disability assistance expense allowance for the Gilmore family on section 8 of the 50058

Family Information:

Relation	Name	Age	Disabled
Head	Loralei	38	N
Spouse	Luke	40	N
Youth	Rori	15	Y

Scenario

- Loralei Gilmore earns \$11,000 per year working at the Independence Inn. Her husband Luke earns \$9,000 working at a diner. Their daughter Rori is a person with a disability. In order for Luke to work at the diner, they pay Sookie, a care attendant, \$4,600 to look after Rori while he is at work.

Questions

1. Does the Gilmore family qualify for childcare expenses? Why or why not?

2. Do Sookie's wages qualify as a disability assistance expense for the Gilmore family?

3. If so, whose income should be used for the earnings cap on the disability assistance expense?

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
---------------------------------------	----	-----

Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$

8e. Total permissible deductions (sum of column 8d)	\$	8e.
---	----	-----

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
---	----	-----

8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
---	----	-----

8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
--	----	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
---	----	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
--	----	-----

8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
---	----	-----

8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
--	----	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
--	----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
---	----	-----

8n. Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
--	---	----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
---	----	-----

8p. Elderly/disability allowance (default = \$400)	\$	8p.
--	----	-----

8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)	\$	8q.
---	----	-----

8r. Allowance per dependent (default = \$480)	\$	8r.
---	----	-----

8s. Dependent allowance: 8q X 8r	\$	8s.
----------------------------------	----	-----

8t. Total annual unreimbursed childcare costs	\$	8t.
---	----	-----

8x. Total allowances: 8e + 8n + 8p + 8s + 8t	\$	8x.
--	----	-----

8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.
--	----	-----

Learning Activity 4-6: Asking Medical Expense Questions

Part I

- Below are questions from PHA data collection forms. Analyze to determine if the questions are asked in a manner that assists the family to answer correctly.

Question 1: If the head of household or spouse are elderly or disabled, list their medical expenses below.

Is this a good question? Why or why not?

Question 2: List the medical expenses of all elderly or disabled household members.

Is this a good question? Why or why not?

Part II

- In groups of two or three, rewrite the questions so they are worded accurately and in such a manner as to assist the family in providing a correct answer.

Learning Activity 4-7: Disability Assistance and Medical Expense Allowance Qualifiers

Task

- For each family, identify whether they qualify for disability assistance expenses, medical expenses or both.

Cullen Family Information:

Relation	Name	Age	Disabled
Head	Edward	53	Y
Spouse	Bella	55	N

Scenario

- The Cullen family has anticipated annual unreimbursed prescription costs of \$575. They also pay \$45 per month to maintain Edward's TTY service so that Edward may work at the Forks Diner. Bella is enrolled in the Low Income Family Eye Care Program in her community. She pays \$75 a year for eye care, but is reimbursed completely by the program for her out of pocket expense.

1. Which of these expenses are disability assistance expenses?

2. Which of these expenses are medical expenses?

Potter Family Information:

Relation	Name	Age	Disabled
Head	Harry	33	N
Spouse	Ginny	31	Y
Youth	Ron	10	N
Youth	Neville	8	Y

Scenario

- The Potter family has unreimbursed expenses for Harry's eye glasses of \$70 per year. They also pay \$20 every two months for Neville to visit a therapist for his disability. They also have out of pocket costs for braces for Ron's teeth of \$200 per year. The entire family's prescription drug costs are \$30 per month. Harry and Ginny are both unemployed.

1. Which of these expenses are disability assistance expenses?

2. Which of these expenses are medical expenses?

Frasier Family Information:

Relation	Name	Age	Disabled
Head	Jamie	38	N
Spouse	Claire	39	N
Youth	Brianna	14	Y

Scenario

- The Frasier family has out of pocket prescription costs of \$55 per month. They also pay \$30 a year for hearing aid supplies for Brianna. In order for Jamie and Claire to work, Brianna stays home with a care attendant at a cost of \$100 per week.

1. Which of these expenses are disability assistance expenses?

2. Which of these expenses are medical expenses?

Learning Activity 4-8: Disability Assistance/Medical Allowance (Eva Family)

- The Eva family qualifies for the elderly/disabled allowance. There are no dependents in the family. The PHA has the following information:
 - SSI: \$ 8,250
 - Employment income: \$ 8,750
 - Total Disability Assistance Expense: \$ 4,300
 - Total Medical Expenses: \$ 1,100

Task

- Using the information above, complete section 8 of the HUD-50058 to determine adjusted annual income.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
---------------------------------------	----	-----

Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$

8e. Total permissible deductions (sum of column 8d)	\$	8e.
---	----	-----

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
---	----	-----

8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
---	----	-----

8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
--	----	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
---	----	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
--	----	-----

8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
---	----	-----

8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
--	----	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
--	----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
---	----	-----

8n. Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
--	---	----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
---	----	-----

8p. Elderly/disability allowance (default = \$400)	\$	8p.
--	----	-----

8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)	\$	8q.
---	----	-----

8r. Allowance per dependent (default = \$480)	\$	8r.
---	----	-----

8s. Dependent allowance: 8q X 8r	\$	8s.
----------------------------------	----	-----

8t. Total annual unreimbursed childcare costs	\$	8t.
---	----	-----

8x. Total allowances: 8e + 8n + 8p + 8s + 8t	\$	8x.
--	----	-----

8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.
--	----	-----

Learning Activity 4-9: Medical Expense Policies

Task

- Anytown PHA has a policy that they follow the current year's IRS Publication 502. Using IRS Publication 502, identify whether the following expenses qualify as medical expenses at Anytown PHA.

1. Chiropractor

Yes No

2. Nutritional supplements (not recommended by a doctor)

Yes No

3. Teeth whitening

Yes No

4. Nursing services

Yes No

5. Stop smoking programs

Yes No

6. Veterinary bills for an assistance animal

Yes No

7. Laser eye surgery

Yes No

8. Diaper service

Yes No

Learning Activity 4-10: Medical Allowance Verification**Task**

- Using the verifications provided, calculate Kevin Bullard's medical expenses and adjusted income.
- Kevin's only source of income is \$700 per month in TANF.

Family Information:

Relation	Name	Age	Disabled
Head	Kevin	47	Y
Youth	Amy	14	N
Youth	Arnold	13	N

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
---------------------------------------	----	-----

Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$

8e. Total permissible deductions (sum of column 8d)	\$	8e.
---	----	-----

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
---	----	-----

8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
---	----	-----

8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
--	----	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
---	----	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
--	----	-----

8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
---	----	-----

8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
--	----	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
--	----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
---	----	-----

8n. Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
--	---	----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
---	----	-----

8p. Elderly/disability allowance (default = \$400)	\$	8p.
--	----	-----

8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)	\$	8q.
---	----	-----

8r. Allowance per dependent (default = \$480)	\$	8r.
---	----	-----

8s. Dependent allowance: 8q X 8r	\$	8s.
----------------------------------	----	-----

8t. Total annual unreimbursed childcare costs	\$	8t.
---	----	-----

8x. Total allowances: 8e + 8n + 8p + 8s + 8t	\$	8x.
--	----	-----

8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.
--	----	-----

Learning Activity 4-11: Medical Expenses on the 50058**Task**

- Calculate the Carrington family's adjusted income on the 50058.

Family Information:

Relation	Name	Age	Disabled
Head	Gene	82	N
Spouse	Sylvia	80	N

Scenario

- Gene Carrington collects Social Security in the amount of \$750 per month, but \$50 is deducted for his Medicare premium. His wife Sylvia collects Social Security in the amount of \$650 per month, but \$50 is deducted for her Medicare premium. This is their only source of income. They have no assets.
- The PHA has verified the following anticipated medical expenses for the Carrington family:
 - Dental expenses of \$150 every 6 months
 - \$50 per month on prescriptions
 - Annual co-pays for visiting the doctor of \$20 per month per person

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
---------------------------------------	----	-----

Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$

8e. Total permissible deductions (sum of column 8d)	\$	8e.
---	----	-----

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
---	----	-----

8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
---	----	-----

8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
--	----	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
---	----	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
--	----	-----

8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
---	----	-----

8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
--	----	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
--	----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
---	----	-----

8n. Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
--	---	----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
---	----	-----

8p. Elderly/disability allowance (default = \$400)	\$	8p.
--	----	-----

8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)	\$	8q.
---	----	-----

8r. Allowance per dependent (default = \$480)	\$	8r.
---	----	-----

8s. Dependent allowance: 8q X 8r	\$	8s.
----------------------------------	----	-----

8t. Total annual unreimbursed childcare costs	\$	8t.
---	----	-----

8x. Total allowances: 8e + 8n + 8p + 8s + 8t	\$	8x.
--	----	-----

8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.
--	----	-----

Learning Activity 5-1: Qualifying for Minimum Rent Hardship Exemptions

Task

- The following families on Towncity PHA's program have requested minimum rent hardship exemptions during the month of May. Using an excerpt from Towncity PHA's policy, decide whether the families qualify for a minimum rent hardship exemption effective June 1st.
- **Note:** Minimum Rent at Towncity PHA is \$25

PHA POLICY

FINANCIAL HARDSHIPS AFFECTING MINIMUM RENT [24 CFR 5.630]

The financial hardship exemption applies only to families required to pay the minimum rent. If a family's TTP is higher than the minimum rent, the family is not eligible for a hardship exemption. If the PHA determines that a hardship exists, the TTP is the highest of the remaining components of the family's calculated TTP.

HUD-Defined Financial Hardship

Financial hardship includes the following situations:

- (1) The family has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program.

PHA Policy

A hardship will be considered to exist only if the loss of eligibility has an impact on the family's ability to pay the minimum rent.

For a family waiting for a determination of eligibility, the hardship period will end as of the first of the month following (1) implementation of assistance, if approved, or (2) the decision to deny assistance. A family whose request for assistance is denied may request a hardship exemption based upon one of the other allowable hardship circumstances.

- (2) The family would be evicted because it is unable to pay the minimum rent.

PHA Policy

For a family to qualify under this provision, the cause of the potential eviction must be the family's failure to pay rent or tenant-paid utilities.

- (3) Family income has decreased because of changed family circumstances, including the loss of employment.
- (4) A death has occurred in the family.

PHA Policy

In order to qualify under this provision, a family must describe how the death has created a financial hardship (e.g., because of funeral-related expenses or the loss of the family member's income).

- (5) The family has experienced other circumstances determined by the PHA.

PHA Policy

The PHA has not established any additional hardship criteria.

Scenario

1. At her last annual recertification in January, Amanda Matuk worked full-time at Computer World earning \$8 per hour. This was her only source of income. At that time, Amanda's TTP was \$407. However, Amanda has just notified the PHA that she has lost her job. The PHA recalculates Amanda's income, and her new TTP is the minimum rent of \$25. Amanda asks for a hardship exemption from the minimum rent.

Q1. Does Amanda qualify for a minimum rent hardship exemption under Anytown PHA's policies? Why?

-
2. Janine Bradshaw is a person with disabilities. At her last annual recertification in March, her only source of income was a regular gift and contribution from outside her unit of \$80 per month from her mother. At that time, Janine's TTP was the minimum rent of \$25 dollars. However, Janine reports that her mother is no longer contributing any income to her unit. The PHA verifies this by sending a certification form to Janine's mother. Because of this, Janine has applied for SSI, but has not yet received any payments. Taking these changes into account, her TTP remains at the minimum rent of \$25.

Q2. Does Janine qualify for a minimum rent hardship exemption under Anytown PHA's policies? Why?

-
3. Head of household Lauren Wollitz lives with her Aunt Linda who is her cohead. At their annual recertification in December, their only source of income was \$10,725 from Lauren's part-time job at Empire Beauty Supply. At that time, their TTP was \$258. However, Lauren has just reported that her Aunt Linda passed away this month. The PHA conducts an interim, and Lauren's new TTP remains \$258. Lauren requests a minimum rent hardship exemption because she is incurring high funeral costs.

Q3. Does Lauren qualify for a minimum rent hardship exemption under Anytown PHA's policies? Why?

Learning Activity 5-2: Minimum Rent Hardship Exemptions on the 50058

Task

- Calculate TTP for the Buchanan family on the 50058.

Family Information:

Relation	Name	Age	Disabled
Head	John	31	N
Spouse	Abigail	30	Y

Scenario 1

- At their annual recertification, the Buchanan family's income consists of John's full-time job at Staples where he earns \$9.00 per hour and a regular gift and contribution from Abigail's mother of \$100 per month. The family has no assets and no anticipated medical expenses. The PHA's minimum rent is \$35 and the welfare rent is \$0. Calculate their TTP on the 50058.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

9. Total Tenant Payment (TTP)

9a. Total monthly income: $8a \div 12$	\$	9a.
9c. TTP if based on annual income: $9a \times 0.10$	\$	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	9f.
9g. Welfare rent per month (if none, put 0)	\$	9g.
9h. Minimum rent (if waived, put 0)	\$	9h.
9i. Enhanced Voucher minimum rent	\$	9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	9j.
9k. Most recent TTP	\$	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	\$	9m.

Scenario 2

- John calls the PHA to inform them that he has lost his job. Assuming no other changes, recalculate their TTP on the 50058.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

9. Total Tenant Payment (TTP)

9a. Total monthly income: $8a \div 12$	\$	9a.
9c. TTP if based on annual income: $9a \times 0.10$	\$	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	9f.
9g. Welfare rent per month (if none, put 0)	\$	9g.
9h. Minimum rent (if waived, put 0)	\$	9h.
9i. Enhanced Voucher minimum rent	\$	9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	9j.
9k. Most recent TTP	\$	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	\$	9m.

Scenario 3

- John requests a minimum rent hardship exemption due to his change in circumstances, and the PHA grants the exemption. Assuming no other changes, recalculate their TTP on the 50058.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

9. Total Tenant Payment (TTP)

9a. Total monthly income: $8a \div 12$	\$	9a.
9c. TTP if based on annual income: $9a \times 0.10$	\$	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	9f.
9g. Welfare rent per month (if none, put 0)	\$	9g.
9h. Minimum rent (if waived, put 0)	\$	9h.
9i. Enhanced Voucher minimum rent	\$	9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	9j.
9k. Most recent TTP	\$	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	\$	9m.

Learning Activity 5-3: Utility Allowance Schedule- HCV

- On the following pages you will find documents from a sample tenant file. Assume that you are reviewing the documents to verify the utility allowance. Gather the information you need to complete the chart below. Then analyze the chart to determine what problems, if any, the file documents pose for a reviewer. Note the results of your analysis in the space provided on the next page. Use the documents on the following pages to fill out the chart. Evaluate each document separately. If information is missing on one document, do not use information from another.

	RFTA	Inspection Form	50058	Lease	HAP Contract
Voucher BR Size					
Unit BR Size					
Structure Type					
Tenant-Paid Utilities					
Utility Allowance Amount					

Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 03/31/2004)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA) SEAPORT CITY HA			2. Address of Unit (street address, apartment number, city, State & zip code) 2228 WESTVIEW AVE. #6 SEAPORT CITY				
--	--	--	--	--	--	--	--

3. Requested Beginning Date of Lease 8/15/03	4. Number of Bedrooms 2	5. Year Constructed 1985	6. Proposed Rent 800	7. Security Deposit Amt. 350	8. Date Unit Available for Inspection 8/2/03
--	-----------------------------------	------------------------------------	--------------------------------	--	--

9. Type of House/Apartment
 Single Family Detached
 Semi-Detached / Row House
 Manufactured Home
 Garden / Walkup
 Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:
 Section 202
 Section 221(d)(3)(BMIR)
 Section 236 (Insured or noninsured)
 Section 515 Rural Development
 Home
 Tax Credit
 Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by		
Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Other		
Cooking	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Other		
Water Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Other		
Other Electric				T	T
Water				O	O
Sewer				O	O
Trash Collection				O	O
Air Conditioning				-	-
Refrigerator				O	O
Range/Microwave				O	O
Other (specify)					

Inspection Checklist
Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(Exp. 9/30/2002)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family Vernice Henderson		Tenant ID Number 123-45-6789	Date of Request (mm/dd/yyyy) 7/25/03
Inspector Bill Gadget		Neighborhood/Census Tract 126	Date of Inspection (mm/dd/yyyy) 8/4/03
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy)	PHA Seaport City HA

A. General Information		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	
Full Address (including Street, City, County, State, Zip) 2228 Westview Avenue #6 Seaport City, ST		
Number of Children in Family Under 6 0		
Owner Name of Owner or Agent Authorized to Lease Unit Inspected Paul Johnson Address of Owner or Agent 6767 Wares Road Seaport City, ST		
Phone Number 425-6789		

B. Summary Decision On Unit (To be completed after form has been filled out)		
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard 2	Number of Sleeping Rooms 3
<input type="checkbox"/> Fail		
<input type="checkbox"/> Inconclusive		

Inspection Checklist					Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	
1.1	Living Room Present	✓			
1.2	Electricity	✓			
1.3	Electrical Hazards	✓			
1.4	Security	✓			
1.5	Window Condition	✓			
1.6	Ceiling Condition	✓			
1.7	Wall Condition	✓			
1.8	Floor Condition	✓			

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area; 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
3t. Total number in household		2 3t.
3u. Family subsidy status under Noncitizens Rule: C = Qualified for continuation of full assistance E = Eligible for full assistance F = Eligible for full assistance pending verification of status P = Prorated assistance		E 3u.
3v. Eligibility effective date (mm/dd/yyyy) if qualified for continuation of full assistance (3u=C)		3v.
3w. If new head of household, former head of household's SSN		3w.
4. Background at Admission		
4a. Date (mm/dd/yyyy) entered waiting list		11/7/02 4a.
4b. ZIP code before admission		12347 4b.
4c. Homeless at admission? (Y or N)		N 4c.
4d. Does family qualify for admission over the very low-income limit? (Section 8 only) (Y or N)		N 4d.
4e. Continuously assisted under the 1937 Housing Act? (Y or N)		N 4e.
4f. Is there a HUD approved income targeting disregard? (Y or N)		N 4f.
5. Unit to be Occupied on Effective Date of Action		
5a. Unit address		
Number and street	2228 WESTVIEW AVENUE	Apt. 6
City	SEAPORT CITY	State ST Zip code (+4) 12345
5b. Is mailing address same as unit address? (Y or N) (if yes, skip to 5d)		Y 5b.
5c. Family's mailing address		
Number and street		Apt.
City	State	Zip code (+4)
5d. Number of bedrooms in unit		2 5d.
5e. Has the PHA identified this unit as an accessible unit? (Public/Indian Housing only) (Y or N)		5e.
5f. Has the family requested accessibility features? (Public/Indian Housing only) (Y or N) (if no, skip to next section)		5f.
5g. Has the family received requested accessibility features? (Public/Indian Housing only) <input type="checkbox"/> a. Yes, fully <input type="checkbox"/> b. Yes, partially <input type="checkbox"/> c. No, not at all <input type="checkbox"/> d. Action pending (can be checked in combination with b. or c.)		5g.
5h. Date (mm/dd/yyyy) unit last passed HQS inspection (Section 8 only, except Homeownership)		8/4/03 5h.
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Section 8 only, except Homeownership)		5i.
5j. Year (yyyy) unit was built (Section 8 only)		1985 5j.
5k. Structure type (check only one) (Section 8 only) <input type="checkbox"/> Single family detached <input type="checkbox"/> Semi-detached <input checked="" type="checkbox"/> Rowhouse/townhouse <input type="checkbox"/> Low-rise <input type="checkbox"/> High rise with elevator <input type="checkbox"/> Manufactured home		5k.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

12. Section 8 Vouchers

12a. Number of bedrooms on Voucher			2	12a.
12b. Is family now moving to this unit? (Y or N)				12b.
12c. Does the family qualify as a Hard to House family? (Y or N)				12c.
12d. Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 12g)				12d.
12e. Cost billed per month (put 0 if absorbed)		\$		12e.
12f. PHA code billed				12f.
12g. Housing type:	<input type="checkbox"/>	Group home (prorate gross rent)		
	<input type="checkbox"/>	Own manufactured home, lease space	<input type="checkbox"/>	SRO: 1 room occupied by 1 person
12h. Owner name				12h.
12i. Owner TIN/SSN				12i.
12j. Payment standard for the family		\$	844	12j.
12k. Rent to owner		\$	800	12k.
12m. Utility allowance, if any		\$	29	12m.
12n. Reserved				
12p. Gross rent of unit: 12k + 12m (or Space Rent)		\$	829	12p.
12q. Lower of 12j or 12p (if Premerger Voucher contract, see Instruction Booklet)		\$	829	12q.
12r. TTP: copy from 9j		\$	370	12r.
12s. Total HAP: 12q minus 12r		\$	459	12s.
Rent Calculation (If prorated rent, skip to 12ab)				
12t. Total family share: 12p minus 12s		\$	370	12t.
12u. HAP to owner: lower of 12k or 12s		\$	459	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	341	12v.
12w. Utility reimbursement to family: 12s minus 12u, but do not exceed 12m		\$		12w.
Prorated Rent Calculation				
12aa. Reserved				
12ab. Normal total HAP: copy from 12s, but do not exceed 12p		\$		12ab.
12ac. Total number eligible				12ac.
12ad. Total number in family				12ad.
12ae. Proration percentage: 12ac + 12ad				12ae.
12af. Prorated total HAP: 12ab X 12ae				12af.
12ag. Mixed family total family contribution: 12p minus 12af		\$		12ag.
12ah. Utility allowance: copy from 12m		\$		12ah.
12ai. Mixed family tenant rent to owner: 12ag minus 12ah	If positive or 0, put tenant rent			\$ 12ai.
	If negative, credit tenant		or CR	\$ 12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k		\$		12aj.
12ak. Reserved				

ABC GARDENS LEASE AGREEMENT

Section 8 Tenant-Based Assistance Housing Choice Voucher Program

This lease is in three parts: **Part A** contains required lease information. **Part B** consists of the HUD 52641-A Tenancy Addendum, and **Part C** contains additional lease provisions.

Part A: Lease Information

1. **Contract Unit:** (enter address of unit, including apartment number, if any)
2228 Westview Avenue; Apt. 6
Seaport City, ST 12345
2. **Tenant:** (Enter full name of tenant)
Vernice Henderson
3. **Owner:** (Enter name and address of owner)
Paul Johnson
6767 Wares Road; Seaport City, ST 12456
4. **Initial Term:** The initial term of lease must be at least one year unless a shorter term is approved by the PHA.
The initial term begins on 8/16/2003
The initial term ends on 8/31/2004

Following the initial term of the lease, the lease will be renewed automatically on a

month-to-month **indefinite** duration basis until:

- a. termination of the lease by the owner in accordance with this lease;
- b. termination of the lease by the tenant in accordance with this lease;
- c. mutual agreement between the owner and tenant to terminate the lease during the term of the lease;
- d. termination of the Housing Assistance Payments Contract by the PHA;
- e. termination of the tenant family's assistance by the PHA.

5. **Household Members:** (Enter the full names of all family members.)

Vernice Henderson	
Mary White (daughter)	

The family must promptly inform the PHA of the birth, adoption, or court-awarded custody of a child. No other person may reside in the unit without prior written approval by the Owner and the PHA.

6. **Rent to Owner** (total monthly rent): \$ 800
 - a. **Tenant Rent to Owner:** \$ 341
 - b. **Housing Assistance Payment to Owner:** \$ 459

The total rent to owner is the initial rent for this unit. The housing assistance payment to owner shall be payable by the Public Housing Agency (PHA) as housing assistance payments on behalf of the tenant. The tenant rent to owner shall be payable by the tenant directly to the Owner. Rent is due and payable on the first day of the month beginning on 9/1/2003.

The amount of the rent to owner is subject to change after the initial term of the lease upon agreement by the owner and tenant. The owner must give the PHA 60 calendar days written notice before commencement of any change in rent. The notice shall state the new rental amount and the date the new rental amount will be effective. Changes in rent shall be subject to the PHA's rent reasonableness requirements.

The amount of tenant rent is subject to change during the term of the lease. Any changes in the amount of the tenant rent will be effective on the date stated in a notice by the PHA to the family and owner.

- c. **Penalties for Late Payment of Tenant Rent:** The tenant shall be charged a late charge for all rent not paid in accordance with the terms and conditions of this lease. Such late charge shall be in addition to the usual monthly rent and will apply if tenant rent is unpaid on the 10th day of the month.

ABC GARDENS LEASE AGREEMENT

Section 8 Tenant-Based Assistance Housing Choice Voucher Program

- 7. **Security Deposit:** The tenant has deposited \$350 with the owner as a security deposit. The amount of the security deposit does not exceed the amount of security deposits charged by the owner to unassisted tenants or the private market practice for the area where the unit is located.
- 8. **Pets:** The tenant may may not keep pets.
- 9. **Utilities and Appliances:** The owner shall provide for or pay for the utilities and appliances as indicated below by an "O" without any additional charge to the tenant. The tenant shall provide or pay for the utilities and appliances as indicated below by a "T".

Item		Provided by	Paid by
Heating	Natural gas		O
	Bottle gas		
	Oil/Electric		
	Coal/Other		
Cooking	Natural gas		
	Bottle gas		
	Oil/Electric		T
	Coal/Other		
Other Electric			T
Air Conditioning			-

Item		Provided by	Paid by
Water heating	Natural gas		O
	Bottle gas		
	Oil/Electric		
	Coal/Other		
Water			O
Sewer			O
Trash Collection			O
Range/Microwave			O
Refrigerator			O
Other (specify)			

The owner shall provide the following additional appliances for the dwelling unit. (If none specified, no additional appliances are provided.)

- 10. **Maintenance and Services:**
Security equipment and services to be provided by the owner. (If none are specified, it is assumed there are none.)
-

The owner shall provide Extermination service as conditions may require. If such service is to be provided on a scheduled basis, the schedule is as follows: (if none specified, it is assumed that none are provided.)

- 11. **Lease termination or move out by family:** The tenant may terminate the lease without cause at any time after the initial term of the lease by giving a 30 calendar day 60 calendar day written notice to the owner. The tenant must notify the PHA and the owner before the family moves out of the unit.

SIGNATURES:

TENANT	<i>Denice Henderson</i>	8/16/03
	Signature of Tenant	Date Signed
OWNER	<i>Paul Johnson</i>	8/16/03
	Signature of Owner	Date Signed

**Housing Assistance Payments Contract
(HAP Contract)
Section 8 Tenant-Based Assistance
Housing Choice Voucher Program**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Part A of the HAP Contract: Contract Information

(To prepare the contract, fill out all contract information in Part A.)

1. Contents of Contract

This HAP contract has three parts:

- Part A: Contract Information
- Part B: Body of Contract
- Part C: Tenancy Addendum

2. Tenant

Vernice Henderson

3. Contract Unit

2228 Westview Avenue
Apt. 6
Seaport City, ST 12345

4. Household

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

Vernice Henderson
Mary White (daughter)

5. Initial Lease Term

The initial lease term begins on (mm/dd/yyyy): 8/16/03
The initial lease term ends on (mm/dd/yyyy): 8/31/04

6. Initial Rent to Owner

The initial rent to owner is: \$ 800
During the initial lease term, the owner may not raise the rent to owner.

7. Initial Housing Assistance Payment

The HAP contract term commences on the first day of the initial lease term. At the beginning of the HAP contract term, the amount of the housing assistance payment by the PHA to the owner is \$ 459 per month.

The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term in accordance with HUD requirements.

8. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		O
Cooking	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		O
Water Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		O
Other Electric			T
Water			O
Sewer			O
Trash Collection			O
Air Conditioning			-
Refrigerator			O
Range/Microwave			O
Other (specify)			

Signatures:

Public Housing Agency

SEAPORT CITY HA

Print or Type Name of PHA

Sue Brady

Signature

SUE BRADY, OCC SPECIALIST

Print or Type Name and Title of Signatory

8/16/03

Date (mm/dd/yyyy)

Owner

PAUL JOHNSON

Print or Type Name of Owner

Paul Johnson

Signature

Print or Type Name and Title of Signatory

8/16/03

Date (mm/dd/yyyy)

Mail Payments to:

Name

Address (street, city, State, Zip)

SEAPORT CITY HOUSING AUTHORITY

FMR/PAYMENT STANDARDS					
	0 BR	1 BR	2 BR	3 BR	4 BR
FMR	555	622	768	938	1,014
Payment Standard	610	684	844	1,031	1,115

UTILITY ALLOWANCES: SEMI-DETACHED/ROW HOUSE					
BEDROOM SIZE	0 BR	1 BR	2 BR	3 BR	4BR
HEATING					
Gas	36	48	64	79	95
Electric	38	51	70	86	105
COOKING					
Gas	4	6	7	9	11
Electric	3	4	5	6	7
OTHER ELECTRIC					
	18	23	29	34	39
WATER HEATING					
Gas	10	15	19	23	29
Electric	15	20	26	32	37
WATER					
	5	5	10	15	21
SEWER					
	5	5	9	13	17
RANGE					
	8	8	8	8	8
REFRIGERATOR					
	10	10	10	10	10

SEAPORT CITY HOUSING AUTHORITY

UTILITY ALLOWANCES: GARDEN/WALKUP					
BEDROOM SIZE	0 BR	1 BR	2 BR	3 BR	4BR
HEATING					
Gas	31	41	55	67	82
Electric	32	43	60	73	89
COOKING					
Gas	4	6	7	9	11
Electric	3	4	5	6	7
OTHER ELECTRIC					
	18	23	33	34	39
WATER HEATING					
Gas	10	15	19	23	29
Electric	15	20	26	32	37
WATER					
	5	5	10	15	21
SEWER					
	5	5	9	13	17
RANGE					
	8	8	8	8	8
REFRIGERATOR					
	10	10	10	10	10

Learning Activity 5-4: HCV Affordability

Task

- Decide whether it is necessary to perform the affordability test in the following scenarios. If so, is the unit affordable?

McCartney Family

- The McCartney family is moving to a new unit.
 - Rent to owner: \$550
 - Utility allowance: \$40
 - PHA payment standard: \$620
 - HAP amount: \$314
 - Adjusted annual income: \$10,985

1. Is this tenancy subject to the affordability test?

2. If so, is the unit affordable?

Stewart Family

- The Stewart family is an applicant family who just submitted an RFTA.
 - Rent to owner: \$980
 - Utility allowance: \$80
 - PHA payment standard: \$1,000
 - HAP amount: \$977
 - Adjusted annual income: \$900

1. Is this tenancy subject to the affordability test?

2. If so, is the unit affordable?

Williams Family

- The Williams family's landlord has asked for a rent increase.

- Rent to owner:	\$1,875
- Utility allowance:	\$45
- PHA payment standard:	\$1,800
- HAP amount:	\$1,770
- Adjusted annual income:	\$1,200

1. Is this tenancy subject to the affordability test?

2. If so, is the unit affordable?

McCallen Family

- The McCallen family is moving to a new unit

- Rent to owner:	\$890
- Utility allowance:	\$25
- PHA payment standard:	\$900
- HAP amount:	\$555
- Adjusted annual income:	\$13,785

1. Is this tenancy subject to the affordability test?

2. If so, is the unit affordable?

Learning Activity 5-5: PH Flat Rents and Ceiling Rents

Task

- Answer the following questions about the Meyer family.

Family Information:

Relation	Name	Age	Disabled
Head	Quinn	40	N
Youth	Rachel	2	N
Youth	Kurt	4	N

- Flat Rent \$450
- Utility allowance \$50
- Minimum rent \$25

Scenario 1

- At Quinn Meyer’s annual recertification (effective February 1st), she reports that she has no assets. She works full time at Milly’s Music Shoppe earning \$10 per hour. She has no unreimbursed child care costs.

1. Quinn’s income-based rent is:
 - a) \$446
 - b) \$450
 - c) \$123
2. May Quinn choose the flat rent for her unit?
 - a) Yes
 - b) No

Scenario 2

- Quinn chose the flat rent at her annual recertification. Then on March 10th Quinn reports, and the PHA verifies, that her hours have been cut at Milly's Music Shoppe. She will continue to make \$10 per hour, but will only work 20 hours per week. The PHA processes an interim recertification effective April 1st.
1. Assuming no other changes in her income or deductions, Quinn's new income based rent is:
 - a) \$186
 - b) \$37
 - c) \$25
 2. May Quinn choose the flat rent for her unit?
 - a) Yes
 - b) No

Scenario 3

- Quinn is on income-based rent effective April 1st. Then on June 2nd Quinn reports that she has quit her job at Milly's Music Shoppe and has started working at a grocery store. She will now be working full-time earning \$11.50 per hour.
1. Assuming no other changes in her income or deductions, Quinn's new income-based rent is:
 - a) \$149
 - b) \$524
 - c) \$450
 2. May Quinn switch to the flat rent for her unit?
 - a) Yes
 - b) No
 3. Will Quinn now pay the ceiling rent?
 - a) Yes
 - b) No
 4. What is the ceiling rent for this unit?
 - a) \$500
 - b) \$450
 - c) \$236
 5. What will Quinn's tenant rent in 10f be once she is on the ceiling rent?
 - a) \$500
 - b) \$450
 - c) \$574
 6. When will Quinn be able to switch to the flat rent?
 - a) Quinn currently qualifies for the flat rent
 - b) Not until her annual recertification

CHAPTER 6 Case Studies

Case Study 1: Egan Family

- **Situation:** An annual reexamination is being processed for the Egan family.

Family information:

Relation	Name	Age	Disabled	Citizenship Status
Head	Ellen Egan	39	N	Eligible citizen
Son	Eddie Egan	17	N	Eligible citizen
Daughter	Ebony Egan	10	N	Eligible citizen

Ellen receives \$475 per month in TANF benefits. Eddie works 15 hours per week and earns \$8.00 per hour. Eddie currently has \$2,500 in his savings account that earns 2.3% interest annually.

The PHA passbook rate is 0.0075.

- **HCV unit information:**
 - Unit size: 3 bedrooms
 - Family unit size (voucher size): 3 bedrooms
 - Rent to owner: \$515
 - 3 bedroom payment standard: \$500
 - 3 bedroom utility allowance: \$25
- **Public Housing information**
 - Flat rent: \$550
 - Utility allowance: \$25
 - Ceiling rent: \$575
- **PHA policy:**
 - The PHA's minimum rent is \$50
 - In determining the cash value of assets, PHA policy calls for using:
 - The current balance of savings accounts
 - The average 6 month balance for checking accounts.

Using the HUD-50058 forms following, please compute the following for the Egan family:

Total Annual Income (7i):	\$ _____
Final Asset Income (6j):	\$ _____
Total Allowances (8x):	\$ _____

HCV Only:

Total Family Share (12t):	\$ _____
HAP to Owner (12u):	\$ _____
Tenant Rent to Owner (12v):	\$ _____
Utility Reimbursement to Family (12w):	\$ _____

PH Only:

TTP (9j)	\$ _____
Tenant rent (10f)	\$ _____

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6g. \$
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Head of household name Egan	Social Security Number	Date modified (mm/dd/yyyy)
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8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
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Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$

8e. Total permissible deductions (sum of column 8d)	\$	8e.
---	----	-----

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
---	----	-----

8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
---	----	-----

8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
--	----	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
---	----	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
--	----	-----

8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
---	----	-----

8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
--	----	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
--	----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
---	----	-----

8n. Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
--	---	----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
---	----	-----

8p. Elderly/disability allowance (default = \$400)	\$	8p.
--	----	-----

8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)	\$	8q.
---	----	-----

8r. Allowance per dependent (default = \$480)	\$	8r.
---	----	-----

8s. Dependent allowance: 8q X 8r	\$	8s.
----------------------------------	----	-----

8t. Total annual unreimbursed childcare costs	\$	8t.
---	----	-----

8x. Total allowances: 8e + 8n + 8p + 8s + 8t	\$	8x.
--	----	-----

8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.
--	----	-----

Head of household name Egan	Social Security Number	Date modified (mm/dd/yyyy)
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9. Total Tenant Payment (TTP)

9a. Total monthly income: $8a \div 12$	\$	9a.
9c. TTP if based on annual income: $9a \times 0.10$	\$	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	9f.
9g. Welfare rent per month (if none, put 0)	\$	9g.
9h. Minimum rent (if waived, put 0)	\$	9h.
9i. Enhanced Voucher minimum rent	\$	9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	9j.
9k. Most recent TTP	\$	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	\$	9m.

Head of household name	Egan	Social Security Number	Date modified (mm/dd/yyyy)
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10. Public Housing and Turnkey III

10a.	TTP: copy from 9j	\$	10a.
10b.	Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)	\$	10b.

Income Based Rent Calculation (if prorated rent, skip to 10h)

10c.	Income based ceiling rent, if any	\$	10c.
10d.	Lower of TTP or income based ceiling rent (if no income based ceiling rent, put 10a)	\$	10d.
10e.	Utility allowance, if any	\$	10e.
10f.	Tenant rent: 10d minus 10e		
		If positive or 0, put tenant rent	\$ 10f.
		If negative, credit tenant	\$ 10f.

Income Based Prorated Rent Calculation (if not prorated, skip to 10u)

10h.	Public Housing maximum rent	\$	10h.
10i.	Family maximum subsidy: 10h minus 10a	\$	10i.
10j.	Total number eligible		10j.
10k.	Total number in family		10k.
10n.	Eligible subsidy (10i ÷ 10k) X 10j	\$	10n.
10p.	Mixed family TTP: 10h minus 10n	\$	10p.
10r.	Utility allowance, if any	\$	10r.
10s.	Mixed family tenant rent: 10p minus 10r		
		If positive or 0, put tenant rent	\$ 10s.
		If negative, credit tenant	\$ 10s.

Type of Rent

10u.	Type of rent selected:	<input type="checkbox"/>	Income based	<input type="checkbox"/>	Flat
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Head of household name	Egan	Social Security Number	Date modified (mm/dd/yyyy)
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12. Housing Choice Vouchers: Tenant Based Vouchers

12a.	Number of bedrooms on Voucher		12a.
12b.	Is family now moving to this unit? (Y or N)		12b.
12c.	Does the family qualify as a Hard to House family? (Y or N)		12c.
12d.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 12g)		12d.
12e.	Cost billed per month (put 0 if absorbed)	\$	12e.
12f.	PHA code billed		12f.
12g.	Housing type:	<input type="checkbox"/> Group Home (prorate gross rent) <input type="checkbox"/> Own manufactured home, lease space <input type="checkbox"/> SRO: 1 room occupied by 1 person	
12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	\$	12j.
12k.	Rent to owner	\$	12k.
12m.	Utility allowance, if any	\$	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	\$	12p.
12q.	Lower of 12j or 12p	\$	12q.
12r.	TTP: copy from 9j	\$	12r.
12s.	Total HAP: 12q minus 12r	\$	12s.

Rent Calculation (if prorated rent, skip to 12ab)

12t.	Total family share: 12p minus 12s	\$	12t.
12u.	HAP to owner: lower of 12k or 12s	\$	12u.
12v.	Tenant rent to owner: 12k minus 12u	\$	12v.
12w.	Utility reimbursement to family: 12s minus 12u, but do not exceed 12m	\$	12w.

Prorated Rent Calculation

12ab.	Normal total HAP: copy from 12s, but do not exceed 12p	\$	12ab.
12ac.	Total number eligible		12ac.
12ad.	Total number in family		12ad.
12ae.	Proration percentage: 12ac ÷ 12ad	\$	12ae.
12af.	Prorated total HAP: 12ab X 12ae	\$	12af.
12ag.	Mixed family total family contribution: 12p minus 12af	\$	12ag.
12ah.	Utility allowance: copy from 12m	\$	12ah.
12ai.	Mixed family tenant rent to owner: 12ag minus 12ah	If positive or 0, put tenant rent If negative, credit tenant	\$ 12ai. \$ 12ai.
12aj.	Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k	\$	12aj.

Case Study 2: Foss Family

- **Situation:** An annual reexamination is being processed for the Foss family.

Family information:

Relation	Name	Age	Disabled	Citizenship Status
Head	Floyd Foss	69	N	Eligible citizen
Spouse	Flora Foss	67	N	Eligible citizen

Floyd Foss receives Social Security of \$665 per month. This includes his \$55 per month Medicare premium. Flora receives Social Security of \$400 per month. Mr. Foss has a savings account with a current balance of \$7,222. This account earns 1.3% interest. Mrs. Foss has a Certificate of Deposit with a current value of \$3,677. This account earns 2.4% interest and has a \$67 penalty for early withdrawal.

Mr. Foss just had surgery last month and incurred a bill for \$2,900. They will pay this bill off at \$125 per month. Mrs. Foss will be undergoing corrective eye surgery. The surgery will cost her \$1,000, but her insurance will pay \$700. She will pay the balance at the time of the surgery. Her insurance premium is \$25 per month.

The HUD-determined passbook rate is 0.0075.

- **HCV unit information:**
 - Unit size: 1 bedroom
 - Family unit size (voucher size): 1 bedroom
 - Rent to owner: \$350
 - 1 bedroom payment standard: \$325
 - 1 bedroom utility allowance: \$20
- **Public Housing information**
 - Flat rent: \$590
 - Utility allowance: \$20
 - This PHA does not have a ceiling rent
- **PHA policy:**
 - The PHA's minimum rent is \$35
 - In determining the cash value of assets, PHA calls for using:
 - The current balance of savings accounts
 - The average 6 month balance for checking accounts

Using the HUD-50058 forms following, please compute the following for the Foss family:

Total Annual Income (7i):	\$ _____
Final Asset Income (6j):	\$ _____
Total Allowances (8x):	\$ _____

HCV Only:

Total Family Share (12t):	\$ _____
HAP to Owner (12u):	\$ _____
Tenant Rent to Owner (12v):	\$ _____
Utility Reimbursement to Family (12w):	\$ _____

PH Only:

TTP (9j)	\$ _____
Tenant rent (10f)	\$ _____

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6g. \$
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Head of household name Foss	Social Security Number	Date modified (mm/dd/yyyy)
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8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
---------------------------------------	----	-----

Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$

8e. Total permissible deductions (sum of column 8d)	\$	8e.
---	----	-----

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
---	----	-----

8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
---	----	-----

8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
--	----	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
---	----	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
--	----	-----

8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
---	----	-----

8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
--	----	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
--	----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
---	----	-----

8n. Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
--	---	----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
---	----	-----

8p. Elderly/disability allowance (default = \$400)	\$	8p.
--	----	-----

8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)	\$	8q.
---	----	-----

8r. Allowance per dependent (default = \$480)	\$	8r.
---	----	-----

8s. Dependent allowance: 8q X 8r	\$	8s.
----------------------------------	----	-----

8t. Total annual unreimbursed childcare costs	\$	8t.
---	----	-----

8x. Total allowances: 8e + 8n + 8p + 8s + 8t	\$	8x.
--	----	-----

8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.
--	----	-----

Head of household name	Foss	Social Security Number	Date modified (mm/dd/yyyy)
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9. Total Tenant Payment (TTP)

9a.	Total monthly income: $8a \div 12$	\$	9a.
9c.	TTP if based on annual income: $9a \times 0.10$	\$	9c.
9d.	Adjusted monthly income: $8y \div 12$	\$	9d.
9e.	Percentage of adjusted monthly income: use 30% for Section 8		9e.
9f.	TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	9f.
9g.	Welfare rent per month (if none, put 0)	\$	9g.
9h.	Minimum rent (if waived, put 0)	\$	9h.
9i.	Enhanced Voucher minimum rent	\$	9i.
9j.	TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	9j.
9k.	Most recent TTP	\$	9k.
9m.	Qualify for minimum rent hardship exemption? (Y or N)	\$	9m.

Head of household name	Poss	Social Security Number	Date modified (mm/dd/yyyy)
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10. Public Housing and Turnkey III

10a.	TTP: copy from 9j	\$	10a.
10b.	Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)	\$	10b.

Income Based Rent Calculation (if prorated rent, skip to 10h)

10c.	Income based ceiling rent, if any	\$	10c.
10d.	Lower of TTP or income based ceiling rent (if no income based ceiling rent, put 10a)	\$	10d.
10e.	Utility allowance, if any	\$	10e.
10f.	Tenant rent: 10d minus 10e	\$	10f.
	If positive or 0, put tenant rent		
		\$	10f.
		\$	10f.

Income Based Prorated Rent Calculation (if not prorated, skip to 10u)

10h.	Public Housing maximum rent	\$	10h.
10i.	Family maximum subsidy: 10h minus 10a	\$	10i.
10j.	Total number eligible		10j.
10k.	Total number in family		10k.
10n.	Eligible subsidy (10i ÷ 10k) X 10j	\$	10n.
10p.	Mixed family TTP: 10h minus 10n	\$	10p.
10r.	Utility allowance, if any	\$	10r.
10s.	Mixed family tenant rent: 10p minus 10r	\$	10s.
	If positive or 0, put tenant rent		
		\$	10s.
		\$	10s.

Type of Rent

10u.	Type of rent selected:	<input type="checkbox"/>	Income based	<input type="checkbox"/>	Flat
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Head of household name Foss	Social Security Number	Date modified (mm/dd/yyyy)
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12. Housing Choice Vouchers: Tenant Based Vouchers

12a.	Number of bedrooms on Voucher		12a.
12b.	Is family now moving to this unit? (Y or N)		12b.
12c.	Does the family qualify as a Hard to House family? (Y or N)		12c.
12d.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 12g)		12d.
12e.	Cost billed per month (put 0 if absorbed)	\$	12e.
12f.	PHA code billed		12f.
12g.	Housing type: <input type="checkbox"/> Group Home (prorate gross rent) <input type="checkbox"/> Own manufactured home, lease space <input type="checkbox"/> SRO: 1 room occupied by 1 person		
12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	\$	12j.
12k.	Rent to owner	\$	12k.
12m.	Utility allowance, if any	\$	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	\$	12p.
12q.	Lower of 12j or 12p	\$	12q.
12r.	TTP: copy from 9j	\$	12r.
12s.	Total HAP: 12q minus 12r	\$	12s.

Rent Calculation (if prorated rent, skip to 12ab)

12t.	Total family share: 12p minus 12s	\$	12t.
12u.	HAP to owner: lower of 12k or 12s	\$	12u.
12v.	Tenant rent to owner: 12k minus 12u	\$	12v.
12w.	Utility reimbursement to family: 12s minus 12u, but do not exceed 12m	\$	12w.

Prorated Rent Calculation

12ab.	Normal total HAP: copy from 12s, but do not exceed 12p	\$	12ab.
12ac.	Total number eligible		12ac.
12ad.	Total number in family		12ad.
12ae.	Proration percentage: 12ac ÷ 12ad	\$	12ae.
12af.	Prorated total HAP: 12ab X 12ae	\$	12af.
12ag.	Mixed family total family contribution: 12p minus 12af	\$	12ag.
12ah.	Utility allowance: copy from 12m	\$	12ah.
12ai.	Mixed family tenant rent to owner: 12ag minus 12ah		
		If positive or 0, put tenant rent	\$ 12ai.
		If negative, credit tenant	\$ 12ai.
12aj.	Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k	\$	12aj.

Case Study 3: Green Family

Situation: An annual reexamination is being processed for Georgia Green.

Family information:

Relation	Name	Age	Disabled	Citizenship Status
Head	Georgia Green	79	N	Eligible citizen

Ms. Green receives \$475 per month in Social Security benefits, and \$285 per month from her deceased husband’s pension. She has the following assets: (1) A savings account earning 2.5% interest, with a current balance of \$3,800. (2) A checking account paying 1.1% interest. The average six month balance is \$1,190. (3) Stocks valued at \$4,122, paying dividends of \$12 per month, and which require payment of a 3% broker fee if cashed in. (4) CD currently valued at \$6,700 which pays 5.5% interest and carries a \$400 penalty for early withdrawal. (5) CD currently valued at \$4,400 which pays 4.4% interest and carries a \$470 penalty for early withdrawal. (6) A rental home, valued at \$225,000, with a mortgage of \$18,000. If sold, Ms. Green would pay a 3% broker’s fee and \$350 closing costs. She receives rent of \$500 per month. She pays a property manager \$45 per month, property tax of \$275 twice a year, and pays a total monthly mortgage of \$300 (\$50 interest, \$250 principal). (7) A life insurance policy with a surrender value of \$2,500 and which pays \$50 dividends annually.

The PHA passbook rate is 0.0075.

- **HCV unit information:**
 - Unit size: 1 bedroom
 - Family unit size (voucher size): 1 bedroom
 - Rent to owner: \$425
 - 1 bedroom payment standard: \$490
 - 1 bedroom utility allowance: \$35
- **Public Housing information**
 - Flat rent: \$650
 - Utility allowance: \$55
 - The PHA does not have a ceiling rent
- **PHA policy:**
 - The PHA’s minimum rent is \$50
 - In determining the cash value of assets, PHA calls for using:
 - The current balance of savings accounts
 - The average 6 month balance for checking accounts

Using the HUD-50058 forms following, please compute the following for the Green family:

Total Annual Income (7i):	\$ _____
Final Asset Income (6j):	\$ _____
Total Allowances (8x):	\$ _____

HCV Only:

Total Family Share (12t):	\$ _____
HAP to Owner (12u):	\$ _____
Tenant Rent to Owner (12v):	\$ _____
Utility Reimbursement to Family (12w):	\$ _____

PH Only:

TTP (9j)	\$ _____
Tenant rent (10f)	\$ _____

Head of household name Green	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f. 6g. Column totals				\$	6f. \$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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Head of household name Green	Social Security Number	Date modified (mm/dd/yyyy)
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8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
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Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
			\$
			\$
			\$

8e. Total permissible deductions (sum of column 8d)	\$	8e.
---	----	-----

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
---	----	-----

8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
---	----	-----

8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
--	----	-----

If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
---	----	-----

If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
--	----	-----

8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
---	----	-----

8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
--	----	-----

8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
--	----	-----

8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
---	----	-----

8n. Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
--	---	----	-----

If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
---	----	-----

8p. Elderly/disability allowance (default = \$400)	\$	8p.
--	----	-----

8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)	\$	8q.
---	----	-----

8r. Allowance per dependent (default = \$480)	\$	8r.
---	----	-----

8s. Dependent allowance: 8q X 8r	\$	8s.
----------------------------------	----	-----

8t. Total annual unreimbursed childcare costs	\$	8t.
---	----	-----

8x. Total allowances: 8e + 8n + 8p + 8s + 8t	\$	8x.
--	----	-----

8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.
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Head of household name Green	Social Security Number	Date modified (mm/dd/yyyy)
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9. Total Tenant Payment (TTP)

9a. Total monthly income: $8a \div 12$	\$	9a.
9c. TTP if based on annual income: $9a \times 0.10$	\$	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	9f.
9g. Welfare rent per month (if none, put 0)	\$	9g.
9h. Minimum rent (if waived, put 0)	\$	9h.
9i. Enhanced Voucher minimum rent	\$	9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	9j.
9k. Most recent TTP	\$	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	\$	9m.

Head of household name Green	Social Security Number	Date modified (mm/dd/yyyy)
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10. Public Housing and Turnkey III

10a. TTP: copy from 9j	\$	10a.
10b. Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)	\$	10b.

Income Based Rent Calculation (if prorated rent, skip to 10h)

10c. Income based ceiling rent, if any	\$	10c.	
10d. Lower of TTP or income based ceiling rent (if no income based ceiling rent, put 10a)	\$	10d.	
10e. Utility allowance, if any	\$	10e.	
10f. Tenant rent: 10d minus 10e	If positive or 0, put tenant rent If negative, credit tenant	\$	10f.
		\$	10f.

Income Based Prorated Rent Calculation (if not prorated, skip to 10u)

10h. Public Housing maximum rent	\$	10h.	
10i. Family maximum subsidy: 10h minus 10a	\$	10i.	
10j. Total number eligible		10j.	
10k. Total number in family		10k.	
10n. Eligible subsidy (10i ÷ 10k) X 10j	\$	10n.	
10p. Mixed family TTP: 10h minus 10n	\$	10p.	
10r. Utility allowance, if any	\$	10r.	
10s. Mixed family tenant rent: 10p minus 10r	If positive or 0, put tenant rent If negative, credit tenant	\$	10s.
		\$	10s.

Type of Rent

10u. Type of rent selected: <input type="checkbox"/> Income based <input type="checkbox"/> Flat

Head of household name Green	Social Security Number	Date modified (mm/dd/yyyy)
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12. Housing Choice Vouchers: Tenant Based Vouchers

12a.	Number of bedrooms on Voucher		12a.
12b.	Is family now moving to this unit? (Y or N)		12b.
12c.	Does the family qualify as a Hard to House family? (Y or N)		12c.
12d.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 12g)		12d.
12e.	Cost billed per month (put 0 if absorbed)	\$	12e.
12f.	PHA code billed		12f.
12g.	Housing type:	<input type="checkbox"/> Group Home (prorate gross rent) <input type="checkbox"/> Own manufactured home, lease space <input type="checkbox"/> SRO: 1 room occupied by 1 person	
12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	\$	12j.
12k.	Rent to owner	\$	12k.
12m.	Utility allowance, if any	\$	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	\$	12p.
12q.	Lower of 12j or 12p	\$	12q.
12r.	TTP: copy from 9j	\$	12r.
12s.	Total HAP: 12q minus 12r	\$	12s.

Rent Calculation (if prorated rent, skip to 12ab)

12t.	Total family share: 12p minus 12s	\$	12t.
12u.	HAP to owner: lower of 12k or 12s	\$	12u.
12v.	Tenant rent to owner: 12k minus 12u	\$	12v.
12w.	Utility reimbursement to family: 12s minus 12u, but do not exceed 12m	\$	12w.

Prorated Rent Calculation

12ab.	Normal total HAP: copy from 12s, but do not exceed 12p	\$	12ab.
12ac.	Total number eligible		12ac.
12ad.	Total number in family		12ad.
12ae.	Proration percentage: 12ac ÷ 12ad	\$	12ae.
12af.	Prorated total HAP: 12ab X 12ae	\$	12af.
12ag.	Mixed family total family contribution: 12p minus 12af	\$	12ag.
12ah.	Utility allowance: copy from 12m	\$	12ah.
12ai.	Mixed family tenant rent to owner: 12ag minus 12ah	<input type="checkbox"/> If positive or 0, put tenant rent <input type="checkbox"/> If negative, credit tenant	12ai.
12aj.	Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k	\$	12aj.