CHAPTER 8   Additional File Reviews

LEARNING OUTCOMES

- Develop the tools and skills to identify and correct errors in files using the knowledge gained in the course.

Section 8.1   File Review One

Scenario

Public Housing

- Donna Sheridan is a public housing resident at Towncity PHA. She lives in a 3 bedroom unit at Main Street Manor with her brother Sam and her daughter Sophie. No family member is disabled. The flat rent for their unit is $900. The Sheridans chose income based rent. There is no ceiling rent.
- Her annual recertification has just been completed by her case worker Sally Washington. Sally collected verification for the Sheridan family and then filled out a 50058 form. The annual recertification is effective September 1st. All identity and age verification forms were collected at intake and are correct. Use the Family Declaration for all identity information.
- The PHA passbook rate is 0.0075.

HCV

- Donna Sheridan is a participant in Towncity PHA's HCV program. She lives with her brother Sam and her daughter Sophie. No family member is disabled. She was issued a 2 bedroom voucher, but she lives in a 3 bedroom high rise apartment. The Sheridan family is responsible for natural gas heating, natural gas water heating, water, and electric cooking.
- Her annual recertification has just been completed by her case worker Sally Washington. Sally collected verification for the Sheridan family and then filled out a 50058 form. The annual recertification is effective September 1st. All identity and age verification forms were collected at intake and are correct. Use the Family Declaration for all identity information.
- The PHA passbook rate is 0.0075.

Task

1. Go over the verifications found in the Sheridan family's file and fill out the blank 50058 provided.

2. Once you have completed your 50058, review Sally Washington's completed 50058 using the File Checklist provided. Note any errors you find in the comments section of the checklist.

Trainer Notes:

Errors:

- **Assets**
  - PHA did not count Sophie's savings account because she's a minor.
  - Checking account should not have any anticipated income.
- **Income**
  - Donna's wages are calculated using the net, not the gross.
  - Only $480 of Sam's wages should be counted because he is a FT student
  - Imputed welfare is calculated correctly but coded incorrectly.
  - Food stamps are not listed on the form (this may or may not be required by the PHA).
- **Adjusted income**
  - Sam is a FT student so he should be a dependent
  - They don't qualify for child care since Sophie is 13
- **HCV**
  - They used the 3 bedroom PS but should have used the 2 bedroom
  - They used the 3 bedroom utility allowance but should have used the 2 bedroom

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
Sophie	**3**	**Savings**		$ **4,800**	$ **72**
Donna	**1**	**Checking**		$ **2,946**	$ **0**
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

6f, 6g.	Column totals		$ **7,746** 6f.	$ **72** 6g.
6h.	Passbook rate (written as decimal)			0. ___**0075** 6h.
6i.	Imputed asset income: 6f X 6h (if 6f is $5,000 or less, put 0)			$ **58** 6i.
6j.	Final asset income: larger of 6g or 6i			$ **72** 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)
Donna	**1**	**W**	**638.82 x 24**	$ **15,332**	$	$ **15,332**
Sam	**2**	**W**	**400 x 12**	$ **4.800**	$ **4,320**	$ **480**
Donna	**1**	**T**	**350 x 12**	$ **4,200**	$ **0**	$ **4,200**
Donna	**1**	**IW**	**200 x 12**	$ **2,400**	$ **0**	$ **2,400**
Donna	**1**	**G**	**80 x 12**	$ **960**	$ **960**	$ **0**
Donna	**1**	**N**	**40 x 12**	$ **480**	$ **0**	$ **480**
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

7g.	Column total		$ **22,892** 7g.
7h.	Reserved		
7i.	Total annual income: 6j + 7g		$ **22,964** 7i.

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

8. Expected Income Per Year

8a.	Total annual income: copy from 7i	$ **22,964**	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.)	$ **2**	8q.
8r.	Allowance per dependent (default = $480)	$ **480**	8r.
8s.	Dependent allowance: 8q X 8r	$ **960**	8s.
8t.	Total annual unreimbursed childcare costs	$	8t.
8x.	Total allowances: 8e + 8n + 8p + 8s + 8t	$ **960**	8x.
8y.	Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	$ **22,004**	8y.

9. Total Tenant Payment (TTP)

9a.	Total monthly income: 8a ÷ 12	$	**1,914**	9a.
9c.	TTP if based on annual income: 9a X 0.10	$	**191**	9c.
9d.	Adjusted monthly income: 8y ÷ 12	$	**1,834**	9d.
9e.	Percentage of adjusted monthly income: use 30% for Section 8		**30**	9e.
9f.	TTP if based on adjusted annual income: (9d X 9e) ÷ 100	$	**550**	9f.
9g.	Welfare rent per month (if none, put 0)	$	**0**	9g.
9h.	Minimum rent (if waived, put 0)	$	**50**	9h.
9i.	Enhanced Voucher minimum rent	$	**0**	9i.
9j.	TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	$	**550**	9j.
9k.	Most recent TTP	$		9k.
9m.	Qualify for minimum rent hardship exemption? (Y or N)	$	**N**	9m.

10. Public Housing and Turnkey III

10a.	TTP: copy from 9j		$ **550**	10a.
10b.	Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)		$ **900**	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)		$ **550**	10d.
10e.	Utility allowance, if any		$ **50**	10e.
10f.	Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	$ **500**	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:	**X**] Income based [ ] Flat

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: [ ] Group Home (prorate gross rent) [ ] Own manufactured home, lease space [ ] SRO: 1 room occupied by 1 person		
12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	$ **1,800**	12j.
12k.	Rent to owner	$ **1,900**	12k.
12m.	Utility allowance, if any	$ **95**	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	$ **1,995**	12p.
12q.	Lower of 12j or 12p	$ **1,800**	12q.
12r.	TTP: copy from 9j	$ **550**	12r.
12s.	Total HAP: 12q minus 12r	$ **1,250**	12s.

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

12t.	Total family share: 12p minus 12s	$ **745**	12t.
12u.	HAP to owner: lower of 12k or 12s	$ **1,250**	12u.
12v.	Tenant rent to owner: 12k minus 12u	$ **650**	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.

Towncity PHA Policy

Minimum Rent

The PHA's minimum rent is $50.

Income lasting less than one year

The PHA will use Method 1 to annualize current income and conduct interim when there is a change in income.

Determining the Value of Assets

The current balance will be used to determine the market value of all assets.

Assets Disposed of for Less than Fair Market Value

The PHA must count assets disposed of for less than fair market value during the two years preceding certification or reexamination. The PHA will count the difference between the cash value and the actual payment received in calculation total asserts. Assets disposed of as a result of foreclosure or bankruptcy, divorce or separation, are not considered to be assets disposed of for less than fair market value.

PHA threshold. The PHA's minimum threshold for counting assets disposed of for less than fair market value is $1,000.

Equity in Real Property

Equity is the estimated current market value of an asset (such as a house) less the unpaid balance on all loans secured by the asset and reasonable costs (such as broker fees) that would be incurred in selling the asset.

In the case of a property owned by a family member, the anticipated asset income generally will be in the form of rent or other payment for the use of the property. If the property generates no income, actual anticipated income from the asset will be zero.

Net rental income. Families who receive an income from rental property must provide adequate information for the PHA to anticipate net rental income.

A current executed lease for the property that shows the rental amount or certification from the current tenant. A self-certification from the family members engaged in the rental of property providing an estimate of expenses for the coming year and the most recent IRS Form 1040 with Schedule E (Rental Income). If schedule E was not prepared, the PHA will require the family members involved in the rental of property to provide a self-certification of income and expenses for the previous year and may request documentation to support the statement including: tax statements, insurance invoices, bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.

Towncity PHA Utility Allowance Schedule for the PH Program

Maine Street Manor

0 BR	1 BR	2 BR	3 BR	4 BR
23	29	38	50	55

Maple Grove Apartments

0 BR	1 BR
47	55

Albany Arms

3 BR	4 BR	5 BR
65	78	102

Towncity PHA Utility Allowance Schedule for the HCV Program

Apartment (high rise)

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating									
Natural gas	22	31	45	49	62	71	82	94	108
Electric	8	13	17	22	29	34	39	45	52
Cooking									
Natural gas	3	5	6	8	10	11	13	15	17
Electric	5	6	13	14	14	15	17	19	22
Water heating									
Natural gas	6	9	12	14	18	21	24	27	31
Electric	10	14	18	22	28	32	27	43	29
Water	12	14	25	26	24	42	51	62	74
Sewer	21	21	21	21	21	21	21	21	21
Trash	28	28	28	55	55	83	83	83	83
Range/microwave	7	7	7	7	7	7	7	7	7
Refrigerator	7	7	7	7	7	7	7	7	7

Semi-detached rowhouse, townhouse and duplex

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating									
Natural gas	6	8	9	10	13	17	20	24	29
Electric	7	11	14	18	25	29	24	29	45
Cooking									
Natural gas	3	5	6	8	10	11	13	15	17
Electric	5	6	8	10	13	15	17	19	22
Water heating									
Natural gas	12	14	18	26	34	42	51	62	74
Electric	10	14	18	22	28	32	37	43	49
Water	12	14	18	26	34	41	51	62	74
Sewer	21	21	21	21	21	21	21	21	21
Trash	28	28	28	55	55	83	83	83	83
Range/microwave	7	7	7	7	7	7	7	7	7
Refrigerator	7	7	7	7	7	7	7	7	7

Single family detached

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating									
Natural gas	7	10	13	16	18	22	28	35	42
Electric	10	14	18	23	35	42	49	55	61
Cooking									
Natural gas	3	5	6	8	10	11	18	20	22
Electric	10	14	18	23	28	32	37	42	48
Water heating									
Natural gas	6	912	14	18	21	24	27	31	42
Other Electric	10	15	19	23	29	33	38	44	51
Water	13	16	19	22	28	32	41	49	52
Sewer	21	21	21	21	21	21	21	21	21
Trash	28	28	28	55	55	83	83	83	83
Range/microwave	7	7	7	7	7	7	7	7	7
Refrigerator	7	7	7	7	7	7	7	7	7

Towncity PHA Payment Standards for the HCV Program

0	$925	3	$1925
1	$1500	4	$2300
2	$1800	5	$2800

TOWNCITY HOUSING AUTHORITY
Family Declaration

1. Name of head of household: *Donna Sheridan*

2. Name of spouse/co-head: _____

3. Address, Street, Apt. # and Zip Code: *1234 Maple Street, Towncity CZ 12345*

4. Contact Numbers: Home: *(555) 555-5587* Cell: *(555) 555-3287* Email: *DSheridan@CZ.org*

FAMILY INFORMATION

5. List all persons who live in the unit. Include foster children and/or live-in aides (for care of a family member). All boxes must be completed for each member. No one not listed on this form may live in the unit.

	First Name, Last Name	Date of Birth	Age	Sex	Social Security Number	Relation to Head	Disabled Person? (Y/N)	Full-time Student? (No Fulltime Part time)
H	*Donna Sheridan*	*3-12-19XX*	*42*	*F*	*123-45-6789*	*Head*	*N*	*No*
2	*Sam Carmichael*	*2-22-19XX*	*36*	*M*	*123-00-4567*	*Brother*	*N*	*full*
3	*Sophie Sheridan*	*1-17-20XX*	*13*	*F*	*123-09-0909*	*Daughter*	*N*	*full*

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority

INCOME: List all income sources and amounts expected for the next 12 months for all family members. Answer questions completely. If a question does not apply, note 'None' or '0'.

6. Does or will anyone in the family receive any income from **employment** (not including self-employment)? *Yes* If Yes, provide pay stubs and complete the below:

Family Member	Employer Name, Address, Phone Number	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
Donna Sheridan	*Mamma Mia Pizzaria, 43 Ivy Ct, Towncity, CZ*	*$ 1,320*	*monthly*
Sam Carmichael	*Hudson's Lawncare, 1112 Garden St, Towncity, CZ*	*$ 400*	*Monthly*

7. **Does or will anyone in the family receive income from self-employment or a family-operated business?**
No **If Yes, provide records and complete the below:**

Family Member	Type of Income	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		$	

8. Does or will anyone in the family receive **Social Security or SSI Benefits**?

   No   If Yes, provide a benefit award letter and complete the below:

Family Member	Type of Income	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		$	
		$	

9. Does or will anyone in the family receive **regular periodic payments** from annuities, insurance policies, retirement funds, pensions, disability or death benefits, lottery winnings, or other similar amounts   *No* If Yes, provide documentation and complete the below:

Family Member	Type of Periodic Payment	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		$	
		$	

10. Does or will anyone in the family receive **unemployment** compensation, **disability** compensation, **workers' compensation** or **severance pay**? *No* If Yes, provide award letter / other documentation and complete the below:

Family Member	Type of Compensation	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		$	
		$	

11. Does or will anyone in the family receive **public assistance benefits**?   *Yes*   If Yes, provide the award letter and complete the below:

Family Member	Type of Benefit (TANF, SNAP, state supplement, etc.)	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
Donna	*TANF*	$ 350	*Month*
Donna	*SNAP*	$ 80	*Month*

12. Does or will anyone in the family receive alimony or child support payments?   *No* If Yes, provide court or other official records and proof of receipt and complete the below:

Family Member	Alimony or Child Support?	Court ordered? (Y or N)	Court ordered amount, if any?	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
			$	$	
			$	$	

13. Does anyone who is not in the assisted family pay any bills (utilities, telephone, insurance, car payments, rent, etc.) for any member of the family? *Yes* If Yes, complete the below:

Family Member	Type of Bill	Average Bill Amount	Name and Address of the Person Paying the Bill	Frequency (weekly, bi-weekly, monthly, etc.)
Donna	*Electric*	*$ 40*	*Mary Sheridan, 43 Grape St, Towncity, CZ*	*monthly*

14. Is any family member receiving regular contributions (food, diapers, clothing, money, etc.,) from a person who is not on your lease? *No* If Yes, provide a statement from the provider and complete the below:

Family Member	Type of Contribution	Amount or Value	Name and Address of the Provider	Frequency (weekly, bi-weekly, monthly, etc.)
		$		

ASSETS: List all assets held by all family members. Answer all questions completely. Provide original documentation of each asset.

		Who owns?	Value of Asset	Type	Company/Bank Name/Address
15.	Do you have checking or savings accounts? List all.				
Acct *1234567*		*Yes* *Sophie*	*$ 4,750*	*Savings*	*B of A 123 Main*
Acct *2345678*		*Yes* *Donna*	*$ 2,500*	*checking*	*B of A 123 Main*
16.	Do you have trust funds available to anyone in your household?	*No*	$		
17.	Do you have any equity in real estate, rental property or capital investments?	*No*	$		
18.	Do you have stocks, bonds, treasury bills, CDs, or money market funds?	*No*	$		
19.	Do you have any retirement or pension funds?	*No*	$		
20.	Are you holding personal items as investments?	*No*	$		
21.	Do you have a "Whole Life" life insurance policy?	*No*	$		
22.	Have you disposed of any assets for less than market value in the past two years?	*No*	$		

EXPENSES: Answer all questions completely. If a question does not apply, note 'None' or '0'.

24. Do you have unreimbursed, out of pocket childcare expenses for a child 12 or under? *Yes*

    If Yes, do these costs enable a family member to work, attend school, or seek work? *Yes* If Yes, answer the questions below and ***provide receipts***.

Child's Name	Childcare Provider Name, Address, Phone Number	Who is enabled to work, attend school, or seek work?	Hours of Provided Care	Amount Paid	Frequency (weekly, monthly, etc.)
Sophie Sheridan	*Yin Yan's childcare 654 Juniper Rd, Towncity*	*Donna*	*8 - 5*	*$ 1,200*	*Monthly*

25. Is the head of household, spouse, or co-head elderly (62 or older) or disabled? *No*

    If Yes, will *any* family member incur or pay unreimbursed, out of pocket medical expenses in the next 12 months? (Medical expenses include doctor fees, hospital bills, prescription costs, etc ❑ Yes ❑ No   If Yes, provide the below information, and *provide receipts.*

Family Member	Type of Expense	Paid to: Name, Address, Phone	Amount to be Paid	Frequency

26. Is there a disabled family member?   *No*
    If Yes, does the family pay unreimbursed, out of pocket attendant care expenses or special equipment expenses (wheelchair, wheelchair lift, etc.) that enable any family member to work? ❑ Yes ❑ No   If yes, provide the below information, and *provide receipts.*

Disabled Family Member	Type of Expense	Paid to: Name, Address, Phone	Amount Paid	Frequency

The adult family member enabled to work as a result of these expenses is: _____.

Anytown Bank

1234 Main Street, Towncity, CZ 12345

Donna Sheridan
1234 Maple Street
Towncity, Cz 12346

townCITY@EMOZ.com

555-555-5555

ANYTOWNOZBANK.COM

Not FDIC Insured

We treat your money like our own

PLATINUM savings account for SOPHIE SHERIDAN– Monthly Statement

Account LIN2177726

Statement Period

From   July 1, 20XX   to   July 31, 20XX

Starting Balance	Total Withdrawals	Total Deposits	Ending Balance
$4,774.95	$0.00	$25.00	$4,799.95

Interest rate: 1.49%

TRANSACTIONS

July 27, 20XX	Deposit	$	25.00

NON-INTEREST CHECKING account – Monthly Statement

Account SCA3334474

Statement Period

From   July 1, 20XX   to   July 31, 20XX

Starting Balance	Total Withdrawals	Total Deposits	Ending Balance
$2864.38	$371.94	$290.00	$2,946.32

TRANSACTIONS

July 2, 20XX	Check 1274	$	130.00
July 3, 20XX	Deposit	$	217.51
July 10, 20XX	Check 1275	$	120.00
July 12, 20XX	Withdrawal ATM	$	40.00
July 22, 20XX	Deposit	$	154.43

Mamma Mia Pizzaria   43 Ivy Ct, Towncity, CZ 12345

Employee Name	Employee SSN	Period Start	Period End	Check Date
Donna Sheridan	123-45-6789	7/1/XX	7/15/XX	7/18/XX

Earnings						Deductions/Taxes/Misc		
Description	Rate	Hours	Amount	YTD		Description	Amount	Year-to-Date
Wages	15.21	43	$654.03	$4,471.74		Fed withheld	$ 78.48	$ 536.62
						State W/H	$ 7.85	$ 53.66
						FICA	$ 50.03	$ 342.09
						Medicare	$ 9.48	$ 64.82

Gross Pay: $ 654.03	Deductions: $ 145.85	Net Pay: $ 508.18

Mamma Mia Pizzaria   43 Ivy Ct, Towncity, CZ 12345

Employee Name	Employee SSN	Period Start	Period End	Check Date
Donna Sheridan	123-45-6789	6/16/XX	6/30/XX	7/3/XX

Earnings						Deductions/Taxes/Misc		
Description	Rate	Hours	Amount	YTD		Description	Amount	Year-to-Date
Wages	17.56	41	$623.61	$3,817.71		Fed withheld	$ 74.84	$ 458.14
						State W/H	$ 7.48	$ 45.81
						FICA	$ 47.71	$ 292.06
						Medicare	$ 9.04	$ 55.34

Gross Pay: $ 623.61	Deductions: $ 139.07	Net Pay: $ 484.54

Hudson's Lawncare   1112 Garden St, Towncity, CZ 12345

Employee Name	Employee SSN	Period Start	Period End	Check Date
Sam Carmichael	123-00-4567	6/1/XX	6/30/XX	7/1/XX

Earnings						Deductions/Taxes/Misc		
Description	Rate	Hours	Amount	YTD		Description	Amount	Year-to-Date
Wages	10.00	40	$400.00	$2,400.00		Fed withheld	$ 48.00	$ 288.00
						State W/H	$ 4.80	$ 28.80
						FICA	$ 30.65	$ 183.90
						Medicare	$ 5.80	$ 34.80

Gross Pay: $ 400.00	Deductions: $ 89.25	Net Pay: $ 310.75

Hudson's Lawncare   1112 Garden St, Towncity, CZ 12345

Employee Name	Employee SSN	Period Start	Period End	Check Date
Sam Carmichael	123-00-4567	5/1/XX	5/31/XX	6/1/XX

Earnings						Deductions/Taxes/Misc		
Description	Rate	Hours	Amount	YTD		Description	Amount	Year-to-Date
Wages	10.00	40	$400.00	$2,000.00		Fed withheld	$ 48.00	$ 240.00
						State W/H	$ 4.80	$ 24.00
						FICA	$ 30.65	$ 153.25
						Medicare	$ 5.80	$ 29.00

Gross Pay: $ 400.00	Deductions: $ 89.25	Net Pay: $ 310.75

July 3, 20XX

To Whom it May Concern;

I, Mary Sheridan, pay $40.00 each month towards my daughter's gas and light bill. My daughter is Donna Sheridan.

If you have any questions, you can reach me at (555) 555-1155. Thank you.

Mary Sheridan

DEPARTMENT OF SOCIAL SERVICES

July 1, 20XX

Claim Number: 513-37-1114

Cubic Zirconia Department of Social Services
43 Kalmia St
Towncity, CZ 12345

Donna Sheridan
1823 Laurel Ave
Towncity, CZ 12345

Your benefits for July 1, 20XX are as follows:

	Benefit	Withheld	Net Amount
TANF	$ 550	$200	$350
SNAP	$ 80	$ 0	$ 80

TANF benefits are reduced due to:

  X   welfare fraud

_____   Failure to participate in the required self-sufficiency program

_____   Other:

Please contact your case worker should you have questions regarding these benefits.

Caseworker: Moira Green

(555) 555-5678

Uni University

July 8, 20XX

Sam Carmichael
1823 Laurel Ave
Towncity, CZ 12345

In response to your telephone request of July 7, this is to confirm you are currently enrolled as a full-time student at our educational institution.

You are currently carrying 12 units, which is considered full-time.

Should you have any questions regarding enrollment, student status, or college guidelines, please do not hesitate to contact our Student Support Center.

Best wishes for an enjoyable and productive college year.

Sincerely,

Gina George

Administrative Assistant

(555) 555-0009

Yin Yan Childcare
654 Juniper Rd
Towncity, CZ 12345

The below-signed individual has signed authorization to allow you to provide the PHA with the requested information regarding childcare. We would appreciate your completing the below form and returning to us within 10 business days. Should you have any questions, please do not hesitate to contact us at the above telephone number. Thank you for your assistance.

I authorize the release of the requested information: Printed Name _Donna Sheridan_

Signature: ___*Donna Sheridan*_____ Date: 7/8/XX

Childcare is provided for the child(ren) listed below, as follows:

Child's Name	Hours (from/to)	Days	Amount charged	Amount paid by Individual Above
Sophie Sheridan	*8:00 – 5:00 (normally)*	*Monday Wednesday Friday*	*$1,200 per month*	*$1,200 per month*

1. Is any amount paid by any other individual or organization? *No*
2. To your knowledge, is any amount reimbursed by any individual or organization? *Not to my knowledge*
3. Comments:

Agency Name: *Yin Yan Childcare*

Address: *654 Juniper St, Towncity, CZ 12345*

Name of person completing form: *Haley Dann*   Date: *7/22/XX*

Title: *Childcare provider* Signature: *Haley Dann* Phone: *(555) 555-8810*

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
Donna	**1**	**Checking**		$ **2,946**	$ **2,946**
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

6f, 6g. Column totals	$ **2,946** 6f.	$ **2,946** 6g.
6h. Passbook rate (written as decimal)		0. **0075** 6h.
6i. Imputed asset income: 6f X 6h (if 6f is $5,000 or less, put 0)		$ **0** 6i.
6j. Final asset income: larger of 6g or 6i		$ **2946** 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)
Donna	**1**	**W**	**496.36 x 24**	$ **11,913**	$	$ **11,913**
Donna	**1**	**T**	**350 x 12**	$ **4,200**	$	$ **4,200**
Sam	**2**	**W**	**400 x 12**	$ **4,800**	$	$ **4,800**
Donna	**1**	**N**	**550 x 12**	$ **6,600**	$	$ **6,600**
Donna	**1**	**N**	**40 x 12**	$ **480**	$	$ **480**
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

7g. Column total	$ **23,793** 7g.
7h. Reserved	
7i. Total annual income: 6j + 7g	$ **26,739** 7i.

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

8. Expected Income Per Year

8a.	Total annual income: copy from 7i		$ **26,739**	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.)		$ **1**	8q.
8r.	Allowance per dependent (default = $480)		$ **480**	8r.
8s.	Dependent allowance: 8q X 8r		$ **480**	8s.
8t.	Total annual unreimbursed childcare costs		$ **14,400**	8t.
8x.	Total allowances: 8e + 8n + 8p + 8s + 8t		$ **14,880**	8x.
8y.	Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$ **11,859**	8y.

9. Total Tenant Payment (TTP)

9a.	Total monthly income: 8a ÷ 12	$	**2,228**	9a.
9c.	TTP if based on annual income: 9a X 0.10	$	**223**	9c.
9d.	Adjusted monthly income: 8y ÷ 12	$	**988**	9d.
9e.	Percentage of adjusted monthly income: use 30% for Section 8		**30**	9e.
9f.	TTP if based on adjusted annual income: (9d X 9e) ÷ 100	$	**296**	9f.
9g.	Welfare rent per month (if none, put 0)	$	**0**	9g.
9h.	Minimum rent (if waived, put 0)	$	**50**	9h.
9i.	Enhanced Voucher minimum rent	$		9i.
9j.	TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	$	**296**	9j.
9k.	Most recent TTP	$		9k.
9m.	Qualify for minimum rent hardship exemption? (Y or N)	$	**N**	9m.

10. Public Housing and Turnkey III

10a.	TTP: copy from 9j	$ **296**	10a.
10b.	Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)	$ **900**	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)		$ **296**	10d.
10e.	Utility allowance, if any		$ **50**	10e.
10f.	Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	$ **246**	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:　**X**] Income based　　[ ] Flat

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

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: [ ] Group Home (prorate gross rent) [ ] Own manufactured home, lease space [ ] SRO: 1 room occupied by 1 person		
12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	$ **1,925**	12j.
12k.	Rent to owner	$ **1,900**	12k.
12m.	Utility allowance, if any	$ **103**	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	$ **2,003**	12p.
12q.	Lower of 12j or 12p	$ **1,925**	12q.
12r.	TTP: copy from 9j	$ **296**	12r.
12s.	Total HAP: 12q minus 12r	$ **1,629**	12s.

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

12t.	Total family share: 12p minus 12s	$ **374**	12t.
12u.	HAP to owner: lower of 12k or 12s	$ **1,629**	12u.
12v.	Tenant rent to owner: 12k minus 12u	$ **271**	12v.
12w.	Utility reimbursement to family: 12s minus 12u, but do not exceed 12m	$ **0**	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.

File Review Checklist

Family Composition

Relation	Name	Age	Disability Y/N	Dependent Y/N
H	**Donna**	**42**	**N**	**N**
E	**Sam**	**36**	**N**	**Y**
Y	**Sophie**	**13**	**N**	**Y**

Section 6: Assets

	PHA	HUD	
Final asset income in 6j:	$ 2,946	$ 72	
	Yes	**No**	**N/A**
Are all assets verified and documented?	X		
Did PHA accurately calculate net cash value of all assets?		X	
Did PHA accurately calculate actual income from assets?		X	
For assets with a cash value in excess of $5,000, did PHA accurately calculate imputed asset income?		X	
Did PHA accurately calculate final asset income using larger of actual or imputed?		X	
Comments:			

Section 7: Income

	PHA	HUD	
Column total from 7g:	$ 23,793	$22,892	
	Yes	**No**	**N/A**
Is all income verified and documented?	X		
Are the following types of income calculated correctly:			
Earned income?		X	
Earned income disallowance?			X
SS/SSI income?			X
Pension income?			X
Full time student income?		X	
Income of a minor?			X
Welfare benefit income?			X
Where family is subject to a specified benefit reduction, is imputed welfare income calculated accurately?		X	
Income exclusions?		X	
Comments:			

Total Annual Income

	PHA	HUD
Total annual income in 7i:	$ 26,739	$22,964

Section 8: Adjusted Income

	PHA	HUD
Total allowances in 8x:	$ 14,880	$ 960
Total adjusted income in 8y:	$ 11,8259	$22,004

Dependent deduction	PHA	HUD
Total in 8s:	$ 480	$ 960

	Yes	No	N/A
Deduction accurately verified?	X		
All dependents accounted for?		X	

Elderly/disabled family deduction	PHA	HUD
Total in 8p:	$ 0	$ 0

	Yes	No	N/A
Deduction accurately verified?	X		
Is head, spouse or cohead elderly or disabled?		X	

Childcare deduction	PHA	HUD
Total in 8t:	$ 14,400	$ 0

	Yes	No	N/A
Deduction accurately verified?	X		
Are there children under age 13?		X	
Is the family member who is claiming child care working, seeking work or furthering their education?			X
For child care enabled by work, is the earnings cap utilized?			X

Medical expense deduction	PHA	HUD
Total in 8n:	$ 0	$ 0

	Yes	No	N/A
Medical expenses accurately verified?			X
Is the head, spouse or cohead elderly or disabled?		X	
Were the medical expenses of all family members deducted?			X
Did the PHA correctly calculate 3% of annual income?			X
Were all medical expenses unreimbursed?			X
Were medical expenses correctly calculated?			X

Disability assistance expense	PHA	HUD
Total in 8n:	$ 0	$ 0

	Yes	No	N/A
Disability assistance expense accurately verified?			X

Is there a disabled family member with attendant care or an auxiliary apparatus?		X	
Is someone in the family working because of the attendant care or auxiliary apparatus?		X	
Did the PHA correctly calculate 3% of annual income?			X
Was the income cap correctly applied?			X
Was disability assistance expense incorrectly coded as child care expense?			X
Comments:			

Section 9: TTP

	PHA	HUD	
TTP in 9j:	$ 296	$ 550	
	Yes	No	N/A
TTP calculated correctly?		X	
If family qualified for a minimum rent hardship exemption was it correctly applied?			X
If family qualified for a minimum rent hardship exemption was it verified and documented?			X
Comments:			

Section 10: Public Housing Rent Calculation

	PHA	HUD	
Tenant rent in 10f:	$ 246	$ 500	
	Yes	No	N/A
Was tenant rent calculated correctly?		X	
Comments:			

Section 12: Housing Choice Voucher Rent Calculation

	PHA	HUD	
Payment standard in 12j:	$ 1,925	$1,800	
HAP to owner in 12u:	$ 1,629	$1,250	
Family rent to owner in 12v:	$ 271	$ 650	
Utility allowance in 12m:	$ 103	$ 95	
	Yes	No	N/A
Was the correct payment standard applied?		X	
Was the correct utility allowance used?		X	
Comments:			

Section 8.2   File Review Two

Scenario

Public Housing

- Tim Allen, his spouse Avery, and his granddaughter Maya are residents of Towncity PHA's public housing program. They live in a 2 bedroom unit at Albany Arms.
- Case worker Sally Washington has collected verifications for the Allen family and then filled out a 50058 with an effective date of June 1. The Allen family chose income based rent. Assume that all identity and age verification forms have been collected at intake and are correct. Use the Family Declaration for all identity information. Flat rent for the unit is $750. There is no ceiling rent.

Note: The lease in the file is for the HCV program only. No PH lease is included.

HCV

- Tim Allen, his spouse Avery, and his granddaughter Maya are participants of Towncity PHA's HCV program. They were issued a 2 bedroom voucher, but are living in a 3 bedroom townhouse. The Allen family is responsible for natural gas heating, natural gas water heating, and electric cooking. The rent to owner is $1,600.
- Case worker Sally Washington has collected verification for the Allen family and then filled out a 50058 with an effective date of June 1. Assume that all identity and age verification forms have been collected at intake and are correct. Use the Family Declaration for all identity information.

Task

1. Go over the verifications found in the Allen family's file and fill out the blank 50058 provided.
2. Once you have completed your 50058, review Sally Washington's completed 50058 using the File Checklist provided. Note any errors you find in the comments section of the checklist.

Notes

Trainer Notes:

Errors:

- **Assets**
  - **Market value used as cash value for the CD.**
  - **Did not record the asset disposed of for less than fair market value.**
  - **Full amount of investment in annuity has not been received, so payments from annuity are not counted as income. Annuity is not counted as an asset since annuity cannot be converted to cash.**
- **Income**
  - **SS was reduced due to an overpayment but they are including the higher amount instead of the reduction.**
  - **Net SS benefit not gross annualized.**
  - **Imputed welfare is incorrectly being included when the welfare reduction was due to timing out on welfare.**
- **Adjusted income**
  - **Tim's Medicare premium is not deducted as a medical expense.**
- **HCV**
  - **3 bedroom payment standard was used when the 2 bedroom should have been used.**

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
Tim	**1**	**CD**	**15,783 - 363 - 25**	$ **15,395**	$ **276**
Tim	**1**	**Home**	**150,000 - 56,600**	$ **93,400**	$ **0**
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

6f, 6g. Column totals	$ **108,795** 6f.	$ **276** 6g.
6h. Passbook rate (written as decimal)		0. ___**0075** 6h.
6i. Imputed asset income: 6f X 6h (if 6f is $5,000 or less, put 0)		$ **816** 6i.
6j. Final asset income: larger of 6g or 6i		$ **816** 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)
Tim	**1**	**SS**	**600 x 12**	$ **7,200**	$	$ **7,200**
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

7g. Column total	$ **7,200** 7g.
7h. Reserved	
7i. Total annual income: 6j + 7g	$ **8,016** 7i.

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

8. Expected Income Per Year

8a.	Total annual income: copy from 7i				$ **8,016**	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		$ **240**	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)		$ **2,196**	8k.
8m.	Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$ **2,196**	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)	$ **1,956**	8n.
		If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	$	8n.
8p.	Elderly/disability allowance (default = $400)		$ **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.)		$ **1**	8q.
8r.	Allowance per dependent (default = $480)		$ **480**	8r.
8s.	Dependent allowance: 8q X 8r		$ **480**	8s.
8t.	Total annual unreimbursed childcare costs		$	8t.
8x.	Total allowances: 8e + 8n + 8p + 8s + 8t		$ **2,836**	8x.
8y.	Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$ **5,180**	8y.

9. Total Tenant Payment (TTP)

9a.	Total monthly income: 8a ÷ 12	$	**668**	9a.
9c.	TTP if based on annual income: 9a X 0.10	$	**67**	9c.
9d.	Adjusted monthly income: 8y ÷ 12	$	**432**	9d.
9e.	Percentage of adjusted monthly income: use 30% for Section 8		**30**	9e.
9f.	TTP if based on adjusted annual income: (9d X 9e) ÷ 100	$	**130**	9f.
9g.	Welfare rent per month (if none, put 0)	$	**0**	9g.
9h.	Minimum rent (if waived, put 0)	$	**50**	9h.
9i.	Enhanced Voucher minimum rent	$	**0**	9i.
9j.	TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	$	**130**	9j.
9k.	Most recent TTP	$		9k.
9m.	Qualify for minimum rent hardship exemption? (Y or N)	$	**N**	9m.

10. Public Housing and Turnkey III

10a.	TTP: copy from 9j		$	**130**	10a.
10b.	Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)		$	**750**	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)		$	**130**	10d.
10e.	Utility allowance, if any		$	**52**	10e.
10f.	Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	$	**78**	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: **X**] Income based [ ] Flat

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

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: [ ] Group Home (prorate gross rent) [ ] Own manufactured home, lease space
[ ] SRO: 1 room occupied by 1 person

12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	$ **1,800**	12j.
12k.	Rent to owner	$ **1,600**	12k.
12m.	Utility allowance, if any	$ **35**	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	$ **1,635**	12p.
12q.	Lower of 12j or 12p	$ **1,635**	12q.
12r.	TTP: copy from 9j	$ **130**	12r.
12s.	Total HAP: 12q minus 12r	$ **1,505**	12s.

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

12t.	Total family share: 12p minus 12s	$ **130**	12t.
12u.	HAP to owner: lower of 12k or 12s	$ **1,505**	12u.
12v.	Tenant rent to owner: 12k minus 12u	$ **95**	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.

Towncity PHA Policy

The PHA's passbook rate is 0.0075.

Minimum Rent

The PHA's minimum rent is $50.

Income lasting less than one year

The PHA will use Method 1 to annualize current income and conduct interim when there is a change in income.

Determining the Value of Assets

The current balance will be used to determine the market value of all assets.

Assets Disposed of for Less than Fair Market Value

The PHA must count assets disposed of for less than fair market value during the two years preceding certification or reexamination. The PHA will count the difference between the cash value and the actual payment received in calculation total asserts. Assets disposed of as a result of foreclosure or bankruptcy, divorce or separation, are not considered to be assets disposed of for less than fair market value.

PHA threshold. The PHA's minimum threshold for counting assets disposed of for less than fair market value is $1,000.

Equity in Real Property

Equity is the estimated current market value of an asset (such as a house) less the unpaid balance on all loans secured by the asset and reasonable costs (such as broker fees) that would be incurred in selling the asset.

In the case of a property owned by a family member, the anticipated asset income generally will be in the form of rent or other payment for the use of the property. If the property generates no income, actual anticipated income from the asset will be zero.

Net rental income. Families who receive an income from rental property must provide adequate information for the PHA to anticipate net rental income.

A current executed lease for the property that shows the rental amount or certification from the current tenant. A self-certification from the family members engaged in the rental of property providing an estimate of expenses for the coming year and the most recent IRS Form 1040 with Schedule E (Rental Income). If schedule E was not prepared, the PHA will require the family members involved in the rental of property to provide a self-certification of income and expenses for the previous year and may request documentation to support the statement including: tax statements, insurance invoices, bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.

Towncity PHA Utility Allowance Schedule for the PH Program

Maine Street Manor

0 BR	1 BR	2 BR	4 BR
38	52	74	89

Maple Grove Apartments

0 BR	1 BR
101	127

Albany Arms

2 BR	3 BR	5 BR
52	68	97

Towncity PHA Utility Allowance Schedule for the HCV Program

Apartment (high rise)

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating									
Natural gas	22	31	45	49	62	71	82	94	108
Electric	8	13	17	22	29	34	39	45	52
Cooking									
Natural gas	3	5	6	8	10	11	13	15	17
Electric	5	6	13	14	14	15	17	19	22
Water heating									
Natural gas	6	9	12	14	18	21	24	27	31
Electric	10	14	18	22	28	32	27	43	29
Water	12	14	25	26	24	42	51	62	74
Sewer	21	21	21	21	21	21	21	21	21
Trash	28	28	28	55	55	83	83	83	83
Range/microwave	7	7	7	7	7	7	7	7	7
Refrigerator	7	7	7	7	7	7	7	7	7

Semi-detached rowhouse, townhouse and duplex

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating									
Natural gas	6	8	9	10	13	17	20	24	29
Electric	7	11	14	18	25	29	24	29	45
Cooking									
Natural gas	3	5	6	8	10	11	13	15	17
Electric	5	6	8	10	13	15	17	19	22
Water heating									
Natural gas	12	14	18	26	34	42	51	62	74
Electric	10	14	18	22	28	32	37	43	49
Water	12	14	18	26	34	41	51	62	74
Sewer	21	21	21	21	21	21	21	21	21
Trash	28	28	28	55	55	83	83	83	83
Range/microwave	7	7	7	7	7	7	7	7	7
Refrigerator	7	7	7	7	7	7	7	7	7

Single family detached

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating									
Natural gas	7	10	13	16	18	22	28	35	42
Electric	10	14	18	23	35	42	49	55	61
Cooking									
Natural gas	3	5	6	8	10	11	18	20	22
Electric	10	14	18	23	28	32	37	42	48
Water heating									
Natural gas	6	912	14	18	21	24	27	31	42
Other Electric	10	15	19	23	29	33	38	44	51
Water	13	16	19	22	28	32	41	49	52
Sewer	21	21	21	21	21	21	21	21	21
Trash	28	28	28	55	55	83	83	83	83
Range/microwave	7	7	7	7	7	7	7	7	7
Refrigerator	7	7	7	7	7	7	7	7	7

Towncity PHA Payment Standards for the HCV Program

0	$925	3	$1925
1	$1500	4	$2300
2	$1800	5	$2800

TOWNCITY HOUSING AUTHORITY
Family Declaration

1. Name of head of household: _Tim Allen_

2. Name of spouse/co-head: _Avery Allen_

3. Address, Street, Apt. # and Zip Code: _99 Upas Street, Towncity CZ 12345_

4. Contact Numbers: Home: _(555) 555-8575_ Cell: _(555) 555-3155_ Email: _Tallen@CZ.org_

FAMILY INFORMATION

5. List all persons who live in the unit. Include foster children and/or live-in aides (for care of a family member). All boxes must be completed for each member. No one not listed on this form may live in the unit.

	First Name, Last Name	Date of Birth	Age	Sex	Social Security Number	Relation to Head	Disabled Person? (Y/N)	Full-time Student? (No Fulltime Part time)
H	Tim Allen	3-15-19XX	63	M	123-00-6733	Head	N	No
2	Avery Allen	2-7-19XX	60	F	123-00-0067	Wife	N	No
3	Maya Allen	1-15-20XX	7	F	123-09-8000	Grand Daughter	N	full

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority

INCOME: List all income sources and amounts expected for the next 12 months for all family members. Answer questions completely. If a question does not apply, note 'None' or '0'.

6. Does or will anyone in the family receive any income from **employment** (not including self-employment)? _No_ If Yes, provide pay stubs and complete the below:

Family Member	Employer Name, Address, Phone Number	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)

7. **Does or will anyone in the family receive income from self-employment or a family-operated business?** _No_ **If Yes, provide records and complete the below:**

Family Member	Type of Income	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		$	

8. Does or will anyone in the family receive **Social Security or SSI Benefits**?   *Yes* If Yes, provide a benefit award letter and complete the below:

Family Member	Type of Income	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
Tim Allen	*SSA*	$ *504*	*Monthly*
		$	

9. Does or will anyone in the family receive **regular periodic payments** from annuities, insurance policies, retirement funds, pensions, disability or death benefits, lottery winnings, or other similar amounts   *Yes* If Yes, provide documentation and complete the below:

Family Member	Type of Periodic Payment	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
Tim Allen	*Pension - Towncity Employee Association*	$ *300*	*Monthly*
Tim Allen	*Annuity - Good Neighbor Insurance*	$ *200*	*Monthly*

10. Does or will anyone in the family receive **unemployment** compensation, **disability** compensation, **workers' compensation** or **severance pay**? *No* If Yes, provide the award letter / documentation and complete the below:

Family Member	Type of Compensation	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
		$	
		$	

11. Does or will anyone in the family receive **public assistance benefits**?   *Yes* If Yes, provide the award letter and complete the below:

Family Member	Type of Benefit (TANF, SNAP, state supplement, etc.)	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
Tim Allen	*TANF*	$ *600*	*Monthly*
		$	

12. Does or will anyone in the family receive alimony or child support payments?   *No* If Yes, provide court or other official records and proof of receipt and complete the below:

Family Member	Alimony or Child Support?	Court ordered? (Y or N)	Court ordered amount, if any?	Gross Amount Received	Frequency (weekly, bi-weekly, monthly, etc.)
			$	$	
			$	$	

13. Does anyone who is not in the assisted family pay any bills (utilities, telephone, insurance, car payments, rent, etc.) for any member of the family? *No* If Yes, complete the below:

Family Member	Type of Bill	Average Bill Amount	Name and Address of the Person Paying the Bill	Frequency (weekly, bi-weekly, monthly, etc.)
		$		

14. Is any family member receiving regular contributions (food, diapers, clothing, money, etc.,) from a person who is not on your lease? *No* If Yes, provide a statement from the provider and complete the below:

Family Member	Type of Contribution	Amount or Value	Name and Address of the Provider	Frequency (weekly, bi-weekly, monthly, etc.)
		$		

ASSETS: List all assets held by all family members. Answer all questions completely. Provide original documentation of each asset.

	Who owns?	Value of Asset	Type	Company/Bank Name/Address
15. Do you have checking or savings accounts? List all.				
	No	$		
	No	$		
17. Do you have trust funds available to anyone in your household?	*No*	$		
18. Do you have any equity in real estate, rental property or capital investments?	*No*	$		
19. Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds?	*Yes* *Tim Allen*	$ *15,783*	*CD*	Towncity Bank 123 Main St, Towncity, CZ
20. Do you have any retirement or pension funds?	*No*	$		
21. Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)?	*No*	$		
22. Do you have a "Whole Life" life insurance policy?	*No*	$		

23. Have you disposed of any asset for less than market value in the past two years? *Yes* If yes, complete the below and provide documentation.

    A: Describe the asset: *Our Home*

    B. Provide the date of property disposition: *2/1/XX (this year)*

    C. What was the market value of the property on the date of disposition? *$150,000*

    D. How much did you receive for the property? *$8,000*

    E. Did you incur any expenses in disposing of the property? *Yes*

        If yes, describe and include your out-of-pocket costs: *Realtor fees: $7,500   Settlement fees: $1,200   Transaction fees: $450   Loan origination fee $150*

EXPENSES: Answer all questions completely. If a question does not apply, note 'None' or '0'.

24. Do you have unreimbursed, out of pocket childcare expenses for a child 12 or under? *No*

    If Yes, do these costs enable a family member to work, attend school, or seek work? ❑ Yes ❑ No   If Yes, answer the questions below and **provide receipts**.

Child's Name	Childcare Provider Name, Address, Phone Number	Who is enabled to work, attend school, or seek work?	Hours of Provided Care	Amount Paid	Frequency (weekly, monthly…)

25. Is the head of household, spouse, or co-head elderly (62 or older) or disabled? *Yes*

    If Yes, will *any* family member incur or pay unreimbursed, out of pocket medical expenses in the next 12 months? (Medical expenses include doctor fees, hospital bills, prescription costs, etc. *Yes* If Yes, provide the below information, and *provide receipts.*

Family Member	Type of Expense	Paid to: Name, Address, Phone	Amount to be Paid	Frequency
Tim	Prescription	CVS, 654 Main, Towncity	70	Monthly
Avery Allen	Glasses	Dr C. Moore, 655 Elm, Towncity	$84	Once a year
Tim Allen	Co-pay	Dr B. Good, 654 Elm, Towncity	10	Monthly

26. Is there a disabled family member? *No*

    If Yes, does the family pay unreimbursed, out of pocket attendant care expenses or special equipment expenses (wheelchair, wheelchair lift, etc.) that enable any family member to work? ❑ Yes ❑ No   If yes, provide the below information, and *provide receipts.*

Disabled Family Member	Type of Expense	Paid to: Name, Address, Phone	Amount Paid	Frequency

The adult family member enabled to work as a result of these expenses is: _____.

SOCIAL SECURITY ADMINISTRATION

Tim Allen
99 Upas Steet
Towncity, CZ 12345

You asked us for information from your record. The information that you requested is shown below.

Information about current Social Security Benefits

BEGINNING JUNE 20xx YOUR FULL BENEFIT AMOUNT WILL BE REDUCED TO $600 EACH MONTH DUE TO A PRIOR OVERPAYMENT. YOUR REGULAR FULL BENEFIT OF $700 WILL RESUME EFFECTIVE NOVEMBER 1, 20XX (SAME YEAR).

Beginning June 20XX, the full monthly Social Security benefit before deductions is ....$600.00.

We deduct $96.00 for medical insurance premiums each month.

The net monthly Social Security payment beginning June 20XX is...$504.00.

Beginning November 20XX (same year), the full monthly Social Security benefit will be...........$700.00

We deduct $96.00 for medical insurance premiums each month.

The net monthly Social Security payment beginning November 20XX is $604.00

July 8, 20XX

Tim Allen
99 Upas St
Towncity, CZ 12345

Pension 33211555
Reporting Period: April 1, 20XX – June 30, 20XX

ACCOUNT ACTIVITY

DATE	PAYMENTS	PAYMENT TYPE	INTEREST EARNED
April 1, 20XX	$300.00	Monthly distribution	
May 1, 20XX	$300.00	Monthly distribution	
June 1, 20XX	$300.00	Monthly distribution	
June 30, 20XX			$2.50
Starting Balance	$49,097.50	Ending Balance	$50,000

TOTAL EMPLOYEE CONTRIBUTION: $45,000.00
TOTAL AMOUNT PAID TO ACCOUNT HOLDER TO DATE: $7,500.00

Should you have any questions please contact your account manager.

Account Manager: Scott Black
 (555) 555–7769

annuity

ANNIVERSARY STATEMENT
STATEMENT AS OF JUNE 30, 20XX

Tim Allen
99 Upas St
Towncity, CZ 12345

Annuitant: Tim Allen
Cash Surrender Value: None. Balance may not be withdrawn once periodic payments have begun.
Contract Date: June 27, 20XX
Payment Start Date: March 1, 20XX

Original Investment:	$ 10,000.00
Current Balance:	$ 16,200.00
Current Monthly Allocation to Payee:	$ 300.00
Total Amount Withdrawn to Date:	$ 3,600.00

If you have any questions regarding your account or investment, contact your representative, or call the service center at 800-555-5555

Cubic Zirconia Department of Social Services
43 Kalmia St
Towncity, CZ 12345

Tim Allen
99 Upas St
Towncity, CZ 12345

Your benefits for August 1, 20XX are as follows:

	Benefit	Withheld	Net Amount
TANF	$ 0		$ 0
SNAP	$ 75	$ 0	$ 75

TANF benefits are reduced due to:

___ welfare fraud

___ Failure to participate in the required self-sufficiency program

_X_ Other: Your $600 monthly TANF benefits are reduced to $0 due to lifetime expiration of benefits. This means your TANF case is permanently closed.

Please contact your case worker should you have questions regarding these benefits.

Caseworker: Moira Green

(555) 555-5678

Citytown Bank

1234 Main Street, Towncity, CZ 12345

Tim Allen

99 Upas St

Towncity, Cz 12346

townCITY@EMOZ.com

555-555-5555

TOWNCITYBANK.COM

We treat your money like our own

Certificate of Deposit – Annual Statement

Account GL232234

Term: 60 month

Date of Initial Deposit: April 1, 20XX
Date CD reaches maturity: March 31, 20XX
Amount of original deposit: $ 15,000
Rate of return: 1.75%

Statement Period

Period starting: June 1, 20XX   ending   June 30, 20XX

Starting Balance	Ending Balance	Change
$15,511.95	$15,783.41 *	+ $271.46

* $25 plus 2.3% Penalty for early withdrawal

Objective

To make you more money

Towncity
Housing
Authority

MEDICAL VERIFICATION FORM

June 10, 20XX

RE: Tim Allen

Public Housing Authorities are required by law to verify the medical expenses certain families. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the above referenced individual. The individual has signed a release form below giving you permission to supply us with this information. Please fill out the form below and return it at your earliest convenience.

Sincerely yours, __Sally Washington, Housing Specialist II, (555) 555-5434__

---

(1)   Is this individual's condition likely to continue for the coming 12 months? _X_ Yes ___ No

(2)   Please check the type(s) of service(s) you provide:

(a)	Physician Care	_X_ Yes	__ No
(b)	Dental Care	__ Yes	_X_ No
(c)	Hospital/Clinic Care	__ Yes	_X_ No
(d)	Prescription Dispensing	__ Yes	_X_ No
(e)	Therapy	__ Yes	_X_ No
(f)	Medical Insurance	__ Yes	_X_ No
(g)	Medical Transportation	__ Yes	_X_ No
(h)	Other (please specify)	__ Yes	_X_ No

Projected out-of-pocket, unreimbursed costs during the next 12 months: __$120__

Name and Title _Dr. B Good_ Date _6/11/20X_ Signature _Dr. B. Good_ Phone _(555) 555-3876_

TENANT/APPLICANT RELEASE

I, _Tim Allen_ , hereby authorize the release of the requested information.

Signature _Tim Allen_ Date _6/122/20XX_

Towncity
Housing
Authority

MEDICAL VERIFICATION FORM

June 10, 20XX

RE: Avery Allen

Public Housing Authorities are required by law to verify the medical expenses certain families. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the above referenced individual. The individual has signed a release form below giving you permission to supply us with this information. Please fill out the form below and return it at your earliest convenience.

Sincerely yours,   Sally Washington, Housing Specialist II, (555) 555-5434

---

(1) Is this individual's condition likely to continue for the coming 12 months? X_ Yes ___ No

(2) Please check the type(s) of service(s) you provide:

(a)	Physician Care	__ Yes	___ No
(b)	Dental Care	__ Yes	X No
(c)	Hospital/Clinic Care	__ Yes	X No
(d)	Prescription Dispensing	__ Yes	X No
(e)	Therapy	__ Yes	X No
(f)	Medical Insurance	__ Yes	X No
(g)	Medical Transportation	__ Yes	X No
(h)	Other (please specify)	X Yes	___ No :*prescription glasses*

Projected out-of-pocket, unreimbursed costs during the next 12 months: *$84*

Name and Title **Dr. C Moore**   Date 6/11/20X   Signature *Dr. C Moore* Phone (555) 555-1176

TENANT/APPLICANT RELEASE

I, Avery Allen   , hereby authorize the release of the requested information.
Signature *Avery Allen*   Date *6/12/20XX*

Towncity
Housing
Authority

MEDICAL VERIFICATION FORM

June 10, 20XX

RE: Tim Allen

Public Housing Authorities are required by law to verify the medical expenses certain families. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the above referenced individual. The individual has signed a release form below giving you permission to supply us with this information. Please fill out the form below and return it at your earliest convenience.

Sincerely yours,   Sally Washington, Housing Specialist II, (555) 555-5434

Please provide information regarding any ongoing prescriptions the above individual has filled at your pharmacy, including costs and frequency. Please do not include the name of the prescription or any information regarding the individual's medical condition. Please only include the cost to the individual; there is no need to list any prescription fully covered by medical insurance. Thank you for your assistance

No.	Cost per refill	Frequency
1	$70	Monthly
2		
3		
4		
5		
6		
7		
8		
9		
10		

Name, Title, and Pharmacy Name _Sally Ward,_ **Pharmacist,** CVS Phone (555) 555-2336

TENANT/APPLICANT RELEASE

I, Tim Allen   , hereby authorize the release of the requested information.

Signature _TimAllen_   Date _6/10/20XX_

Homesellers Association

1945 Main Street, Towncity, CZ 12345

Your Hometown Mortgage Source

Tim Allen
99 Upas Street

Towncity, Cz 12346

HASELLERS@EMOZ.COM

555-555-5558

TOWNCITYHA.COM

CLOSING SETTLEMENT STATEMENT
Account MA9939373

Property Address: 198 Antler Rd, Towncity, Cz 12346

Date of Sale: Feb 2, 20XX (this year)
Appraised value at time of sale: $150,000
Sale Price: $47,300

CLOSING COSTS

Realtor fees:	$7,500
Settlement costs:	$1,200
Transaction fees:	$ 450
Loan Origination fees:	$ 150
Total	$9,300

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
Tim	**1**	**CD**	**15,783**	$ **15,783**	$ **269**
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

6f, 6g. Column totals	$ **15,783** 6f.	$ **269** 6g.
6h. Passbook rate (written as decimal)		0. ___ **0075** 6h.
6i. Imputed asset income: 6f X 6h (if 6f is $5,000 or less, put 0)		$ **118** 6i.
6j. Final asset income: larger of 6g or 6i		$ **269** 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)
Tim	**1**	**S**	**700 x 12**	$ **8,400**	$ **1,152**	$ **7,248**
Tim	**1**	**IW**	**600 x 12**	$ **7,200**	$	$ **7,200**
Tim	**1**	**P**	**300 x 12**	$ **3,600**	$	$ **3,600**
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

7g. Column total	$ **18,048** 7g.
7h. Reserved	
7i. Total annual income: 6j + 7g	$ **18,317** 7i.

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

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

8. Expected Income Per Year

8a.	Total annual income: copy from 7i	$ **18,317**	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		$ **550**	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)		$ **1,500**	8k.
8m.	Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$ **1,500**	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)	$ **950**	8n.
		If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	$	8n.
8p.	Elderly/disability allowance (default = $400)		$ **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.)		$ **1**	8q.
8r.	Allowance per dependent (default = $480)		$ **480**	8r.
8s.	Dependent allowance: 8q X 8r		$ **480**	8s.
8t.	Total annual unreimbursed childcare costs		$	8t.
8x.	Total allowances: 8e + 8n + 8p + 8s + 8t		$ **1,830**	8x.
8y.	Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$ **16,487**	8y.

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

9. Total Tenant Payment (TTP)

9a.	Total monthly income: 8a ÷ 12	$	**1,526**	9a.
9c.	TTP if based on annual income: 9a X 0.10	$	**153**	9c.
9d.	Adjusted monthly income: 8y ÷ 12	$	**1,374**	9d.
9e.	Percentage of adjusted monthly income: use 30% for Section 8		**30**	9e.
9f.	TTP if based on adjusted annual income: (9d X 9e) ÷ 100	$	**412**	9f.
9g.	Welfare rent per month (if none, put 0)	$	**0**	9g.
9h.	Minimum rent (if waived, put 0)	$	**50**	9h.
9i.	Enhanced Voucher minimum rent	$		9i.
9j.	TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	$	**412**	9j.
9k.	Most recent TTP	$		9k.
9m.	Qualify for minimum rent hardship exemption? (Y or N)	$	**N**	9m.

10. Public Housing and Turnkey III

10a.	TTP: copy from 9j		$	**412**	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		$	**0**	10c.
10d.	Lower of TTP or income based ceiling rent (if no income based ceiling rent, put 10a)		$	**412**	10d.
10e.	Utility allowance, if any		$	**52**	10e.
10f.	Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	$	**360**	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:	**X**] Income based	[ ] Flat

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: [ ] Group Home (prorate gross rent) [ ] Own manufactured home, lease space [ ] SRO: 1 room occupied by 1 person		
12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	$ **1,925**	12j.
12k.	Rent to owner	$ **1,600**	12k.
12m.	Utility allowance, if any	$ **46**	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	$ **1,646**	12p.
12q.	Lower of 12j or 12p	$ **1,646**	12q.
12r.	TTP: copy from 9j	$ **412**	12r.
12s.	Total HAP: 12q minus 12r	$ **1,234**	12s.

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

12t.	Total family share: 12p minus 12s	$ **412**	12t.
12u.	HAP to owner: lower of 12k or 12s	$ **1,234**	12u.
12v.	Tenant rent to owner: 12k minus 12u	$ **366**	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.

File Review Checklist

Family Composition

Relation	Name	Age	Disability Y/N	Dependent Y/N
Head	**Tim**	**63**	**N**	**N**
Spouse	**Avery**	**60**	**N**	**N**
Youth	**Maya**	**7**	**N**	**Y**

Section 6: Assets

	PHA		HUD
Final asset income in 6j:	$ 269		$ 816
	Yes	**No**	**N/A**
Are all assets verified and documented?	X		
Did PHA accurately calculate net cash value of all assets?		X	
Did PHA accurately calculate actual income from assets?	X		
For assets with a cash value in excess of $5,000, did PHA accurately calculate imputed asset income?	X		
Did PHA accurately calculate final asset income using larger of actual or imputed?		X	
Comments:			

Section 7: Income

	PHA		HUD
Column total from 7g:	$ 18,048		$ 7,200
	Yes	**No**	**N/A**
Is all income verified and documented?	X		
Are the following types of income calculated correctly:			
Earned income?			X
Earned income disallowance?			X
SS/SSI income?		X	
Pension income?		X	
Full time student income?			X
Income of a minor?			X
Welfare benefit income?		X	
Where family is subject to a specified benefit reduction, is imputed welfare income calculated accurately?		X	
Income exclusions?		X	
Comments:			

Total Annual Income

	PHA	HUD
Total annual income in 7i:	$ 18,317	$ 8,016

Section 8: Adjusted Income

	PHA	HUD
Total allowances in 8x:	$ 1,830	$ 2,836
Total adjusted income in 8y:	$ 16,487	$ 5,180

Dependent deduction	PHA	HUD
Total in 8s:	$ 480	$ 480

	Yes	No	N/A
Deduction accurately verified?	X		
All dependents accounted for?	X		
		X	

Elderly/disabled family deduction	PHA	HUD
Total in 8p:	$ 400	$ 400

	Yes	No	N/A
Deduction accurately verified?	X		
Is head, spouse or cohead elderly or disabled?	X		

Childcare deduction	PHA	HUD
Total in 8t:	$ 0	$ 0

	Yes	No	N/A
Deduction accurately verified?			X
Are there children under age 13?	X		
Is the family member who is claiming child care working, seeking work or furthering their education?			X
For child care enabled by work, is the earnings cap utilized?			X

Medical expense deduction	PHA	HUD
Total in 8n:	$ 950	$ 1,956

	Yes	No	N/A
Medical expenses accurately verified?	X		
Is the head, spouse or cohead elderly or disabled?	X		
Were the medical expenses of all family members deducted?		X	
Did the PHA correctly calculate 3% of annual income?	X		
Were all medical expenses unreimbursed?	X		
Were medical expenses correctly calculated?		X	

Disability assistance expense	PHA	HUD
Total in 8n:	$ 0	$ 0

	Yes	No	N/A
Disability assistance expense accurately verified?			X

Is there a disabled family member with attendant care or an auxiliary apparatus?		X	
Is someone in the family working because of the attendant care or auxiliary apparatus?		X	
Did the PHA correctly calculate 3% of annual income?		X	
Was the income cap correctly applied?			X
Was disability assistance expense incorrectly coded as child care expense?		X	
Comments:			

Section 9: TTP

	PHA	HUD	
TTP in 9j:	$ 412	$ 130	
	Yes	No	N/A
TTP calculated correctly?		X	
If family qualified for a minimum rent hardship exemption was it correctly applied?			X
If family qualified for a minimum rent hardship exemption was it verified and documented?			X
Comments:			

Section 10: Public Housing Rent Calculation

	PHA	HUD	
Tenant rent in 10f:	$ 78	$ 360	
	Yes	No	N/A
Was tenant rent calculated correctly?		X	
Comments:			

Section 12: Housing Choice Voucher Rent Calculation

	PHA	HUD	
Payment standard in 12j:	$ 1,925	$1,800	
HAP to owner in 12u:	$ 1,234	$1,505	
Family rent to owner in 12v:	$ 366	$ 95	
Utility allowance in 12m:	$ 46	$ 35	
	Yes	No	N/A
Was the correct payment standard applied?		X	
Was the correct utility allowance used?		X	
Comments:			

Section 8.3   File Review Answers

Sheridan Family Completed 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
Sophie	**3**	**Savings**		$ **4,800**	$ **72**
Donna	**1**	**Checking**		$ **2,946**	$ **0**
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

		6d	6e
6f, 6g. Column totals		$ **7,746** 6f.	$ **72** 6g.
6h. Passbook rate (written as decimal)			0. ___**0075** 6h.
6i. Imputed asset income: 6f X 6h (if 6f is $5,000 or less, put 0)			$ **58** 6i.
6j. Final asset income: larger of 6g or 6i			$ **72** 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)
Donna	**1**	**W**	**638.82 x 24**	$ **15,332**	$	$ **15,332**
Sam	**2**	**W**	**400 x 12**	$ **4.800**	$ **4,320**	$ **480**
Donna	**1**	**T**	**350 x 12**	$ **4,200**	$ **0**	$ **4,200**
Donna	**1**	**IW**	**200 x 12**	$ **2,400**	$ **0**	$ **2,400**
Donna	**1**	**G**	**80 x 12**	$ **960**	$ **960**	$ **0**
Donna	**1**	**N**	**40 x 12**	$ **480**	$ **0**	$ **480**
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

		7f
7g. Column total		$ **22,892** 7g.
7h. Reserved		
7i. Total annual income: 6j + 7g		$ **22,964** 7i.

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

8. Expected Income Per Year

8a.	Total annual income: copy from 7i			$ **22,964**	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.)		$ **2**	8q.
8r.	Allowance per dependent (default = $480)		$ **480**	8r.
8s.	Dependent allowance: 8q X 8r		$ **960**	8s.
8t.	Total annual unreimbursed childcare costs		$	8t.
8x.	Total allowances: 8e + 8n + 8p + 8s + 8t		$ **960**	8x.
8y.	Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$ **22,004**	8y.

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

9. Total Tenant Payment (TTP)

9a.	Total monthly income: 8a ÷ 12	$	**1,914**	9a.
9c.	TTP if based on annual income: 9a X 0.10	$	**191**	9c.
9d.	Adjusted monthly income: 8y ÷ 12	$	**1,834**	9d.
9e.	Percentage of adjusted monthly income: use 30% for Section 8		**30**	9e.
9f.	TTP if based on adjusted annual income: (9d X 9e) ÷ 100	$	**550**	9f.
9g.	Welfare rent per month (if none, put 0)	$	**0**	9g.
9h.	Minimum rent (if waived, put 0)	$	**50**	9h.
9i.	Enhanced Voucher minimum rent	$	**550**	9i.
9j.	TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	$		9j.
9k.	Most recent TTP	$	**N**	9k.
9m.	Qualify for minimum rent hardship exemption? (Y or N)	$		9m.

10. Public Housing and Turnkey III

10a.	TTP: copy from 9j	$ **550**	10a.
10b.	Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)	$ **900**	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)		$ **550**	10d.
10e.	Utility allowance, if any		$ **50**	10e.
10f.	Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	$ **500**	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:	**X**] Income based	[ ] Flat

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: [ ] Group Home (prorate gross rent) [ ] Own manufactured home, lease space
[ ] SRO: 1 room occupied by 1 person

12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	$ **1,800**	12j.
12k.	Rent to owner	$ **1,900**	12k.
12m.	Utility allowance, if any	$ **95**	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	$ **1,995**	12p.
12q.	Lower of 12j or 12p	$ **1,800**	12q.
12r.	TTP: copy from 9j	$ **550**	12r.
12s.	Total HAP: 12q minus 12r	$ **1,505**	12s.

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

12t.	Total family share: 12p minus 12s	$ **745**	12t.
12u.	HAP to owner: lower of 12k or 12s	$ **1,250**	12u.
12v.	Tenant rent to owner: 12k minus 12u	$ **650**	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.

Allen Family Completed 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
Tim	**1**	**CD**	**15,783 - 363 - 25**	$ **15,395**	$ **276**
Tim	**1**	**Home**	**150,000 - 56,600**	$ **93,400**	$ **0**
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

6f, 6g. Column totals	$ **108,795** 6f.	$ **276** 6g.
6h. Passbook rate (written as decimal)		0. ___ **0075** 6h.
6i. Imputed asset income: 6f X 6h (if 6f is $5,000 or less, put 0)		$ **816** 6i.
6j. Final asset income: larger of 6g or 6i		$ **816** 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)
Tim	**1**	**S**	**600 x 12**	$ **7,200**	$	$ **7,200**
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

7g. Column total	$ **7,200** 7g.
7h. Reserved	
7i. Total annual income: 6j + 7g	$ **8,016** 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			$ **8,016**	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		$ **240**	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)		$ **2,196**	8k.
8m.	Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$ **2,196**	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)	$ **1,956**	8n.
		If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	$	8n.
8p.	Elderly/disability allowance (default = $400)		$ **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.)		$ **1**	8q.
8r.	Allowance per dependent (default = $480)		$ **480**	8r.
8s.	Dependent allowance: 8q X 8r		$ **480**	8s.
8t.	Total annual unreimbursed childcare costs		$	8t.
8x.	Total allowances: 8e + 8n + 8p + 8s + 8t		$ **2,836**	8x.
8y.	Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$ **5,180**	8y.

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

9. Total Tenant Payment (TTP)

9a.	Total monthly income: 8a ÷ 12	$ **668**	9a.
9c.	TTP if based on annual income: 9a X 0.10	$ **67**	9c.
9d.	Adjusted monthly income: 8y ÷ 12	$ **432**	9d.
9e.	Percentage of adjusted monthly income: use 30% for Section 8	**30**	9e.
9f.	TTP if based on adjusted annual income: (9d X 9e) ÷ 100	$ **130**	9f.
9g.	Welfare rent per month (if none, put 0)	$ **0**	9g.
9h.	Minimum rent (if waived, put 0)	$ **50**	9h.
9i.	Enhanced Voucher minimum rent	$ **130**	9i.
9j.	TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	$	9j.
9k.	Most recent TTP	$ **N**	9k.
9m.	Qualify for minimum rent hardship exemption? (Y or N)	$	9m.

10. Public Housing and Turnkey III

10a.	TTP: copy from 9j	$ **130**	10a.
10b.	Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)	$ **750**	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)		$ **130**	10d.
10e.	Utility allowance, if any		$ **52**	10e.
10f.	Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	$ **78**	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:	[**X**] Income based [ ] Flat

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: [ ] Group Home (prorate gross rent) [ ] Own manufactured home, lease space
[ ] SRO: 1 room occupied by 1 person

12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	$ **1,800**	12j.
12k.	Rent to owner	$ **1,600**	12k.
12m.	Utility allowance, if any	$ **35**	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	$ **1,635**	12p.
12q.	Lower of 12j or 12p	$ **1,635**	12q.
12r.	TTP: copy from 9j	$ **130**	12r.
12s.	Total HAP: 12q minus 12r	$ **1,5205**	12s.

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

12t.	Total family share: 12p minus 12s	$ **130**	12t.
12u.	HAP to owner: lower of 12k or 12s	$ **1,505**	12u.
12v.	Tenant rent to owner: 12k minus 12u	$ **95**	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.

Notes