7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

7g. Column total	$ 7g.
7h. Reserved	
7i. Total annual income: 6k + 7g	7i.
Over-Income Status (Public Housing Only)	
7j. What is the applicable over-income limit for families of this size?	$ 7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N	7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period	7l.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total						$ 7g.
7h. Reserved						
7i. Total annual income: 6k + 7g						7i.
Over-Income Status (Public Housing Only)						
7j. What is the applicable over-income limit for families of this size?						$ 7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N						7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period						7l.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

7g. Column total	$	7g.
7h. Reserved		
7i. Total annual income: 6k + 7g		7i.
Over-Income Status (Public Housing Only)		
7j. What is the applicable over-income limit for families of this size?	$	7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N		7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period		7l.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

7g. Column total	$ 7g.
7h. Reserved	
7i. Total annual income: 6k + 7g	7i.
Over-Income Status (Public Housing Only)	
7j. What is the applicable over-income limit for families of this size?	$ 7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N	7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period	7l.

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash value of asset	6e. Actual Income	6f. Imputed Income
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g, 6h, 6i. Total net family assets, total actual income, total imputed income				$ 6g.	$ 6h.	$ 6i.
6j. Passbook rate (written as decimal)						6j.
6k. Final asset income: 6h + 6i (see instruction booklet)						6k.

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash value of asset	6e. Actual Income	6f. Imputed Income
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g, 6h, 6i. Total net family assets, total actual income, total imputed income				$ 6g.	$ 6h.	$ 6i.
6j. Passbook rate (written as decimal)						6j.
6k. Final asset income: 6h + 6i (see instruction booklet)						6k.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount	
			$	
			$	
			$	
			$	
			$	
			$	
8e. Total permissive deductions (sum of column 8d)			$	8e.

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

8f. Medical/disability threshold: 8a X 0.10		$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8l. Family is eligible for medical or child care expense hardship or both?			8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n. Medical/disability assistance deduction:	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		$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			8q.
8r. Allowance per dependent		$	8r.
8s. Dependent allowance: 8q X 8r		$	8s.
8t. Total annual unreimbursed child care costs		$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount	
			$	
			$	
			$	
			$	
			$	
			$	

8e. Total permissive deductions (sum of column 8d)			$	8e.

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

8f. Medical/disability threshold: 8a X 0.10		$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8l. Family is eligible for medical or child care expense hardship or both?			8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n. Medical/disability assistance deduction:	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		$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			8q.
8r. Allowance per dependent		$	8r.
8s. Dependent allowance: 8q X 8r		$	8s.
8t. Total annual unreimbursed child care costs		$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount	
			$	
			$	
			$	
			$	
			$	
			$	
8e. Total permissive deductions (sum of column 8d)			$	8e.

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

8f. Medical/disability threshold: 8a X 0.10		$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8l. Family is eligible for medical or child care expense hardship or both?			8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n. Medical/disability assistance deduction:	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		$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			8q.
8r. Allowance per dependent		$	8r.
8s. Dependent allowance: 8q X 8r		$	8s.
8t. Total annual unreimbursed child care costs		$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

9. Total Tenant Payment (TTP)

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

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash value of asset	6e. Actual Income	6f. Imputed Income
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g, 6h, 6i. Total net family assets, total actual income, total imputed income				$ 6g.	$ 6h.	$ 6i.
6j. Passbook rate (written as decimal)						6j.
6k. Final asset income: 6h + 6i (see instruction booklet)						6k.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total					$	7g.
7h. Reserved						
7i. Total annual income: 6k + 7g						7i.
Over-Income Status (Public Housing Only)						
7j. What is the applicable over-income limit for families of this size?					$	7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N						7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period						7l.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount	
			$	
			$	
			$	
			$	
			$	
			$	

8e. Total permissive deductions (sum of column 8d)			$	8e.

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

8f. Medical/disability threshold: 8a X 0.10		$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8l. Family is eligible for medical or child care expense hardship or both?			8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n. Medical/disability assistance deduction:	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		$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			8q.
8r. Allowance per dependent		$	8r.
8s. Dependent allowance: 8q X 8r		$	8s.
8t. Total annual unreimbursed child care costs		$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

9. Total Tenant Payment (TTP)

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

9. Total Tenant Payment (TTP)

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

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.
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	$	12j.
12k. Rent to owner	$	12k.
12l Is the family receiving a higher payment standard as a reasonable accommodation? (Y or N)	$	12l.
12m. Utility allowance, if any	$	12m.
12n. Security deposit paid by the PHA on behalf of the family, if any	$	12n.
12o. Mobility-related services	12o(1).
(1) Did the family receive mobility-related services? (Y or N)	12o(2).
(2) Date family began receiving mobility-related services	
12p. Gross rent of unit: 12k + 12m (or Space Rent)	$	12p.
12q. Lower of 12j or 12p	$	12q.
12r. TTP: copy from 9j	$	12r.
12s. Total HAP: 12q minus 12r	$	12s.

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

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

Prorated Rent Calculation

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

Additional Payments (not HAP)

12ap. Additional financial support for tenant-based voucher family	$	12ap.
12aq. Financial incentive for property owner	$	12aq.

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.
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	$	12j.
12k. Rent to owner	$	12k.
12l Is the family receiving a higher payment standard as a reasonable accommodation? (Y or N)	$	12l.
12m. Utility allowance, if any	$	12m.
12n. Security deposit paid by the PHA on behalf of the family, if any	$	12n.
12o. Mobility-related services		12o(1).
(1) Did the family receive mobility-related services? (Y or N)		12o(2).
(2) Date family began receiving mobility-related services		
12p. Gross rent of unit: 12k + 12m (or Space Rent)	$	12p.
12q. Lower of 12j or 12p	$	12q.
12r. TTP: copy from 9j	$	12r.
12s. Total HAP: 12q minus 12r	$	12s.

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

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

Prorated Rent Calculation

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

Additional Payments (not HAP)

12ap. Additional financial support for tenant-based voucher family	$	12ap.
12aq. Financial incentive for property owner	$	12aq.

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash value of asset	6e. Actual Income	6f. Imputed Income
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g, 6h, 6i. Total net family assets, total actual income, total imputed income				$ 6g.	$ 6h.	$ 6i.
6j. Passbook rate (written as decimal)						6j.
6k. Final asset income: 6h + 6i (see instruction booklet)						6k.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total					$	7g.
7h. Reserved						
7i. Total annual income: 6k + 7g						7i.
Over-Income Status (Public Housing Only)						
7j. What is the applicable over-income limit for families of this size?					$	7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N						7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period						7l.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount
			$
			$
			$
			$
			$
			$

8e. Total permissive deductions (sum of column 8d)	$	8e.

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

8f. Medical/disability threshold: 8a X 0.10		$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8l. Family is eligible for medical or child care expense hardship or both?			8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n. Medical/disability assistance deduction:	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		$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			8q.
8r. Allowance per dependent		$	8r.
8s. Dependent allowance: 8q X 8r		$	8s.
8t. Total annual unreimbursed child care costs		$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

9. Total Tenant Payment (TTP)

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

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.
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	$	12j.
12k. Rent to owner	$	12k.
12l Is the family receiving a higher payment standard as a reasonable accommodation? (Y or N)	$	12l.
12m. Utility allowance, if any	$	12m.
12n. Security deposit paid by the PHA on behalf of the family, if any	$	12n.
12o. Mobility-related services		12o(1).
(1) Did the family receive mobility-related services? (Y or N)		12o(2).
(2) Date family began receiving mobility-related services		
12p. Gross rent of unit: 12k + 12m (or Space Rent)	$	12p.
12q. Lower of 12j or 12p	$	12q.
12r. TTP: copy from 9j	$	12r.
12s. Total HAP: 12q minus 12r	$	12s.

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

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

Prorated Rent Calculation

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

Additional Payments (not HAP)

12ap. Additional financial support for tenant-based voucher family	$	12ap.
12aq. Financial incentive for property owner	$	12aq.

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash value of asset	6e. Actual Income	6f. Imputed Income
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g, 6h, 6i. Total net family assets, total actual income, total imputed income				$ 6g.	$ 6h.	$ 6i.
6j. Passbook rate (written as decimal)						6j.
6k. Final asset income: 6h + 6i (see instruction booklet)						6k.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total					$	7g.
7h. Reserved						
7i. Total annual income: 6k + 7g						7i.
Over-Income Status (Public Housing Only)						
7j. What is the applicable over-income limit for families of this size?					$	7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N						7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period						7l.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
8e. Total permissive deductions (sum of column 8d)			$	8e.

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

8f. Medical/disability threshold: 8a X 0.10		$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8l. Family is eligible for medical or child care expense hardship or both?			8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n. Medical/disability assistance deduction:	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		$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			8q.
8r. Allowance per dependent		$	8r.
8s. Dependent allowance: 8q X 8r		$	8s.
8t. Total annual unreimbursed child care costs		$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

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9. Total Tenant Payment (TTP)

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

Previous editions are obsolete   form HUD-50058 (01/2024)

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.
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	$ 12j.
12k. Rent to owner	$ 12k.
12l Is the family receiving a higher payment standard as a reasonable accommodation? (Y or N)	$ 12l.
12m. Utility allowance, if any	$ 12m.
12n. Security deposit paid by the PHA on behalf of the family, if any	$ 12n.
12o. Mobility-related services	12o(1).
(1) Did the family receive mobility-related services? (Y or N) (2) Date family began receiving mobility-related services	12o(2).
12p. Gross rent of unit: 12k + 12m (or Space Rent)	$ 12p.
12q. Lower of 12j or 12p	$ 12q.
12r. TTP: copy from 9j	$ 12r.
12s. Total HAP: 12q minus 12r	$ 12s.

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

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

Prorated Rent Calculation

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

Additional Payments (not HAP)

12ap. Additional financial support for tenant-based voucher family	$ 12ap.
12aq. Financial incentive for property owner	$ 12aq.

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash value of asset	6e. Actual Income	6f. Imputed Income
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g, 6h, 6i. Total net family assets, total actual income, total imputed income				$ 6g.	$ 6h.	$ 6i.
6j. Passbook rate (written as decimal)						6j.
6k. Final asset income: 6h + 6i (see instruction booklet)						6k.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total					$	7g.
7h. Reserved						
7i. Total annual income: 6k + 7g						7i.
Over-Income Status (Public Housing Only)						
7j. What is the applicable over-income limit for families of this size?					$	7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N						7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period						7l.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount	
			$	
			$	
			$	
			$	
			$	
			$	
			$	

8e. Total permissive deductions (sum of column 8d)		$	8e.

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

8f. Medical/disability threshold: 8a X 0.10		$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8l. Family is eligible for medical or child care expense hardship or both?			8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n. Medical/disability assistance deduction:	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		$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			8q.
8r. Allowance per dependent		$	8r.
8s. Dependent allowance: 8q X 8r		$	8s.
8t. Total annual unreimbursed child care costs		$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

9. Total Tenant Payment (TTP)

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

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.
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	$	12j.
12k. Rent to owner	$	12k.
12l Is the family receiving a higher payment standard as a reasonable accommodation? (Y or N)	$	12l.
12m. Utility allowance, if any	$	12m.
12n. Security deposit paid by the PHA on behalf of the family, if any	$	12n.
12o. Mobility-related services		12o(1).
(1) Did the family receive mobility-related services? (Y or N)		12o(2).
(2) Date family began receiving mobility-related services		
12p. Gross rent of unit: 12k + 12m (or Space Rent)	$	12p.
12q. Lower of 12j or 12p	$	12q.
12r. TTP: copy from 9j	$	12r.
12s. Total HAP: 12q minus 12r	$	12s.

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

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

Prorated Rent Calculation

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

Additional Payments (not HAP)

12ap. Additional financial support for tenant-based voucher family	$	12ap.
12aq. Financial incentive for property owner	$	12aq.

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash value of asset	6e. Actual Income	6f. Imputed Income
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g, 6h, 6i. Total net family assets, total actual income, total imputed income				$ 6g.	$ 6h.	$ 6i.
6j. Passbook rate (written as decimal)						6j.
6k. Final asset income: 6h + 6i (see instruction booklet)						6k.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total					$	7g.
7h. Reserved						
7i. Total annual income: 6k + 7g						7i.
Over-Income Status (Public Housing Only)						
7j. What is the applicable over-income limit for families of this size?					$	7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N						7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period						7l.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
8e. Total permissive deductions (sum of column 8d)			$	8e.

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

8f. Medical/disability threshold: 8a X 0.10		$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8l. Family is eligible for medical or child care expense hardship or both?			8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n. Medical/disability assistance deduction:	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		$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			8q.
8r. Allowance per dependent		$	8r.
8s. Dependent allowance: 8q X 8r		$	8s.
8t. Total annual unreimbursed child care costs		$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

9. Total Tenant Payment (TTP)

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

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.
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	$	12j.
12k. Rent to owner	$	12k.
12l Is the family receiving a higher payment standard as a reasonable accommodation? (Y or N)	$	12l.
12m. Utility allowance, if any	$	12m.
12n. Security deposit paid by the PHA on behalf of the family, if any	$	12n.
12o. Mobility-related services		12o(1).
(1) Did the family receive mobility-related services? (Y or N)		12o(2).
(2) Date family began receiving mobility-related services		
12p. Gross rent of unit: 12k + 12m (or Space Rent)	$	12p.
12q. Lower of 12j or 12p	$	12q.
12r. TTP: copy from 9j	$	12r.
12s. Total HAP: 12q minus 12r	$	12s.

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

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

Prorated Rent Calculation

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

Additional Payments (not HAP)

12ap. Additional financial support for tenant-based voucher family	$	12ap.
12aq. Financial incentive for property owner	$	12aq.

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash value of asset	6e. Actual Income	6f. Imputed Income
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g, 6h, 6i. Total net family assets, total actual income, total imputed income				$ 6g.	$ 6h.	$ 6i.
6j. Passbook rate (written as decimal)						6j.
6k. Final asset income: 6h + 6i (see instruction booklet)						6k.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total					$ 7g.
7h. Reserved					
7i. Total annual income: 6k + 7g					7i.
Over-Income Status (Public Housing Only)					
7j. What is the applicable over-income limit for families of this size?					$ 7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N					7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period					7l.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount	
			$	
			$	
			$	
			$	
			$	
			$	
8e. Total permissive deductions (sum of column 8d)			$	8e.

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

8f. Medical/disability threshold: 8a X 0.10			$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)			$	8k.
8l. Family is eligible for medical or child care expense hardship or both?				8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)			$	8m.
8n. Medical/disability assistance deduction:		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			$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)				8q.
8r. Allowance per dependent			$	8r.
8s. Dependent allowance: 8q X 8r			$	8s.
8t. Total annual unreimbursed child care costs			$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t			$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)			$	8y.

9. Total Tenant Payment (TTP)

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

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.
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	$	12j.
12k. Rent to owner	$	12k.
12l Is the family receiving a higher payment standard as a reasonable accommodation? (Y or N)	$	12l.
12m. Utility allowance, if any	$	12m.
12n. Security deposit paid by the PHA on behalf of the family, if any	$	12n.
12o. Mobility-related services		12o(1).
(1) Did the family receive mobility-related services? (Y or N)		12o(2).
(2) Date family began receiving mobility-related services		
12p. Gross rent of unit: 12k + 12m (or Space Rent)	$	12p.
12q. Lower of 12j or 12p	$	12q.
12r. TTP: copy from 9j	$	12r.
12s. Total HAP: 12q minus 12r	$	12s.

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

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

Prorated Rent Calculation

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

Additional Payments (not HAP)

12ap. Additional financial support for tenant-based voucher family	$	12ap.
12aq. Financial incentive for property owner	$	12aq.

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash value of asset	6e. Actual Income	6f. Imputed Income
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
6g, 6h, 6i. Total net family assets, total actual income, total imputed income				$ 6g.	$ 6h.	$ 6i.
6j. Passbook rate (written as decimal)						6j.
6k. Final asset income: 6h + 6i (see instruction booklet)						6k.

7. Income

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
7g. Column total					$	7g.
7h. Reserved						
7i. Total annual income: 6k + 7g						7i.
Over-Income Status (Public Housing Only)						
7j. What is the applicable over-income limit for families of this size?					$	7j.
7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N						7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period						7l.

8. Deductions and Allowances

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

Permissive Deductions

8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amount	
			$	
			$	
			$	
			$	
			$	
			$	
			$	

8e. Total permissive deductions (sum of column 8d)			$	8e.

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

8f. Medical/disability threshold: 8a X 0.10		$	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 health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8l. Family is eligible for medical or child care expense hardship or both?			8l.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n. Medical/disability assistance deduction:	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		$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)			8q.
8r. Allowance per dependent		$	8r.
8s. Dependent allowance: 8q X 8r		$	8s.
8t. Total annual unreimbursed child care costs		$	8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

9. Total Tenant Payment (TTP)

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

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.
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	$	12j.
12k. Rent to owner	$	12k.
12l Is the family receiving a higher payment standard as a reasonable accommodation? (Y or N)	$	12l.
12m. Utility allowance, if any	$	12m.
12n. Security deposit paid by the PHA on behalf of the family, if any	$	12n.
12o. Mobility-related services		12o(1).
(1) Did the family receive mobility-related services? (Y or N)		12o(2).
(2) Date family began receiving mobility-related services		
12p. Gross rent of unit: 12k + 12m (or Space Rent)	$	12p.
12q. Lower of 12j or 12p	$	12q.
12r. TTP: copy from 9j	$	12r.
12s. Total HAP: 12q minus 12r	$	12s.

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

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

Prorated Rent Calculation

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

Additional Payments (not HAP)

12ap. Additional financial support for tenant-based voucher family	$	12ap.
12aq. Financial incentive for property owner	$	12aq.