7a. Family Member Name	No.	7b.	7c. Calculation	7d. Dollars per year	7e. Income	7f. Income after
		Income Code	(PHA use)		exclusions	exclusions
		Code				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub						
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	71.					

7a. Family Member Name	No.	7b.	7c. Calculation	7d. Dollars per year	7e. Income	7f. Income after
		Income Code	(PHA use)		exclusions	exclusions
		Code				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub						
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	71.					

7a. Family Member Name	No.	7b.	7c. Calculation	7d. Dollars per year	7e. Income	7f. Income after
		Income Code	(PHA use)		exclusions	exclusions
		Code				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub						
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	71.					

7a. Family Member Name	No.	7b.	7c. Calculation	7d. Dollars per year	7e. Income	7f. Income after
		Income Code	(PHA use)		exclusions	exclusions
		Code				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub						
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	71.					

6a. Family Member Name	No.	Type included in net family assets?		6d. Cash val	ue of asset	6e. Actual	Income	6f. Imputed Income	
		asset		\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total ne total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate	(writte	n as deci	mal)	•					6j.
6k. Final asset income: 6h + 6i (see instruction booklet)								6k.	

6a. Family Member Name	No.	Type included in net family assets?		6d. Cash val	ue of asset	6e. Actual	Income	6f. Imputed Income	
		asset		\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total ne total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate	(writte	n as deci	mal)	•					6j.
6k. Final asset income: 6h + 6i (see instruction booklet)								6k.	

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al 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 inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al 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 inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al 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 inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		C		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1					6j.
	,			١					
bk. Final asset in	6k. Final asset income: 6h + 6i (see instruction booklet)								6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions		
		Jour				(7d minus 7e)		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
7g. Column total						\$ 7g.		
7h. Reserved								
7i. Total annual income: 6k	7i. Total annual income: 6k + 7g							
Over-Income Status (Pub								
7j. What is the applicable of	\$ 7j.							
7k. Is the family's annual in	7k.							
7l. If the family is over-incor	7I.							

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al 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 inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance	\$	8p.		
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	•	,	\$	8r.
8s. Dependent allowance: 8g X 8r			\$	8s.
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

10a. TTP: copy from 9j		\$	10a.
10b. Unit's flat rent		\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h))		
10d. Income Based Rent (Lower of 10a or 10b if authorized to us	se ceiling rents; or if not, put 10a)	\$	10d.
10e. Utility allowance, if any		\$	10e.
10f. Tenant rent: 10d minus 10e	\$	10f.	
	If negative, credit tenant	\$	10f.
10j. Total number eligible		\$	10j.
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a		\$ \$	10h. 10i.
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			

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

10a. TTP: copy from 9j		\$	10a.
10b. Unit's flat rent		\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h))		
10d. Income Based Rent (Lower of 10a or 10b if authorized to us	se ceiling rents; or if not, put 10a)	\$	10d.
10e. Utility allowance, if any		\$	10e.
10f. Tenant rent: 10d minus 10e	\$	10f.	
	If negative, credit tenant	\$	10f.
10j. Total number eligible		\$	10j.
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a		\$ \$	10h. 10i.
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			

10a. TTP: copy from 9j		\$	10a.
10b. Unit's flat rent		\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h))		
10d. Income Based Rent (Lower of 10a or 10b if authorized to us	se ceiling rents; or if not, put 10a)	\$	10d.
10e. Utility allowance, if any		\$	10e.
10f. Tenant rent: 10d minus 10e	\$	10f.	
	If negative, credit tenant	\$	10f.
10j. Total number eligible		\$	10j.
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a		\$ \$	10h. 10i.
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			

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		C		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total net family assets, total actual income, total imputed income			\$	6g.	\$	6h.	\$	6i.	
6j. Passbook rate (written as decimal)			1					6j.	
	,			١					
bk. Final asset in	6n + 6i (see instruction booklet	:)					6k.	

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions
		Jour				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i. Total annual income: 6k + 7g					
Over-Income Status (Pub	lic Hou	sing Only	·)			
7j. What is the applicable of						\$ 7j.
7k. Is the family's annual in					[] N	7k.
7l. If the family is over-incor	ne, not	e the start	date of the 24 cor	nsecutive month grace p	eriod	7I.

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al 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 inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance	\$	8p.		
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	•	,	\$	8r.
8s. Dependent allowance: 8g X 8r			\$	8s.
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

10a. TTP: copy from 9j		\$	10a.
10b. Unit's flat rent		\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h))		
10d. Income Based Rent (Lower of 10a or 10b if authorized to us	se ceiling rents; or if not, put 10a)	\$	10d.
10e. Utility allowance, if any		\$	10e.
10f. Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	\$	10f.
	If negative, credit tenant	\$	10f.
10j. Total number eligible	\$	10j.	
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a	\$ \$	10h. 10i.	
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			

10a. TTP: copy from 9j		\$	10a.
10b. Unit's flat rent		\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h))		
10d. Income Based Rent (Lower of 10a or 10b if authorized to us	se ceiling rents; or if not, put 10a)	\$	10d.
10e. Utility allowance, if any		\$	10e.
10f. Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	\$	10f.
	If negative, credit tenant	\$	10f.
10j. Total number eligible	\$	10j.	
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a	\$ \$	10h. 10i.	
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			

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		C		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1					6j.
	,			۸					
bk. Final asset in	come:	6n + 6i (see instruction booklet	:)					6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions
		Jour				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	(+ 7g					7i.
Over-Income Status (Pub	lic Hou	sing Only	·)			
7j. What is the applicable of						\$ 7j.
7k. Is the family's annual in					[] N	7k.
7l. If the family is over-incor	7I.					

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al 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 inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance	\$	8p.		
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	•	,	\$	8r.
8s. Dependent allowance: 8g X 8r			\$	8s.
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

10a. TTP: copy from 9j		\$	10a.
10b. Unit's flat rent		\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h))		
10d. Income Based Rent (Lower of 10a or 10b if authorized to us	se ceiling rents; or if not, put 10a)	\$	10d.
10e. Utility allowance, if any		\$	10e.
10f. Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	\$	10f.
	If negative, credit tenant	\$	10f.
10j. Total number eligible	\$	10j.	
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a	\$ \$	10h. 10i.	
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			

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		C		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1					6j.
	,			۸					
bk. Final asset in	come:	6n + 6i (see instruction booklet	:)					6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions
		Jour				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	(+ 7g					7i.
Over-Income Status (Pub	lic Hou	sing Only	·)			
7j. What is the applicable of						\$ 7j.
7k. Is the family's annual in					[] N	7k.
7l. If the family is over-incor	7I.					

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al 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 inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance	\$	8p.		
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	•	,	\$	8r.
8s. Dependent allowance: 8g X 8r			\$	8s.
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

10a. TTP: copy from 9j		\$	10a.
10b. Unit's flat rent		\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h))		
10d. Income Based Rent (Lower of 10a or 10b if authorized to us	se ceiling rents; or if not, put 10a)	\$	10d.
10e. Utility allowance, if any		\$	10e.
10f. Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	\$	10f.
	If negative, credit tenant	\$	10f.
10j. Total number eligible	\$	10j.	
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a	\$ \$	10h. 10i.	
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			

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		C		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1					6j.
	,			۸					
bk. Final asset in	come:	6n + 6i (see instruction booklet	:)					6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions
		Jour				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	(+ 7g					7i.
Over-Income Status (Pub	lic Hou	sing Only	·)			
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	7I.					

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al 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 inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	•	,	\$	8r.
8s. Dependent allowance: 8g X 8r			\$	8s.
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

10a. TTP: copy from 9j		\$	10a.
10b. Unit's flat rent		\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h))		
10d. Income Based Rent (Lower of 10a or 10b if authorized to us	se ceiling rents; or if not, put 10a)	\$	10d.
10e. Utility allowance, if any		\$	10e.
10f. Tenant rent: 10d minus 10e	\$	10f.	
	If negative, credit tenant	\$	10f.
10j. Total number eligible		\$	10j.
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a		\$ \$	10h. 10i.
10k. Total number in family		\$	10k.
10n. Eligible subsidy (10i ÷ 10k) X 10j		\$	10n.
10p. Mixed family TTP: 10h minus 10n		\$	10p.
10r. Utility allowance, if any		\$	10r.
10s. Mixed family tenant rent: 10p minus 10r	\$	10s.	
	If negative, credit tenant	\$	10s.
Type of Rent			

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		C		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1					6j.
	,			۸					
bk. Final asset in	come:	6n + 6i (see instruction booklet	:)					6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions
		Jour				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	(+ 7g					7i.
Over-Income Status (Pub	lic Hou	sing Only	·)			
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	7I.					

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al 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 inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	•	,	\$	8r.
8s. Dependent allowance: 8g X 8r			\$	8s.
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

10a. TTP: copy from 9j		\$	10a.
10b. Unit's flat rent		\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h))		
10d. Income Based Rent (Lower of 10a or 10b if authorized to us	se ceiling rents; or if not, put 10a)	\$	10d.
10e. Utility allowance, if any		\$	10e.
10f. Tenant rent: 10d minus 10e	\$	10f.	
	If negative, credit tenant	\$	10f.
10j. Total number eligible		\$	10j.
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a		\$ \$	10h. 10i.
10k. Total number in family		\$	10k.
10n. Eligible subsidy (10i ÷ 10k) X 10j		\$	10n.
10p. Mixed family TTP: 10h minus 10n		\$	10p.
10r. Utility allowance, if any		\$	10r.
10s. Mixed family tenant rent: 10p minus 10r	\$	10s.	
	If negative, credit tenant	\$	10s.
Type of Rent			

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		C		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1					6j.
	,			۸					
bk. Final asset in	come:	6n + 6i (see instruction booklet	:)					6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions
		Jour				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	(+ 7g					7i.
Over-Income Status (Pub	lic Hou	sing Only	·)			
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	7I.					

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	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.
		gative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	gative and head/spouse/co-head is elderly or disabled, copy	\$	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.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child care expense hardship or both?				81.
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	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 disa	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 unhousehold, spouse, co-head, foster chi		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent			\$	8r.
8s. Dependent allowance: 8g 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.

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.

10a. TTP: copy from 9j			
	\$	10b.	
10d. Income Based Rent (Lower of 10a or 10b if authorized to use ceiling rents; or if not, put 10a)			
	\$	10e.	
If positive or 0, put tenant rent	\$	10f.	
If negative, credit tenant	\$	10f.	
	\$	10i. 10j. 10k	
10h. PHA-established flat rent 10i. Family maximum subsidy: 10h minus 10a			
	\$	10k.	
10n. Eligible subsidy (10i ÷ 10k) X 10j			
10p. Mixed family TTP: 10h minus 10n			
	\$	10r.	
If positive or 0, put tenant rent	\$	10s.	
If negative, credit tenant	\$	10s.	
	If positive or 0, put tenant rent If negative, credit tenant to 10u) If positive or 0, put tenant rent	e ceiling rents; or if not, put 10a) If positive or 0, put tenant rent If negative, credit tenant \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	