

Rental Assistance Worksheet

Form I

Must be completed before rental assistance starts & annual eligibility recertifications. Must be completed if household eligibility factors or rent have changed.

Households receiving TBRA or TSH services must pay as rent, including utilities, an amount which is the higher of: (1) 30% of the household's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of household and child care expenses and are described in 24 CFR §5.611); (2) 10% of the household's monthly gross income; or (3) if the household is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the household's actual housing costs, is specifically designated by the agency to meet the household's housing costs, the portion of the payment that is designated for housing costs. The [Determining Household Annual Adjusted Income Guide](#) outlines acceptable forms of deduction verification and deduction calculation guidance.

Client Name and/or ID Number: _____ Date: _____
 Housing Case Manager Name: _____ Effective Date: _____
 Address: _____

Section 1: Household Annual and Monthly Gross Income

1 HOUSEHOLD ANNUAL GROSS INCOME (Form C, Line 9) _____
2 HOUSEHOLD MONTHLY GROSS INCOME (Line 1 divided by 12) _____

Section 2: Deductions

Project Sponsors must attach documentation of all deductions claimed by the household. Only third-party verification is permitted.

3 \$480 FOR EACH DEPENDENT _____
Dependents include household members who are minors under 18 years of age, members of any age who are disabled, or members who are full-time students, but not the head of household, co-head, spouse, sole member, foster children, or foster adults.
 Number of Dependents

4 \$400 FOR ELDERLY OR DISABLED HOUSEHOLDS _____
This deduction is provided to any household whose head, co-head, spouse, or sole member is at least 62 years of age or is disabled. This deduction always applies to households with persons with HIV/AIDS if they are the head, co-head, spouse, or sole member. Households that are program eligible only due to a minor with HIV are not eligible for this deduction.
 Meets Criteria?

5 UNREIMBURSED MEDICAL EXPENSES _____
These are expenses anticipated during the year that will not be reimbursed, to the extent the sum exceeds 3% of household annual gross income. The attendant care and auxiliary apparatus deduction may not exceed the earned income of household members 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus. Attendant care expenses cannot be paid to another household member.
 Line 5e

a Unreimbursed medical expenses for elderly or disabled households _____
 b Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member who is elderly or disabled that enables that member or any other member to work _____
 c Total unreimbursed medical expenses (Sum of Lines 5a & 5b) _____
 d 3% of household annual gross income (Line 1 x 0.03) _____
 e Allowable medical expense deduction (Line 5c minus 5d) _____
If result is a negative number, enter \$0.

6 UNREIMBURSED CHILDCARE EXPENSES _____
These are expenses anticipated during the year that will not be reimbursed for children 12 years of age and under that enable a household member to work, seek employment, or to further education. The childcare deduction may not exceed the earned income of household members 18 years of age or older who are able to work because of such childcare. Childcare expenses cannot be paid to another household member.

Section 3: Household Monthly Adjusted Income

7 HOUSEHOLD MONTHLY ADJUSTED INCOME _____
 a Household annual gross income (Line 1) _____
 b Total deductions (Sum of Lines 3, 4, 5, & 6) _____
 c Household annual adjusted income (Line 7a minus 7b) _____
If result is a negative number, enter \$0.
 d Household monthly adjusted income (Line 7c divided by 12) _____
 Line 7d

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Section 4: Household Monthly Rent Payment

8 HOUSEHOLD MONTHLY RENT PAYMENT TO OWNER

a 30% of household monthly adjusted income (Line 7d x 0.30) _____ Line 8f

b 10% of household monthly gross income (Line 2 x 0.10) _____

c Household's monthly public assistance designated for housing costs _____

d Household rent payment (Greater of Lines 8a, 8b, or 8c) _____

e Utility allowance (Form H) _____

A household must receive a utility allowance if they pay a separate utility vendor in addition to rent and utilities paid to the owner. If the allowance is greater than Line 8d, the adjusted household rent payment is \$0 and the difference ("utility reimbursement") must be paid to the utility vendor. If the household does not qualify for a utility allowance, enter \$0.

f Household rent payment to owner less utility allowance (Lines 8d minus 8e) _____

If result is a negative number, enter \$0.

Section 5: Project Sponsor Monthly Rent Payment

9 PROJECT SPONSOR MONTHLY RENT PAYMENT TO OWNER

a Unit rent to owner per current lease agreement (Form H) _____ Line 9c

b Household rent payment to owner (Line 8f) _____

c Project Sponsor rent payment to owner (Line 9a minus 9b) _____

If Line 9c is \$0 or less, household does not qualify for rental assistance services.

10 PROJECT SPONSOR MONTHLY UTILITY REIMBURSEMENT PAYMENT TO UTILITY VENDOR

If Line 8e is greater than 8d, the difference ("utility reimbursement") must be paid to the utility vendor. Complete Lines 10a through 10d to determine the amount paid to the utility vendor. The sum of Lines 8, 9, and 10 cannot exceed the lower of the rent standard or reasonable rent for the unit. If Line 8e is not greater than line 8d, enter \$0.

a Lower of the rent standard or reasonable rent for the unit (Form H) _____ Line 10d

b Lower less Project Sponsor rent payment to owner (Line 10a minus 9c) _____

c Utility allowance balance (Line 8e minus 8d) _____

If result is a negative number, enter \$0.

d Project Sponsor utility payment to utility vendor (Lesser of Lines 10b or 10c) _____

Section 6: Prorated First and/or Last Month's Rent

Will rental assistance pay the first month's rent? _____

a Will the rent be prorated? _____

b What is the prorated rent? _____

c What is the move-in date? _____

d Number of prorated days assisted: _____

e Household prorated rent: _____

f Project Sponsor prorated rent: _____

g Project Sponsor prorated utility reimbursement: _____

Will rental assistance pay the last month's rent? _____

a Will the rent be prorated? _____

b What is the prorated rent? _____

c What is the move-out date? _____

d Number of prorated days assisted: _____

e Household prorated rent: _____

f Project Sponsor prorated rent: _____

g Project Sponsor prorated utility reimbursement: _____

Section 7: Violence Against Women Act (VAWA) Lease Addendum Confirmation

To receive TBRA or TSH services, a household's lease must include a VAWA Lease Addendum. If a lease does not include a VAWA Lease Addendum, a Project Sponsor cannot approve the unit for TBRA or TSH services. I have retained a copy of the VAWA Lease Addendum for this assisted unit in the household's record. If the lease agreement already included an addendum, then I have attached a copy. If it did not, then the lessor and lessee have completed the addendum, provided a copy to me, and I have attached it.