

RENT CALCULATION WORKSHEET Public Housing

Name _____ Date _____

- | | | |
|---|--|----------|
| 1. | TOTAL ANNUAL GROSS INCOME | \$ _____ |
| 2. | Number of family members under 18, disabled, handicapped _____
or full-time student (excluding "head" and "spouse") | |
| 3. | Dependent allowance (line 2 x \$480) | \$ _____ |
| 4. | Child Care Expenses | \$ _____ |
| ONLY elderly, handicapped or disabled families: | | |
| 5. | Total medical expense | \$ _____ |
| 6. | Total handicapped assistance expense | \$ _____ |
| 7. | Total medical & handicapped expense
(line 5 + line 6) | \$ _____ |
| 8. | 3% x Total Annual Income (line 1 x 03) | \$ _____ |
| 9. | Allowable medical deduction (line 7 - line 8) | \$ _____ |
| 10. | Insert \$400 for elderly family | \$ _____ |
| 11. | Total adjustments (add lines 3, 4, 9 and 10) | \$ _____ |
| 12. | Adjusted Income (line 1 - line 11) | \$ _____ |
| 13. | Monthly GROSS INCOME (line 1 divided by 12) | \$ _____ |
| 14. | 10% of Monthly GROSS Income (line 3 x .10) | \$ _____ |
| 15. | Monthly Adjusted Income (line 2 divided by 12) | \$ _____ |
| 16. | 30% of Monthly Adjusted Income (line 5 x .30) | \$ _____ |
| 17. | Minimum Rent | \$ _____ |

- 18. TOTAL TENANT PAYMENT (TTP)
(enter whichever is greatest: line 14, 16, or 17) \$ _____
- 19. UTILITY ALLOWANCE (If applicable) \$ _____
- 20. TENANT RENT PAYABLE TO PHA (line 18 - line 19)
(Enter "0" if amount is a negative number and go to line 21) \$ _____
- 21. UTILITY REIMBURSEMENT (line 19 - line 18) \$ _____

FAMILY'S CHOICE OF RENT:

- Flat Rent: _____
- Income-Based Rent _____

Initials of PHA Representative _____

Initials of Supervisor/ED _____

**WORKSHEET FOR PRORATED RENT FOR
CITIZEN/NONCITIZEN MIXED FAMILIES
(Public Housing)**

1. Enter Total Rent Payable to PHA
(line 20 from Rent Computation Worksheet) \$ _____

2. Enter Flat Rent Applicable to Unit \$ _____

3. Enter Maximum Subsidy for which Family qualifies
(line 2 - line 1) \$ _____

4. Enter Total Number of Family Members _____

5. Enter Maximum Subsidy per Family Member
(line 3 divided by line 4) \$ _____

6. Enter Number of Eligible Family Members
(with citizenship or eligible immigration status) _____

7. Enter Amount of Subsidy for Which Family is Eligible
(line 6 x line 5) \$ _____

8. Enter Family's Prorated Rent
(line 2 - line 7) \$ _____

Initials of PHA Representative _____

Initials of Supervisor/ED _____