

TENANT NAME: _____

ASSETS

No.	Type of Asset	Cash Value	%	Actual Income
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

TOTAL \$ _____ \$ _____

IMPUTED INCOME FROM ASSETS: 0.06 % * \$ _____ = \$ _____

INCOME

No.	INCOME SOURCE	GROSS AMOUNT	FREQUENCY	TOTAL
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

INCOME FROM ASSETS \$ _____

TOTAL INCOME \$ _____

MEDICAL, DISABILITY EXPENSES

	\$
	\$
	\$
	\$
TOTAL	\$

CHILD CARE EXPENSES

	\$
	\$
TOTAL	\$

ALLOWANCES

TOTAL MEDICAL	\$
3% OF ANNUAL INCOME	\$
DIFFERENCE	\$
ALLOWABLE MEDICAL	\$
DEPENDENTS \$480 * _____ =	\$
CHILD CARE ALLOWANCE	\$
SENIOR/DISABLED DEDUCTION	\$
TOTAL ALLOWANCES	\$

ELIGIBILITY/RENT CALCULATION

FAMILY SIZE	\$
BEDROOM SIZE	\$
INCOME LIMIT	\$
ANNUAL INCOME	\$
LESS ALLOWANCES	\$
ADJUSTED INCOME	\$
UNIT RENT	\$
PAYMENT STANDARD	\$
GROSS FAMILY CONTRIBUTION (TTP)	
30%	40% 50% MIN. RENT
UTILITY ALLOWANCES	\$
TENANT PAYMENT	\$
HOUSING AUTHORITY PAYMENT	\$
UTILITY REIMBURSEMENT	\$

I certify that the information given by the household of _____ on household composition, income, assets, allowances, and deductions has been verified as required by Federal Law and the family was eligible at admission/recertification.

SIGNATURE OF BHA REPRESENTATIVE _____ DATE _____