

## Case Study 2: Bennett

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### Annual Income

#### SELF-EMPLOYMENT INCOME

*FR 5.609(b)(2)*

- Treat as operation of a business or profession.
  - Count net income
  - Net income equals gross income less expenses.
- Applicants may treat as a business expense depreciation (straight-line), interest payments on loans and depreciation.
- Withdrawal of cash or assets from a business is included as income except when the withdrawal is for reimbursement of amounts the family has invested in the business.
- Do not deduct expenses for expansion or capital improvements.
- Estimating anticipated income for self-employment might be difficult. The family may not keep formal records.
  - Family could maintain a monthly log of income and expenses for the PHA
  - Some PHAs have developed forms to assist families in maintaining records
  - The PHA could use an average over a period of three or more months
  - Interim recertifications may be required to reflect changing circumstances

- IRS forms can assist in making a determination for annual income. IRS forms applicable to self-employment include:
  - Schedule C: Profit or Loss From Business
  - Schedule E: Supplemental Income and Loss
  - Schedule F: Profit or Loss From Farming
- Other IRS forms include:
  - Form 4506: Request for Copy/Transcript of Tax Form – Can order tax return transcript 1040 series during current calendar year and 3 years prior. Requested items will be sent to taxpayer.
    - Verification of nonfiling
    - Form W-2 information
    - Copy of tax forms and all attachments including W-2 (\$23 charge for each tax year )
  - Form 8821: Tax Information Authorization
    - Can be sent to Appointee (PHA)
  - IRS Letter 1722: Tax account listing
    - Filing status
    - Exemptions claimed
    - Adjusted gross income
    - Taxable income
    - Taxes paid
    - Family can obtain this information by calling 1-800-829-1040

## **IMPUTED WELFARE INCOME**

*CFR 5.615*

*Federal Register 3/29/00,  
Final Admissions &  
Occupancy Rule, Preamble*

### **Welfare Agency Sanctions**

- The welfare agency may reduce welfare benefit payments to sanction a family for noncompliance with welfare self-sufficiency or work activities requirements.
- The PHA may not reduce the family rent contribution for families whose welfare benefits have been sanctioned by the welfare agency because of fraud in connection with the welfare program or for noncompliance with welfare self-sufficiency or work activities requirements.
- The family's income must include the amount of welfare benefits that would have been paid to the family if sanctions had not been imposed.
- Instead of reducing rent, the PHA must impute the welfare income equal to the amount of reduction in welfare benefits.
- This only applies to families who are required to participate in economic self-sufficiency activities in order to receive full welfare benefits.
- A "specified welfare benefit reduction" is not applicable if:
  - The welfare reduction is a result of the expiration of a lifetime limit, or other time limit, on receiving benefits
  - The family has complied with requirements but cannot find a job
  - The sanction is due to family noncompliance with other welfare agency requirements
  - The reduction is due to an earlier inadvertent overpayment.

*CFR 5.615(c)(2)*

### **Verification of Welfare Benefit Reduction**

- At the request of the PHA, the welfare agency will inform the PHA of:
  - The amount and term of the specified welfare benefit reduction for the family
  - The reason for the reduction
  - Subsequent changes in the term or amount of the reduction
- The PHA will use the information provided by the welfare agency to determine the amount of imputed welfare income for the family.

*CFR 5.615*

### **Imputed Welfare Income**

- Imputed welfare income is the amount of annual income not actually received by a family, as a result of a specified welfare benefit reduction, that is included in the family's annual income for purposes of determining rent.
- Imputed welfare income is used only until:
  - The reduction ceases, or
  - The family obtains some additional type of income
    - Imputed welfare income is offset, or
    - When such additional income is equal to imputed welfare income, imputed welfare income is reduced to zero.

**IMPUTED WELFARE INCOME EXAMPLE**

- Monica Smith’s welfare grant was reduced due to failure to comply with economic self-sufficiency, as verified by the welfare agency.
  - Original grant was \$500
  - Reduced to \$300 for 12 months
  
- What is her monthly:
  - Imputed Welfare Benefit \_\_\_\_\_
  - Total Income \_\_\_\_\_
  
- Two months later Monica gets a job earning \$150 monthly. How will her income now be reported?
  - Welfare cash payment \_\_\_\_\_
  - Employment Income \_\_\_\_\_
  - Imputed Welfare Benefit \_\_\_\_\_
  
- Monica’s earnings have been increased to \$250 monthly. How will her income now be reported?
  - Welfare cash payment \_\_\_\_\_
  - Employment Income \_\_\_\_\_
  - Imputed Welfare Benefit \_\_\_\_\_

#### **IMPUTED WELFARE INCOME: ADDITIONAL GUIDANCE**

- A family who has an imputed welfare benefit reduction will never pay less than the rent that was based on the former welfare income
- If the welfare benefit reduction occurred prior to admission, there is no imputed welfare benefit – the PHA counts only the amount of actual cash benefits received.

#### **IMPUTED WELFARE INCOME AND EARNED INCOME DISALLOWANCE**

- Families who have welfare income imputed may qualify for the earned income disallowance when they go to work. Include the imputed welfare income as part of the baseline income (prior to the earned income increase).

#### **MIXED FAMILY RENT CALCULATION**

- Mixed families are those families that are comprised of some eligible family members and some ineligible family members. A mixed family must have their assistance prorated.
- Eligible family members may be citizens, including naturalized citizens, nationals who owe permanent allegiance to the USA or noncitizens who have eligible immigration status.
- Ineligible family members include noncitizen students in the country on a student visa, and their noncitizen family members. Family members choosing not to contend their citizenship status (noncontending members) are also determined to be ineligible. The number of ineligible family members will determine the proration of rent.

**PRORATED RENT CALCULATION (PUBLIC HOUSING)**

*CFR 5.520(d)*

1. Determine total tenant payment, using income of all family members, including any family member who has not established eligible immigration status.
2. Subtract the TTP from a HUD-supplied public housing maximum rent applicable to the unit or the PHA.
  - Result is the maximum subsidy for which the family could qualify if all members were eligible, or family maximum subsidy.
3. Divide the family maximum subsidy by the number of persons in the family to determine maximum subsidy per family member who has eligible status.
  - Result is the member maximum subsidy.
4. Multiply the member maximum subsidy by the number of eligible family members.
  - Result is the eligible subsidy.
5. Subtract the amount of the eligible subsidy from the public housing maximum rent.
6. Subtract the utility allowance from the prorated TTP to get the prorated tenant rent.

**PRORATION RENT CALCULATION EXAMPLE**

- The Jones family has six members; four family members are eligible and two family members are noncontending.

- PHA's maximum rent \$600
- Family's TTP \$250
- Utility allowance \$50

Public Housing Maximum Rent	\$600
Minus TTP	– 250
Family Maximum Subsidy	<u>\$350</u>

Family Maximum Subsidy	\$350
Divided by total family members	÷ 6
Equals Member Maximum Subsidy	<u>\$58.33</u>

Member Maximum Subsidy (before rounding)	\$58.33
Times the number of eligible family members	x 4
Equals Eligible Subsidy	<u>\$233</u>

Public Housing Maximum Rent	\$600
Minus Eligible Subsidy	– 233
Equals Revised TTP	<u>\$367</u>
Minus Utility Allowance	– 50
Equals Prorated Tenant Rent	<u>\$317</u>

**PRORATED FLAT RENT (PUBLIC HOUSING)**

- If a mixed family chooses flat rent instead of income-based rent, instructions are provided to determine whether flat rent needs to be prorated. Instructions can be found in Appendix 3 of form HUD-50058 Instruction Booklet, page 68.
- If a mixed family chooses flat rent, first compare flat rent to the PHA public housing maximum rent.
  - If maximum rent is less than or equal to flat rent, do not prorate that rent.
  - If maximum rent is greater than flat rent, then the PHA must prorate the flat rent.

**CALCULATION OF PRORATED FLAT RENT (PUBLIC HOUSING)**

1. Subtract the flat rent from the maximum rent to get the family maximum subsidy.
2. Family maximum subsidy divided by the total number of family members (do not round at this point), multiplied by the number of eligible family members will equal the eligible subsidy.
3. Subtract the eligible subsidy from the maximum rent to get the mixed family flat rent.
  - If negative or zero, use unit flat rent without proration.

**FLAT RENT PRORATION EXAMPLE**

- Johnny James, a mixed family, is requesting flat rent. The James family has five total family members. Four of the five family members are eligible citizens/eligible noncitizens, one family member is noncontending.

- Flat rent for the unit is \$550
- PH Maximum rent is \$600

Maximum Rent	\$600
Minus Flat Rent	– 550
Equals Family Maximum Subsidy	<u>\$50</u>

Family Maximum Subsidy	\$50
Divided by total number of family members	<u>÷ 5</u>
Equals	10
Multiplied by total number eligible	<u>x 4</u>
Equals Eligible Subsidy	\$40

PH Maximum Rent	\$600
Minus Eligible Subsidy	– 40
Equals Prorated Flat Rent	<u>\$560</u>

## **Case Study 2: Bennett**

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### **Case Information**



## **BENNETT FAMILY (PUBLIC HOUSING)**

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Member	Name	Age	Disabled?	SSN	Citizen status
<b>Head</b>	Brad Bennett	53	N	346-78-9012	Elig
<b>Daughter</b>	Bonnie Bailey	32	N	457-89-0123	Elig
<b>Son-In-Law</b>	Bert Bailey	34	N	none	Noncontending
<b>Grandchild</b>	Barbie Bailey	10	N	568-90-1234	Elig

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The Bennett family lives in a 3-bedroom unit in the PHA's Brown Gardens development. The Public Housing maximum rent for the unit is \$350.

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Today's Date: **May 15, 2003**

Scenario:

The Bennett family 's annual reexamination is due July 1.

Brad Bennett has been self-employed for the past 5 years. He provides landscaping and lawn care services and is usually paid in cash. His business expenses include gasoline for his lawn mower and gardening supplies. Mr. Bennett also runs a weekly newspaper ad for his services. The ad runs in the Sunday paper and costs \$10 per week.

Brad's daughter, Bonnie Bailey, is unemployed and receives TANF benefits for herself and her 10-year-old daughter. Bonnie has recently reconciled with her husband, Bert. Bert returned to the home in April, 2003. He is a Canadian citizen and does not claim to have eligible immigration status. Bert reports that he has applied for legal residence but that he will not know the results of his application for at least 1 year. Meanwhile, he is not legally permitted to work.

Bonnie has reported that her TANF benefits will be reduced in July. Since reconciling with Bert, she has stopped attending employment readiness classes required by the welfare department. She plans to seek work on her own. The PHA has requested and received information about the reduction from the welfare department.

The family reports no assets.

The family's annual report form and related verifications are attached.

- Program:  Public Housing  
 Section 8 HCV  
 Housing: \_\_\_\_\_  
 Other: \_\_\_\_\_

## FAMILY ANNUAL REPORT

### GENERAL FAMILY INFORMATION

Head of Household: Brad Bennett  
 Present Street Address: 343 Brown Blvd. # 456, Cubside City ST 55555  
 Mailing Address: same  
 Home Telephone: 555-6262 Work Telephone: N/A

#### Household Members

Please list the legal names of all of the people who live with you. Start with the head of household, then spouse/co-head, then minors (oldest to youngest), and then any other adults.

Fam. Mem.	Legal Names	Relationship to Head	Sex	Disabled ? Y/N	Age	Birth Date	Occupation or School Name	Social Security No.
1	Brad Bennett	Head of Household	M	N	53	2-12-50	Janitorial	346-78-9012
2	Bonnie Bailey	Daughter	F	N	32	3-14-71	None	457-89-0123
3	Bert Bailey	Son-in-law	M	N	34	4-5-69	unemployed	None
4	Barbie Bailey	Granddaughter	F	N	10	1-16-93	Madison Elementary	568-90-1234
5								
6								
7								
8								
9								

Do you expect anyone to move in or out of your household within the next twelve months?

Yes

No

If yes, explain:

# TOTAL INCOME RECEIVED BY HOUSEHOLD MEMBERS

List ALL money received or earned by everyone living in the household.

Employment Income: Include regular pay, overtime, bonuses, commissions and tips.

Self-Employment: Report both gross income and expenses.

For all Income, report gross income.

Include: employment, self employment, unemployment, child support, regular contributions, social security, SSI, retirement, disability, workman's compensation, TANF, Veteran's Benefits, Rental Property income, Stock dividends, interest alimony, annuities and ALL other sources.

Family Member	Income Type	Amount	rate (hourly, weekly, etc)	Income Source (name & address)	Annual Income	If employed, # of hours per week
Bonnie	Welfare	\$ 500	month	Cubzide City Social Services	\$ 6000	N/A
Brad	Self-employ	\$ 500-600	Month	Self	\$ varies	20-30
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	

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Has anyone in your household applied for any benefits or money, which is in the process of being approved?  Yes  No

If yes, explain WHO, WHAT, and WHEN expected:

Does anyone outside of your household pay for any of your bills or expenses?  Yes  No

If yes, explain WHO, WHEN, and FOR WHAT:

Are you entitled to money/Income not reported above? Child Support:  Yes  No Alimony:  Yes  No

# ASSET INFORMATION

List all assets, including bank accounts, trusts, real estate, property held as an investment, stocks, bonds, annuities, and savings bonds.

Asset Description	Belongs to	Location of Asset/ Financial Institution Name	Account # (N/A if does not apply)	Value of Asset	pays interest or dividends?
<i>None</i>				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

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Has any household member sold/disposed of any asset for less than market value in the last two years?

Yes

No

If yes, explain WHO, WHAT, WHEN:

## ALLOWANCES AND DEDUCTIONS

**CHILDCARE EXPENSES**

Do you pay out of pocket (unreimbursed) childcare costs to work or attend school?

Yes

No

If yes, complete the following:

Child's Name	Child's age	Amount paid	Per (week, month, every two weeks, etc.)	Name, address and phone # of child care provider
		\$		
		\$		
		\$		

**DISABILITY ASSISTANCE EXPENSES** *(If NO family member disabled, OR if no family member works, skip to next question)*

List all unreimbursed ATTENDANT CARE expenses and AUXILIARY APPARATUS expenses (wheel chairs, vehicle adaptations, and similar expenses) anticipated to be paid over the next twelve months:  None are anticipated

Member's Name	Type of expense	Expense anticipated	Per (week, month, etc.)	Provider's name, address and phone #
		\$		
		\$		
		\$		

**MEDICAL EXPENSES** *(If Head of household, spouse or co-head is neither elderly nor disabled, skip to next question)*

List all UNREIMBURSED family medical expenses anticipated to be paid over the next twelve months:  None anticipated

Include Medicare premiums, other health insurance premiums, regular payments on medical bills, regular payments for prescription medicine and prescribed non-prescription medicine, and co-payment amounts.

Member's Name	Type of expense	Expense anticipated	Per (week, month, etc.)	Provider's name, address and phone #
		\$		
		\$		
		\$		
		\$		
		\$		

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**AUTHORIZATIONS AND CERTIFICATIONS**

I understand that any misrepresentation of information or any failure to disclose information requested on this application may disqualify me from participation and/or may be grounds for eviction or termination of assistance. TITLE 18, SECTION 1001 OF THE U.S. CODE states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States or the Department of Housing and Urban Development is guilty of a felony.

Head of Household Name Brad Bennett Signature Brad Bennett Date 5-7-03

Spouse or Other Adult: Bonnie Bailey Signature Bonnie Bailey Date 5-6-2003

Spouse or Other Adult: Bert Bailey Signature Bert Bailey Date 5-6-03

Spouse or Other Adult: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Other Adult: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**NARRATIVE FOR: BRAD BENNETT**

3/03/2003 Annual Reexamination packet mailed to the tenant. Hsg assistant 10

4/16/2003 Bonnie Bailey called to report that she and her husband Bert are getting back together and is requesting that he be able to move in with the family. Bert is a Canadian citizen and he has applied for residency here. Upon further questioning, it appears that Bert is a non-contending member. I informed Bonnie of the additional verifications needed for Bert and to add his information to the reexamination packet mailed to the household. Written request for additional information to be included with reexamination packet mailed to the Bennett household. Hsg representative 08

4/22/2003 Bonnie Bailey called to report that her welfare benefits are going down. She states she wants to find her own job. Request for information mailed to the local welfare department. Hsg representative 08

5/15/2003 All information and verifications needed for annual reexamination are in the office. New rent has been calculated, tenant selected income-based rent, notification mailed. Reexamination completed for July 1, 2003. Hsg representative 08

Notes

## **Case Study 2: Bennett**

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# **Verifications**

Notes

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

Cubzide Housing Authority 4/30/03

246 First Ave.

Cubzide City, ST 55555

Contact: Bill Balabanlar

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

<u>Brad Bennett</u> Head of Household	<u>4/30/03</u> Date	<u>Bert Bailey</u> Other Family Member over age 18	<u>4/30/03</u> Date
<u>346-78-9012</u> Social Security Number (if any) of Head of Household			
<u>Bonnie Bailey</u> Spouse	<u>4/30/03</u> Date		
<u>457-89-0123</u> Other Family Member over age 18			

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

## Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, Brad Bennett certify, under penalty of perjury<sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age<sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under §§1001(a)(15) or 101(a)(20) of the INA<sup>3</sup>; or
  - Permanent residence under §249 of INA<sup>4</sup>; or
  - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA<sup>5</sup>; or
  - Parole status under §212(d)(f) of the INA<sup>6</sup>; or
  - Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
  - Amnesty under §245 of the INA.<sup>8</sup>

Brad Bennett

(Signature of Family Member)

5-7-03

(Date)

- Check box if signature of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> [See reverse side for footnotes and instructions]

## Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, Bonnie Bailey certify, under penalty of perjury<sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age<sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §§1001(a)(15) or 101(a)(20) of the INA<sup>3</sup>; or
  - Permanent residence under §249 of INA<sup>4</sup>; or
  - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA<sup>5</sup>; or
  - Parole status under §§212(d)(f) of the INA<sup>6</sup>; or
  - Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
  - Amnesty under §245 of the INA.<sup>8</sup>

B. Bailey

(Signature of Family Member)

5-6-2003

(Date)

- Check box if signature of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> [See reverse side for footnotes and instructions]

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Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, Barbie Bailey certify, under penalty of perjury<sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age<sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §§1001(a)(15) or 101(a)(20) of the INA<sup>3</sup>; or
  - Permanent residence under §249 of INA<sup>4</sup>; or
  - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA<sup>5</sup>; or
  - Parole status under §§212(d)(f) of the INA<sup>6</sup>; or
  - Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
  - Amnesty under §245 of the INA.<sup>8</sup>

Bonnie Bailey

(Signature of Family Member)

5-6-2003

(Date)

- Check box if signature of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> [See reverse side for footnotes and instructions]

## Listing of Non-Contending Family Members

I, Brad Bennett certify, under penalty of perjury,<sup>1</sup> that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

Bert Bailey

(First Name, Middle Initial(s), Last Name)

Brad Bennett

(Signature of Head of Household or Spouse)

5-7-03

(Date)

<sup>1</sup> **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

**Instructions:** If one or more members of a family elect not to contend that he or she has eligible immigration status and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the PHA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided.

# Certificate of Birth

Beta County  
State

**Name:** Brad Bennett  
**Date:** February 12, 1950  
**Sex:** Male  
**Birthplace:** Beta County Hospital, Beta, State  
**Father:** Bartholomew Bennett of Beta,  
State, born April 29, 1922  
**Mother:** Bertha Brautigan Bennett of Beta,  
State, born October 23, 1928

**Signature of Authenticity:**

*Booker Blankenship*

*Feb. 21, 1950*

---

Booker Blankenship, Beta County Recorder

Date

# Certificate of Birth

Beta County  
State

**Name:** Bonnie Bennett  
**Date:** March 14, 1971  
**Sex:** Female  
**Birthplace:** Beta County Hospital, Beta, State  
**Father:** Brad Bennett of Beta, State, born  
February 12, 1950  
**Mother:** Broomhilda Britman Bennett of  
Beta, State, born June 18, 1949

Signature of Authenticity:

*Bella Braggadocio*

3/21/71

Bella Braggadocio, Beta County Recorder

Date

# CUBZIDE CITY, ST

## CERTIFICATE OF LIVE BIRTH COUNTY OF CUBZIDE, STATE

<b>THIS CHILD</b>	FIRST NAME	MIDDLE	LAST NAME	SEX	BIRTH DATE
	Barbie	-	Bailey	F	January 16 1993
<b>BIRTH PLACE</b>	HOSPITAL	ADDRESS		COUNTY	STATE
	Cubzide	987 12 <sup>th</sup> Ave, Cubzide City		Cubzide	State
<b>CHILD'S FATHER</b>	FIRST NAME	MIDDLE	LAST NAME	BIRTH STATE	BIRTH DATE
	Bert	-	Bailey	B.C., Canada	April 5 1969
<b>CHILD'S MOTHER</b>	FIRST NAME	MIDDLE	LAST NAME	BIRTH STATE	BIRTH DATE
	Bonnie	-	Bailey	State	March 14 1971
<b>CERTIFICATION OF BIRTH</b>	ATTENDANT/ CERTIFIER NAME		ATTENDANT/ CERTIFIER SIGNATURE		DATE SIGNED
	J. T. Monroe		<i>J. T. Monroe</i>		01-23-1993

# Certified Birth Record

<b>Name of Child</b>	Bert Bailey
<b>Date of Birth</b>	April 5, 1969
<b>Birthplace</b>	Britannia City, British Columbia
<b>Residence of Mother</b>	Britannia City, British Columbia
<b>Date Filed by Local Registrar</b>	April 15, 1969
<b>Sex</b>	Male
<b>Single, Twin, or Other</b>	Single
<b>Name of Father</b>	Brit Bailey
<b>Age at Last Birthday</b>	42
<b>Birthplace of Father</b>	Suffolk County, England
<b>Maiden Name of Mother</b>	Bernice Beauregard
<b>Age at Last Birthday</b>	35
<b>Birthplace of Mother</b>	Britannia City, British Columbia

I do hereby certify that the above is a true and correct copy of the legal birth record on file in the office of the clerk of court, Britannia City, British Columbia, Canada.

*Blanche B. Bottoms*

Blanche B. Bottoms, Clerk of Court

*May 1, 2003*

Date

simulated: for training purposes only

**SOCIAL SECURITY**

**346-78-9012**

Social Security Administration

**BRAD BENNETT**

**Social Security Administration**

simulated: for training purposes only

**SOCIAL SECURITY**

**457-89-0123**

Social Security Administration

**BONNIE BAILEY**

**Social Security Administration**

simulated: for training purposes only

**SOCIAL SECURITY**

**568-90-1234**

Social Security Administration

**BARBIE BAILEY**

**Social Security Administration**

**CERTIFICATION OF NO SOCIAL SECURITY NUMBER**

I, Bert Bailey, do not have a Social Security number. If I should ever obtain a Social Security number, I will provide verification of my number immediately.

Bert Bailey  
Signature (if adult signing for a child, check here )

4/30/02  
Date

# Cubzide Housing Authority

## Monthly Self-Employment Income and Expenses

Name: Brad Bennett  
 Business Name: \_\_\_\_\_  
 Month: February 2003

INCOME SOURCE	DATE	AMOUNT
First Church of Cubzide	2/4, 2/11, 2/18, 2/25	\$25/week (\$100)
Berger (garden)	2/19	\$25
Arby's Restaurant	2/20	\$50

(A) TOTAL MONTHLY INCOME: \_\_\_\_\_ \$ 175.00

EXPENSE ITEM	DATE	AMOUNT
Newspaper ad	2/2, 2/9, 2/16, 2/23	\$40 total
Gas (1 gallon)	2/14	\$1.75

(B) TOTAL MONTHLY EXPENSES: \_\_\_\_\_ \$ 41.75

(C) NET MONTHLY INCOME (A MINUS B): \_\_\_\_\_ \$ 133.25

I certify that the information above is complete and correct to the best of my knowledge and belief. I understand that failure to provide full and complete information may result in termination of assistance and/or civil and criminal penalties.

Brad Bennett  
Signature

5-7-03  
Date

*I did not have much work in Feb. because of weather conditions.*

## Cubzide Housing Authority

### Monthly Self-Employment Income and Expenses

Name: Brad Bennett  
 Business Name: \_\_\_\_\_  
 Month: March 2003

INCOME SOURCE	DATE	AMOUNT
First Church of Cubzide	3/4, 3/11, 3/18, 3/25	\$50/wk (\$200)
Walton (lawn)	3/4, 3/11, 3/18, 3/25	\$25/wk (\$100)
Berger (lawn/garden)	3/5, 3/12, 3/19, 3/26	\$60/wk (\$240)
Mitchell (plant lawn)	3/19-3/21	\$300
Jones (1 day)	3/27	\$50
Grant (2 days)	3/12-3/13	\$150

(A) TOTAL MONTHLY INCOME: \$ 1040.00

EXPENSE ITEM	DATE	AMOUNT
Newspaper ad	3/2, 3/9, 3/16, 3/23, 3/30	\$50 total
Gas (4 gallons)	3/4, 3/12, 3/21, 3/25	\$7
Grass seed	3/19	\$20
Fertilizer (50 lbs.)	3/3	\$25

(B) TOTAL MONTHLY EXPENSES: \$ 102.00

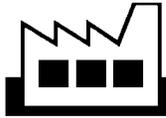
(C) NET MONTHLY INCOME (A MINUS B): \$ 938.00

I certify that the information above is complete and correct to the best of my knowledge and belief. I understand that failure to provide full and complete information may result in termination of assistance and/or civil and criminal penalties.

Brad Bennett  
 Signature

5-7-03  
 Date





**Cubzide Housing Authority**  
**246 First Avenue**  
**Cubzide City, ST 55555**

April 22, 2003

Public Assistance Office  
 Cubzide Department of Social Services  
 200 Main Street  
 Cubzide City, ST 55555

**Re: Reason for Reduction in Public Assistance Benefits**  
**Client Name:** Bonnie Bailey  
**Client Address:** 505 West Way #303, Cubzide City, ST 55555  
**Social Security #:** 457-89-0123

Dear Social Services Department:

The individual named above has reported a reduction in public assistance benefits and requested a reduction in rent. The Quality Housing and Work Responsibility Act of 1998 requires that we verify in writing whether the benefits have been reduced for one of the reasons listed in the box below. Please review these reasons, check whichever is appropriate for this individual, fill in the blanks that follow, and return the completed verification to me by mail at the address above.

Thank you for your cooperation.

Sincerely,

*Bill Balabanlar*

Bill Balabanlar  
 Occupancy Specialist

Benefits have been reduced because the named individual committed welfare fraud.

Benefits have been reduced because the named individual has not participated in required economic self-sufficiency activities.

Benefits have been reduced for some other reason (please specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The amount by which the individual's benefits will be cut is \$ 200 per month, resulting in a new monthly benefit of \$ 300 per month. The reduction in benefits will begin on 7-1-03 and will apply for 12 months.

Name: BETTY BRILL Title: Eligibility Technician  
 Signature: Betty Brill Date: 5-5-03

## **Case Study 2: Bennett**

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# **RIM Guide Appendix C**

## **Tenant File Review Checklist Worksheets**

Notes

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**B. Annual Income and Assets Worksheet**

**Assets Table:**

	Family Member	Type of Asset	Date of Verification	Net Cash Value of Asset	Anticipated Actual Asset Income
1.a.				\$	\$
b.				\$	\$
c.				\$	\$
d.				\$	\$
e.				\$	\$
f.				\$	\$
g.				\$	\$
h.				\$	\$
2.	Totals:			\$	\$
3.	Current Passbook Rate:			%	
4.	Imputed Asset Income (Total Net Cash Value > \$5000):			\$	
5.	<b>Final Asset Income (larger of Total Anticipated Actual Asset Income or Imputed Asset Income):</b>				<b>\$</b>

**Annual Income Table:**

	Family Member	Type of Income	Date of Verification	Income Rate	Annualized Income	Income Excluded	Income After Exclusions
1.a.				\$	\$	(\$ )	\$
b.				\$	\$	(\$ )	\$
c.				\$	\$	(\$ )	\$
d.				\$	\$	(\$ )	\$
e.				\$	\$	(\$ )	\$
f.				\$	\$	(\$ )	\$
g.				\$	\$	(\$ )	\$
h.				\$	\$	(\$ )	\$
i.				\$	\$	(\$ )	\$
j.				\$	\$	(\$ )	\$
k.				\$	\$	(\$ )	\$
2.	Total:						\$
3.	Final Asset Income (from Asset Table):						\$
4.	<b>TOTAL ANNUAL INCOME:</b>						<b>\$</b>

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**C. Dwelling Unit / Utility Allowance Worksheet**

**Utility Allowance Table:**

Utility	Type	Scheduled UA	Utility	Scheduled UA
Heating		\$	Trash	\$
Cooking		\$	Air Conditioning	\$
Water Heating		\$	Range	\$
Other Electric		\$	Refrigerator	\$
Water		\$	Other:	\$
Sewer		\$	Other:	\$
<b>Total Utility Allowance</b> for dwelling unit (if none, enter \$0):				<b>\$</b>

**Utility Allowance Table Instructions:**

Instructions	
	<p>In the public housing program, where the tenant family is paying an <u>income-based rent</u> and is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, the family must be given a utility allowance. Families paying a <u>flat rent</u> do not receive a utility allowance. Utilities for which the family is responsible should be reflected on the family's dwelling lease.</p> <p>In the Section 8 HCV program, any family who is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, must be given a utility allowance.</p> <ul style="list-style-type: none"> <li>• Generally, for a <b>recent admission</b> family, a <b>mover</b> family moving with continued assistance within the PHA's jurisdiction, or a <b>portability-in</b> family, the file should include a form HUD-52517, <u>Request for Tenancy Approval</u>, which fully outlines the utility combination for the unit and responsibility for utilities. However, the PHA may have determined that the owner's proposed rent was not rent reasonable and the owner subsequently changed the rent amount. One approach to changing the rent amount might have been a change in responsibility for certain utilities – e.g., the owner might have elected to assume responsibility for providing additional utilities under the lease. In this case, the utility combination on the HUD-52517 would need to be revised to reflect these changes in utility responsibilities.</li> <li>• For a <b>reexamination</b> family, the utility combination might have changed significantly since the prior reexamination (or initial leasing). Both the dwelling lease and the HAP contract should specify the current combination of utilities and appliances, particularly if these have changed.</li> </ul> <p>Based on the file documentation, determine if the family is responsible for some or all utilities in the dwelling unit and complete the table by noting the appropriate Utility Allowance (UA) amount for each utility supplied by the family. Utility allowances should be based on the PHA's schedule or schedules for such allowances, taking into account the size and type of unit and the type of utility used. Note that, even between units of the same bedroom size in the same project, utility allowances may vary due to actual unit physical size, location within the project, types of utilities applicable to different units, etc.</p> <p>Total all of the scheduled UA amounts to arrive at the <b>Total Utility Allowance</b> amount for the unit. Enter this total in the space provided on this line. Cross check with HUD-50058, line 10e. or line 10r. for the public housing program. Cross check with HUD-50058, line 12m.. for the Section 8 HCV program.</p>

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**D. Adjusted Income Worksheet**

**Dependent Deduction:**

1.a. Total number of dependents in Family:

b. **Dependent Deduction** (Total number of dependents X \$480): \$

**Elderly / Disabled Family Deduction:**

Yes No Unclear

2.a. Family qualifies as "Elderly" or "Disabled" family?

b. If "Yes", enter \$400 **Elderly / Disabled Family Deduction**. If "No", enter \$0: \$

**Medical Expenses**

	Family Member	Medical Expense Description	Date of Verification	Annual Expense Amount
3.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
f.				\$
4.	<b>Total Annual Medical Expense:</b>			\$ <input type="text"/>

**Disability Assistance Expenses**

	Family Member	Disability Assistance Expense Description	Date of Verification	Annual Expense Amount
5.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
6.	<b>Total Annual Disability Assistance Expenses:</b>			\$ <input type="text"/>

**Medical / Disability Assistance Expenses Deduction:**

Yes No Unclear

7. Three (3) percent of Annual Income (Annual Income Table **Line 4.** x **0.03**): \$

8.a. Family includes both "disabled" family member(s) and employed family member(s)?

b. Family incurs disability assistance expenses to enable family member(s) to be employed?

c. Amount of disability assistance expenses that are unreimbursed & reasonable: \$

9. **Line 8.c.** minus **Line 7.:** \$

- If result is a negative number and **Line 2.a.** is "Yes", copy amount from **Line 8.c.**
- If result is a negative number and **Line 2.a.** is "No", enter \$0

10. Amount of employment income made possible by disability assistance expenses: \$

11. The lower amount of **Line 9.** or **Line 10.:** \$

- If **Line 8.c.** is less than **Line 7.** and **Line 2.a.** is "Yes", copy amount from **Line 9.**

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**D. Adjusted Income Worksheet**

12. If **Line 2.a.** is "Yes", amount of unreimbursed medical expenses for entire family: \$

13. Sum of **Line 11.** and **Line 12.:** \$

14. **Medical / Disability Assistance Expenses Deduction:** \$

- If **Line 8.c.** = \$0, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
- If **Line 8.c.** is less than **Line 7.**, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
- If **Line 8.c.** is greater than or equal to **Line 7.**, enter amount from **Line 13.**

**Child Care Expenses**

	Family Member	Child Care Expense Description	Date of Verification	Annual Expense Amount
15.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
16.	<b>Total Annual Child Care Expenses:</b>			\$ <input type="text"/>

**Child Care Expenses Deduction:**

		Yes	No	Unclear
17.a.	Family includes member(s) under age 13?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Amount of unreimbursed, reasonable child care costs incurred by family:	\$ <input type="text"/>		
18.a.	Family has any member(s) employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Child care costs enable member(s) to be employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Amount of employment income enabled by child care costs:	\$ <input type="text"/>		
d.	Amount on <b>Line 17.b.</b> , not to exceed amount on <b>Line 18.c.</b>	\$ <input type="text"/>		
19.a.	Family has any member(s) furthering education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Child care costs enable member(s) to further education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<b>Child Care Expenses Deduction:</b>	\$ <input type="text"/>		

- Where both **Line 18.a.** and **Line 18.b.** are "Yes", enter amount from **Line 18.d.**
- Where **Line 18.a.** is "No", but **Lines 19.a.** and **19.b.** are "Yes", enter amount from **Line 17.b.**

**P.H. Permissive Deductions**

	Family Member	Type of Deduction	Date of Verification	Annual Amount
21.a.				\$
b.				\$
c.				\$
22.	<b>PH: Total Permissive Deductions:</b>			\$ <input type="text"/>

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**D. Adjusted Income Worksheet**

23.	Total Annual Income:	\$
24.	Total All Deductions:	\$
25.	<b>TOTAL ADJUSTED INCOME = Line 23. minus Line 24.:</b>	\$

**D. Adjusted Income Worksheet**

**Adjusted Income Instructions:**

Line	Instructions
1.a.	Indicate the total number of dependents in the household. Dependents include any family members who are under age 18, have a disability, or are full-time students of any age. Dependents who are temporarily absent from the home, but listed on the lease, should be included. Dependents do not include household members who are head of household, spouse of head, foster children, foster adults, live-in aides, the children of live-in aides, or any other members of the household who are not considered family members. Refer to the Tenant File Review Checklist table under section <b>A. Family Composition</b> , to identify family member dependents.
1.b.	Calculate the total <b>Dependent Deduction</b> for the family. The standard dependent deduction is \$480 per dependent. Cross check with HUD-50058, line 8r., to ensure that PHA has used the standard deduction amount in its calculation.  Multiply <b>Line 1.a.</b> times \$480. Cross check total dependent deduction amount, as reflected in tenant file, with HUD-50058, line 8s
2.a.	Confirm whether the family qualifies as an “elderly” or “disabled” family. For the family to qualify for this deduction, the head of the family, the spouse of the head, or the sole member of the family must be a person age 62 or over, <u>or</u> be a disabled person.  Refer to the Tenant File Review Checklist table under section <b>A. Family Composition</b> , where age and disability status of family head and spouse were established.
2.b.	If the answer on <b>Line 2.a.</b> is “Yes”, calculate the <b>Elderly/Disabled Family Deduction</b> for the family. The standard “elderly/disabled” family deduction is \$400 per family. Note that this deduction is <u>per family</u> , not per individual. Cross check with HUD-50058, line 8p., to ensure that PHA has used the standard deduction amount in its calculation.

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**E. Public Housing Rent Worksheet**

**Income-based Rent:**

<b>Income-Based TPP</b>	1.a.	Monthly Income (Annual Income ÷ 12):	\$
	b.	10% of Monthly Income (Line 1.a. X 0.10):	\$
	c.	Monthly Adjusted Income (Adjusted Income ÷ 12):	\$
	d.	30% of Monthly Adjusted Income (Line 1.c. X 0.30):	\$
	e.	Welfare Rent (if applicable):	\$
	f.	Minimum Rent:	\$
	g.	Ceiling Rent (if applicable):	\$
	2.	<b>TOTAL TENANT PAYMENT (TTP) based on traditional income-based method:</b>	\$
		• Highest of Line 1.b., 1.d., 1.e., 1.f., not to exceed Line 1.g.	
3.	<b>TOTAL TENANT PAYMENT (TTP) based on alternative income-based method:</b>	\$	

<b>Income-based Prorated TPP</b>	4.	Maximum Rent established for this unit type:	\$
	5.	Family Maximum Subsidy (Line 4. minus Line 2. or Line 3.):	\$
	6.a.	Total Number of family members:	
	b.	Number of family members eligible for prorated rent subsidy:	
	7.	Total Rent Subsidy for which family is eligible:	\$
		• (Line 5. + Line 6.a.) x Line 6.b.	
8.	<b>TOTAL TENANT PAYMENT (TTP) for a "Mixed" family:</b>	\$	
	• Line 4. minus Line 7.		

<b>Income-based Tenant Rent</b>	9.	TTP based on appropriate method (Line 2., Line 3., or Line 8.):	\$
	10.	Utility Allowance:	\$
	11.	<b>Income-based TENANT RENT:</b>	\$
		• Line 9. minus Line 10. If result is negative, enter \$0 and go to Line 12.	
12.	<b>UTILITY REIMBURSEMENT (Amount by which Line 10. exceeds Line 9.):</b>	\$	

**Flat Rent**

13. **Flat Rent** applicable to this dwelling unit, based on PHA Flat Rent schedule: \$

<b>Prorated Flat Rent</b>	14.	Maximum Rent established for this unit type:	\$
	15.	Family Maximum Subsidy (Line 14. minus Line 13.):	\$
	16.a.	Total Number of family members:	
	b.	Number of family members eligible for prorated rent subsidy:	
	17.	Total Rent Subsidy for which family is eligible:	\$
		• (Line 15. + Line 16.a.) x Line 16.b.	
18.	<b>Flat Rent for a "Mixed" family (Line 14. minus Line 17.):</b>	\$	

## **Case Study 2: Bennett**

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# **RIM Guide Appendix A**

## **Tenant File Review Checklist**



# Appendix A

**Tenant File Review Checklist**  
 Rental Integrity Monitoring  
 Public Housing / Sec. 8 Housing Choice Voucher

PHA Name:   
 PHA No.:   
 HUD Reviewer:   
 Date of Review:   
 Last Name of Family Head:   
 SSN of Family Head:

## A. Family Composition

	Last Name	First Name	Relation	Date of Birth	Sex	SSN	9886? √	Dis? √	C/EI? √
1.a.			Head						
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									

**Recent Admission Family only:**

2.a. Date of Admission:

	Yes	No	Unclear
b. Application materials complete and capture all information for eligibility, income and rent?			
c. Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?			
d. Family composition and characteristics identified? Verified & documented?			
e. SSNs disclosed, or certification if no SSN assigned? Verified & documented?			
f. Evidence of citizenship or eligible immigration status for all members? Verified & documented?			

**Reexamination Family only:**

3.a. Current Reexam Effective Date:  Prior Reexam/Admission Effective Date:

b. Reexam Type:  Annual Income & Composition  Interim / Special / Other  
 3-Year Income & Composition (PH only)  Annual Composition (PH only)

	Yes	No	Unclear
c. <b>All Sec. 8 HCV only:</b> PHA conducts <u>annual</u> reexam of income & composition?			
d. <b>All PH only:</b> PHA conducts <u>annual</u> reexam of composition?			
e. <b>PH income-based rent only:</b> PHA conducts <u>annual</u> reexam of income?			
f. <b>PH flat rent only:</b> PHA conducts at least <u>3-year</u> reexam of income?			
g. Reexamination materials complete and capture all information for eligibility, income and rent?			
h. Family composition & characteristics identified, including new members? Verified & documented?			
i. Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?			
j. SSNs disclosed, or certification if no SSN assigned? Verified & documented?			
k. Evidence of citizenship / eligible immigration status for all members? Verified & documented?			

Shaded cells represent information which may be cross-referenced with HUD-50058

## B. Annual Income and Assets

\* For detailed calculations, refer to **B. Annual Income and Assets Worksheet** in Appendix C

1.	<b>Final Asset Income</b> (ref. HUD-50058, line 6j.):	<b>PHA:</b> * \$	<b>HUD:</b> * \$			
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
2.	PHA identifying assets for all family members? Verified & documented?					
3.	PHA accurately calculating net cash value of assets?					
4.	PHA accurately calculating anticipated actual income from assets?					
5.	Assets > \$5000: PHA accurately calculating imputed asset income, using correct passbook rate?					
6.	PHA accurately calculating final asset income, using larger of anticipated actual vs. imputed?					
7.	<b>TOTAL ANNUAL INCOME</b> (ref. HUD-50058, line 7i.):	<b>PHA:</b> * \$	<b>HUD:</b> * \$			
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
8.	Wages and earned income accurately calculated, verified & documented?					
9.	Earned income exclusion/disallowance accurately calculated?					
10.	<b>PH:</b> Where PHA uses Individual Savings Account (ISA), PHA deposits appropriate amount?					
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
11.	Welfare benefit income accurately calculated, verified & documented?					
12.	Where family member subject to "Specified Welfare Benefit Reduction", PHA uses <u>imputed</u> welfare income?					
13.	Family requested review of <u>imputed</u> welfare income calculation? If denied, PHA provided written notice?					
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
14.	SS/SSI/pension income accurately calculated, verified & documented?					
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
15.	"Other" income accurately calculated, verified & documented?					
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
16.	Total Annual Income accurately calculated, verified & documented?					
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>

## C. Dwelling Unit / Utility Allowance

\*\* For detailed calculations, refer to **C. Utility Allowance Worksheet** in Appendix C

1.a.	<b>Unit Address:</b>		b.	<b>No. of Bedrooms:</b>	
2.a.	<b>PH only – Project Name:</b>		b.	<b>PH only – Project No.:</b>	
3.a.	Tenant family responsible for some or all utilities in unit?				
				<b>Yes</b>	<b>No</b>
b.	<b>Total Utility Allowance</b> (ref. HUD-50058, line 10e., 10r., 12m.):	<b>PHA:</b> ** \$	<b>HUD:</b> ** \$		
c.	Correct Utility Allowance used, computed accurately?				

Shaded cells represent information which may be cross-referenced with HUD-50058

## D. Adjusted Income

\* For detailed calculations, refer to *D. Adjusted Income Worksheet* in Appendix C

		Yes	No	Unclear
1.a	<b>Dependent Deduction</b> (ref. HUD-50058, line 8r. and 8s.):	PHA: * \$	HUD: * \$	
b.	Dependent Deduction accurately calculated; verified & documented by PHA?			
2.a	<b>Elderly / Disabled Family Deduction</b> (ref. HUD-50058, line 8p.):	PHA: * \$	HUD: * \$	
b.	Elderly/Disabled Family Deduction accurately calculated; verified & documented by PHA?			
3.a	<b>Medical/Disability Assistance Expenses Deduction:</b> (ref. HUD-50058, line 8n.)	PHA: * \$	HUD: * \$	
b.	Medical/Disability Assistance Exp. Deduction accurately calculated; verified & documented by PHA?			
4.a	<b>Child Care Expenses Deduction</b> (ref. HUD-50058, line 8t.):	PHA: * \$	HUD: * \$	
b.	Child Care Expenses Deduction accurately calculated; verified & documented by PHA?			
5.a	<b>Public Housing only: Permissive Deductions:</b> (ref. HUD-50058, line 8e.):	PHA: * \$	HUD: * \$	
b.	Permissive deduction accurately calculated; verified & documented by PHA?			
6.a	<b>Total All Deductions</b> (ref. HUD-50058, line 8x.):	PHA: * \$	HUD: * \$	
b.	Total All Deductions accurately calculated; verified & documented by PHA?			
7.a	<b>TOTAL ADJUSTED INCOME</b> (ref. HUD-50058, line 8y.):	PHA: * \$	HUD: * \$	
b.	Total Adjusted Income accurately calculated; verified & documented by PHA?			

Shaded cells represent information which may be cross-referenced with HUD-50058

**Complete Section E. for a Public Housing family only.**

**E. Rent – Public Housing only**

\* For detailed calculations, refer to **E. Public Housing Rent Worksheet** in Appendix C

1.a.	Family offered choice of rent methods:	Yes	No	Unclear
b.	Tenant Rent is:	<input checked="" type="checkbox"/> Income-based	<input checked="" type="checkbox"/> Flat	

**Income-based Rent:**

2. Income-based Rent method is:  Traditional  PHA Alternative

<b>Traditional TTP</b>	3.	TTP – traditional method (ref. HUD-50058, line 9j., 10d.):	PHA: * \$	HUD: * \$				
					Yes	No	Unclear	
	4.	Traditional income-based TTP accurately calculated?						
	5.a.	Family qualified for Minimum Rent financial hardship exemption? Verified & documented?						
	b.	Minimum Rent TTP suspended for long-term hardship and reinstated for temporary hardship?						
6.	Family is a “mixed” family eligible for Prorated assistance (If “Yes”, go to Line 11.)?							

<b>PHA Income-based TTP</b>	7.	TTP – alternative method (ref. HUD-50058, line 9j., 10d.):	PHA: * \$	HUD: * \$				
					Yes	No	Unclear	
	8.	PHA Alternative Income-based TTP accurately calculated?						
	9.	PHA Alternative Income-based TTP does not exceed Traditional income-based TTP?						
10.	Family is a “mixed” family eligible for Prorated assistance (If “Yes”, go to Line 11.)?							

<b>Prorated TTP</b>	11.	TTP for a “Mixed” family (ref. HUD-50058, line 10p.):	PHA: * \$	HUD: * \$			
					Yes	No	Unclear
12.	TTP for a “Mixed” family accurately calculated?						

<b>Income-based Tenant Rent</b>	13.	TENANT RENT (ref. HUD-50058, line 10f., 10s.):	PHA: * \$	HUD: * \$				
					Yes	No	Unclear	
	14.	Utility Reimbursement (ref. HUD-50058, line 10f., 10s.):						
						Yes	No	Unclear
15.	TENANT RENT accurately calculated?							
16.	Income-based TENANT RENT agrees with Rent Rolls?							

**Flat Rent**

17.	Flat Rent based on PHA schedule (ref. HUD-50058, line 10b.):	PHA: * \$	HUD: * \$				
18.	Flat Rent for a “Mixed” Family (ref. HUD-50058, line 10b.):						
					Yes	No	Unclear
19.	Flat Rent accurately calculated by PHA?						
20.	Flat Rent agrees with Rent Rolls?						

Shaded cells represent information which may be cross-referenced with HUD-50058

**Complete Section F. for a Section 8 Housing Choice Voucher family only.**

**F. Family Rent and HAP – Section 8 HCV only**

\* For detailed calculations, refer to **F. Section 8 HCV Rent and HAP Worksheet** in Appendix C

**Total Tenant Payment (TTP)**

1.	TTP (ref. HUD-50058, line 9j. or 12r.):	PHA: * \$	HUD: * \$				
2.	TTP accurately calculated?				Yes	No	Unclear
3.a.	Family qualified for Minimum Rent financial hardship exemption? Verified & documented?						
b.	Minimum Rent TTP suspended for long-term hardship and reinstated for temporary hardship?						

**Payment Standard**

4.a	Payment Standard (ref. HUD-50058, line 12j.):	PHA: * \$	HUD: * \$				
b.	Correct Payment Standard used?				Yes	No	Unclear

**Gross Rent and Total HAP**

5.	Gross Rent (ref. HUD-50058, line 12p.):	PHA: * \$	HUD: * \$				
6.	Total HAP (ref. HUD-50058, line 12s.):	PHA: * \$	HUD: * \$				
7.	Total HAP accurately calculated?				Yes	No	Unclear

**Reexamination Family only:**

8.a.	Reexamination has resulted in HAP of zero (\$0) dollars?	Yes	No	Unclear
b.	If "Yes", HAP contract remained in effect up to 6 months after reexam effective date?			

**Family Rent to Owner and HAP to Owner (Non-prorated, Non-mixed Family only)**

9.	Total Family Share of Rent (ref. HUD-50058, line 12t.):	PHA: * \$	HUD: * \$				
10.	HAP to Owner (ref. HUD-50058, line 12u.):	PHA: * \$	HUD: * \$				
11.	Family Rent to Owner (ref. HUD-50058, line 12v.):	PHA: * \$	HUD: * \$				
12.	Utility Reimbursement (ref. HUD-50058, line 12w.):	PHA: * \$	HUD: * \$				
13.	Family Rent to Owner and HAP (Non-prorated) accurately calculated by PHA?				Yes	No	Unclear
14.	HAP agrees with HAP register?						

**Family Rent to Owner and HAP to Owner (Prorated, Mixed Family only)**

15.	Prorated Family Rent to Owner (ref. HUD-50058, line 12ai.):	PHA: * \$	HUD: * \$				
16.	Prorated HAP to Owner (ref. HUD-50058, line 12aj.):	PHA: * \$	HUD: * \$				
17.	Family Rent to Owner and HAP (Prorated) accurately calculated by PHA?				Yes	No	Unclear
18.	HAP agrees with HAP register?						

Shaded cells represent information which may be cross-referenced with HUD-50058



## **Case Study 2: Bennett**

# **Bennett PHA 50058 in File**



## Bennett PHA 50058

Head of household name <b>Bennett</b>	Social Security Number <b>346789012</b>	Date modified (mm/dd/yyyy) <b>07/01/2003</b>
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### 6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f, 6g. Column totals				\$ 6f.	\$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

### 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)
<b>Brad</b>		<b>B</b>	<b>567.58x12</b>	\$ <b>6811</b>	\$ <b>0</b>	\$ <b>6811</b>
<b>Bonnie</b>		<b>T</b>	<b>500x12</b>	\$ <b>6000</b>	\$ <b>0</b>	\$ <b>6000</b>
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ <b>12,811</b> 7i.

#### 7b: Income Codes

<b>Wages:</b> B = own business F = federal wage HA = PHA wage M = military pay W = other wage	<b>Welfare:</b> G = general assistance IW = annual imputed welfare income T = TANF assistance	<b>SS/SSI/Pensions:</b> P = pension S = SSI SS = Social Security	<b>Other Income Sources:</b> C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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**Bennett PHA 50058**

Head of household name <b>Bennett</b>	Social Security Number <b>346789012</b>	Date modified (mm/dd/yyyy) <b>07/01/2003</b>
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**8. Expected Income Per Year**

8a. Total annual income: copy from 7i	<b>\$12,811</b> 8a.
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**Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)**

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
8e. Total permissible deductions			\$ 8e.

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

8f. Medical/disability threshold: 8a X 0.03	\$	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.
	\$	8h.
	\$	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 medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance allowance:	\$	8n.
	\$	8n.
8p. Elderly/disability allowance (default = \$400)	\$	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).	<b>1</b>	8q.
8r. Allowance per dependent (default = \$480)	\$ <b>480</b>	8r.
8s. Dependent allowance: 8q X 8r	\$ <b>480</b>	8s.
8t. Total annual unreimbursed childcare costs	\$	8t.
8u. Total annual travel cost to work/school (Indian Housing only)	\$	8u.
8v. Reserved		
8w. Reserved		
8x. Total allowances: 8e + 8n + 8p + 8s + 8t + 8u	\$ <b>480</b>	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		<b>\$12,331</b> 8y.

**Bennett PHA 50058**

Head of household name	<b>Bennett</b>	Social Security Number	<b>346789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
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**9. Total Tenant Payment (TTP)**

9a. Total monthly income: $8a \div 12$	\$	<b>1068</b>	9a.
9b. Reserved			
9c. TTP if based on annual income: $9a \times 0.10$	\$	<b>107</b>	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	<b>1028</b>	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		<b>30</b>	9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	<b>308</b>	9f.
9g. Welfare rent per month (if none, put 0)	\$		9g.
9h. Minimum rent (if waived, put 0)	\$	<b>25</b>	9h.
9i. Enhanced Voucher minimum rent	\$		9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	<b>308</b>	9j.
9k. Most recent TTP	\$		9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)			9m.

**Bennett PHA 50058**

Head of household name	<b>Bennett</b>	Social Security Number	<b>346789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
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**10. Public Housing, Indian Rental, and Turnkey III**

10a. TTP: copy from 9j		\$	<b>308</b>	10a.
10b. Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)		\$	<b>500</b>	10b.
<b>Income Based Rent Calculation (if prorated rent, skip to 10h)</b>				
10c. Ceiling rent, if any		\$		10c.
10d. Lower of TTP or ceiling rent (if no ceiling rent, 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		or CR	\$ 10f.
10g. Reserved				

**Income Based Prorated Rent Calculation (if not prorated, skip to 10u)**

10h. Public/Indian Housing maximum rent		\$	<b>500</b>	10h.
10i. Family maximum subsidy: 10h minus 10a		\$	<b>192</b>	10i.
10j. Total number eligible			<b>3</b>	10j.
10k. Total number in family			<b>4</b>	10k.
10m. Reserved				
10n. Eligible subsidy (10i ÷ 10k) X 10j		\$	<b>144</b>	10n.
10p. Mixed family TTP: 10h minus 10n		\$	<b>356</b>	10p.
10q. Reserved				
10r. Utility allowance, if any		\$	<b>75</b>	10r.
10s. Mixed family tenant rent: 10p minus 10r	If positive or 0, put tenant rent			\$ <b>281</b> 10s.
	If negative, credit tenant		or CR	\$ 10s.
10t. Reserved				

**Type of Rent**

10u. Type of rent selected:

Income based       Flat

10v. Reserved

## **Case Study 2: Bennett**

# **Correct 50085 and RIM Guide Worksheets**

**(Handout of Answers)**



**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**B. Annual Income and Assets Worksheet**

**Assets Table:**

Family Member	Type of Asset	Date of Verification	Net Cash Value of Asset	Anticipated Actual Asset Income
1.a.			\$	\$
b.			\$	\$
c.			\$	\$
d.			\$	\$
e.			\$	\$
f.			\$	\$
g.			\$	\$
h.			\$	\$
2.	Totals:		\$	\$
3.	Current Passbook Rate:		%	
4.	Imputed Asset Income (Total Net Cash Value > \$5000):		\$	
5.	<b>Final Asset Income (larger of Total Anticipated Actual Asset Income or Imputed Asset Income):</b>			<b>\$</b>

**Annual Income Table:**

Family Member	Type of Income	Date of Verification	Income Rate	Annualized Income	Income Excluded	Income After Exclusions	
1.a.	<b>Brad</b>	<b>Self-empl.</b>	<b>2/03-4/03</b>	<b>\$ 584.25</b>	<b>\$ 7011</b>	<b>(\$ )</b>	<b>\$ 7011</b>
b.	<b>Bonnie</b>	<b>Welfare</b>	<b>5-5-03</b>	<b>\$ 300</b>	<b>\$ 3600</b>	<b>(\$ )</b>	<b>\$ 3600</b>
c.	<b>Bonnie</b>	<b>Imputed Welf.</b>	<b>5-5-03</b>	<b>\$ 200</b>	<b>\$ 2400</b>	<b>(\$ )</b>	<b>\$ 2400</b>
d.			\$	\$	(\$ )	\$	
e.			\$	\$	(\$ )	\$	
f.			\$	\$	(\$ )	\$	
g.			\$	\$	(\$ )	\$	
h.			\$	\$	(\$ )	\$	
i.			\$	\$	(\$ )	\$	
j.			\$	\$	(\$ )	\$	
k.			\$	\$	(\$ )	\$	
2.	Total:					\$	<b>13,011</b>
3.	Final Asset Income (from Asset Table):					\$	<b>0</b>
4.	<b>TOTAL ANNUAL INCOME:</b>					<b>\$</b>	<b>13,011</b>

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**C. Dwelling Unit / Utility Allowance Worksheet**

**Utility Allowance Table:**

Utility	Type	Scheduled UA	Utility	Scheduled UA
Heating		\$	Trash	\$
Cooking		\$	Air Conditioning	\$
Water Heating		\$	Range	\$
Other Electric		\$	Refrigerator	\$
Water		\$	Other:	\$
Sewer		\$	Other:	\$
<b>Total Utility Allowance</b> for dwelling unit (if none, enter \$0):				<b>\$ 80</b>

**Utility Allowance Table Instructions:**

Instructions
<p>In the public housing program, where the tenant family is paying an <u>income-based rent</u> and is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, the family must be given a utility allowance. Families paying a <u>flat rent</u> do not receive a utility allowance. Utilities for which the family is responsible should be reflected on the family's dwelling lease.</p> <p>In the Section 8 HCV program, any family who is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, must be given a utility allowance.</p> <ul style="list-style-type: none"> <li>• Generally, for a <b>recent admission</b> family, a <b>mover</b> family moving with continued assistance within the PHA's jurisdiction, or a <b>portability-in</b> family, the file should include a form HUD-52517, <u>Request for Tenancy Approval</u>, which fully outlines the utility combination for the unit and responsibility for utilities. However, the PHA may have determined that the owner's proposed rent was not rent reasonable and the owner subsequently changed the rent amount. One approach to changing the rent amount might have been a change in responsibility for certain utilities – e.g., the owner might have elected to assume responsibility for providing additional utilities under the lease. In this case, the utility combination on the HUD-52517 would need to be revised to reflect these changes in utility responsibilities.</li> <li>• For a <b>reexamination</b> family, the utility combination might have changed significantly since the prior reexamination (or initial leasing). Both the dwelling lease and the HAP contract should specify the current combination of utilities and appliances, particularly if these have changed.</li> </ul> <p>Based on the file documentation, determine if the family is responsible for some or all utilities in the dwelling unit and complete the table by noting the appropriate Utility Allowance (UA) amount for each utility supplied by the family. Utility allowances should be based on the PHA's schedule or schedules for such allowances, taking into account the size and type of unit and the type of utility used. Note that, even between units of the same bedroom size in the same project, utility allowances may vary due to actual unit physical size, location within the project, types of utilities applicable to different units, etc.</p> <p>Total all of the scheduled UA amounts to arrive at the <b>Total Utility Allowance</b> amount for the unit. Enter this total in the space provided on this line. Cross check with HUD-50058, line 10e. or line 10r. for the public housing program. Cross check with HUD-50058, line 12m.. for the Section 8 HCV program.</p>

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**D. Adjusted Income Worksheet**

**Dependent Deduction:**

1.a. Total number of dependents in Family: **1**

b. **Dependent Deduction** (Total number of dependents X \$480): **\$ 480**

**Elderly / Disabled Family Deduction:**

Yes No Unclear

2.a. Family qualifies as "Elderly" or "Disabled" family?

b. If "Yes", enter \$400 **Elderly / Disabled Family Deduction**. If "No", enter \$0: **\$**

**Medical Expenses**

	Family Member	Medical Expense Description	Date of Verification	Annual Expense Amount
3.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
f.				\$
4.	<b>Total Annual Medical Expense:</b>			<b>\$ 0</b>

**Disability Assistance Expenses**

	Family Member	Disability Assistance Expense Description	Date of Verification	Annual Expense Amount
5.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
6.	<b>Total Annual Disability Assistance Expenses:</b>			<b>\$ 0</b>

**Medical / Disability Assistance Expenses Deduction:**

Yes No Unclear

7. Three (3) percent of Annual Income (Annual Income Table **Line 4.** x **0.03**): **\$**

8.a. Family includes both "disabled" family member(s) and employed family member(s)?

b. Family incurs disability assistance expenses to enable family member(s) to be employed?

c. Amount of disability assistance expenses that are unreimbursed & reasonable: **\$**

9. **Line 8.c.** minus **Line 7.**: **\$**

- If result is a negative number and **Line 2.a.** is "Yes", copy amount from **Line 8.c.**
- If result is a negative number and **Line 2.a.** is "No", enter \$0

10. Amount of employment income made possible by disability assistance expenses: **\$**

11. The lower amount of **Line 9.** or **Line 10.**: **\$ 0**

- If **Line 8.c.** is less than **Line 7.** and **Line 2.a.** is "Yes", copy amount from **Line 9.**

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**D. Adjusted Income Worksheet**

12. If **Line 2.a.** is "Yes", amount of unreimbursed medical expenses for entire family: **\$ 0**

13. Sum of **Line 11.** and **Line 12.:** **\$ 0**

14. **Medical / Disability Assistance Expenses Deduction:** **\$ 0**

- If **Line 8.c.** = \$0, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
- If **Line 8.c.** is less than **Line 7.**, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
- If **Line 8.c.** is greater than or equal to **Line 7.**, enter amount from **Line 13.**

**Child Care Expenses**

	Family Member	Child Care Expense Description	Date of Verification	Annual Expense Amount	
15.a.				\$	
b.				\$	
c.				\$	
d.				\$	
e.				\$	
16.	<b>Total Annual Child Care Expenses:</b>				<b>\$ 0</b>

**Child Care Expenses Deduction:**

		Yes	No	Unclear
17.a.	Family includes member(s) under age 13?	X		
b.	Amount of unreimbursed, reasonable child care costs incurred by family:	<b>\$ 0</b>		
18.a.	Family has any member(s) employed?			
b.	Child care costs enable member(s) to be employed?			
c.	Amount of employment income enabled by child care costs:	<b>\$</b>		
d.	Amount on <b>Line 17.b.</b> , not to exceed amount on <b>Line 18.c.</b>	<b>\$</b>		
19.a.	Family has any member(s) furthering education?			
b.	Child care costs enable member(s) to further education?			
20.	<b>Child Care Expenses Deduction:</b>	<b>\$ 0</b>		

- Where both **Line 18.a.** and **Line 18.b.** are "Yes", enter amount from **Line 18.d.**
- Where **Line 18.a.** is "No", but **Lines 19.a.** and **19.b.** are "Yes", enter amount from **Line 17.b.**

**P.H. Permissive Deductions**

	Family Member	Type of Deduction	Date of Verification	Annual Amount	
21.a.				\$	
b.				\$	
c.				\$	
22.	<b>PH: Total Permissive Deductions:</b>				<b>\$ 0</b>

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**D. Adjusted Income Worksheet**

23.	<b>Total Annual Income:</b>	<b>\$ 13,011</b>
24.	<b>Total All Deductions:</b>	<b>\$ 480</b>
25.	<b>TOTAL ADJUSTED INCOME = Line 23. minus Line 24.:</b>	<b>\$ 12,531</b>

**D. Adjusted Income Worksheet**

**Adjusted Income Instructions:**

Line	Instructions
1.a.	Indicate the total number of dependents in the household. Dependents include any family members who are under age 18, have a disability, or are full-time students of any age. Dependents who are temporarily absent from the home, but listed on the lease, should be included. Dependents do not include household members who are head of household, spouse of head, foster children, foster adults, live-in aides, the children of live-in aides, or any other members of the household who are not considered family members. Refer to the Tenant File Review Checklist table under section <b>A. Family Composition</b> , to identify family member dependents.
1.b.	Calculate the total <b>Dependent Deduction</b> for the family. The standard dependent deduction is \$480 per dependent. Cross check with HUD-50058, line 8r., to ensure that PHA has used the standard deduction amount in its calculation.  Multiply <b>Line 1.a.</b> times \$480. Cross check total dependent deduction amount, as reflected in tenant file, with HUD-50058, line 8s
2.a.	Confirm whether the family qualifies as an “elderly” or “disabled” family. For the family to qualify for this deduction, the head of the family, the spouse of the head, or the sole member of the family must be a person age 62 or over, <u>or</u> be a disabled person.  Refer to the Tenant File Review Checklist table under section <b>A. Family Composition</b> , where age and disability status of family head and spouse were established.
2.b.	If the answer on <b>Line 2.a.</b> is “Yes”, calculate the <b>Elderly/Disabled Family Deduction</b> for the family. The standard “elderly/disabled” family deduction is \$400 per family. Note that this deduction is <u>per family</u> , not per individual. Cross check with HUD-50058, line 8p., to ensure that PHA has used the standard deduction amount in its calculation.

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**E. Public Housing Rent Worksheet**

**Income-based Rent:**

<b>Income-Based TTP</b>	1.a.	Monthly Income (Annual Income ÷ 12):	<b>\$ 1084</b>	
	b.	10% of Monthly Income (Line 1.a. X 0.10):	<b>\$ 108</b>	
	c.	Monthly Adjusted Income (Adjusted Income ÷ 12):	<b>\$ 1044</b>	
	d.	30% of Monthly Adjusted Income (Line 1.c. X 0.30):	<b>\$ 313</b>	
	e.	Welfare Rent (if applicable):	<b>\$ 0</b>	
	f.	Minimum Rent:	<b>\$ 25</b>	
	g.	Ceiling Rent (if applicable):	<b>\$</b>	
	2.	<b>TOTAL TENANT PAYMENT (TTP) based on traditional income-based method:</b>	<b>\$ 313</b>	
		• Highest of Line 1.b., 1.d., 1.e., 1.f., not to exceed Line 1.g.		
	3.	<b>TOTAL TENANT PAYMENT (TTP) based on alternative income-based method:</b>	<b>\$</b>	

<b>Income-based Prorated TTP</b>	4.	Maximum Rent established for this unit type:	<b>\$ 350</b>	
	5.	Family Maximum Subsidy (Line 4. minus Line 2. or Line 3.):	<b>\$ 37</b>	
	6.a.	Total Number of family members:	<b>4</b>	
	b.	Number of family members eligible for prorated rent subsidy:	<b>3</b>	
	7.	Total Rent Subsidy for which family is eligible:	<b>\$ 28</b>	
		• (Line 5. + Line 6.a.) x Line 6.b.		
	8.	<b>TOTAL TENANT PAYMENT (TTP) for a "Mixed" family:</b>	<b>\$ 322</b>	
		• Line 4. minus Line 7.		

<b>Income-based Tenant Rent</b>	9.	TTP based on appropriate method (Line 2., Line 3., or Line 8.):	<b>\$ 322</b>	
	10.	Utility Allowance:	<b>\$ 80</b>	
	11.	<b>Income-based TENANT RENT:</b>	<b>\$ 242</b>	
		• Line 9. minus Line 10. If result is negative, enter \$0 and go to Line 12.		
	12.	<b>UTILITY REIMBURSEMENT (Amount by which Line 10. exceeds Line 9.):</b>	<b>\$</b>	

**Flat Rent**

13. **Flat Rent** applicable to this dwelling unit, based on PHA Flat Rent schedule: **\$**

<b>Prorated Flat Rent</b>	14.	Maximum Rent established for this unit type:	<b>\$</b>
	15.	Family Maximum Subsidy (Line 14. minus Line 13.):	<b>\$</b>
	16.a.	Total Number of family members:	
	b.	Number of family members eligible for prorated rent subsidy:	
	17.	Total Rent Subsidy for which family is eligible:	<b>\$</b>
	18.	<b>Flat Rent</b> for a "Mixed" family (Line 14. minus Line 17.):	<b>\$</b>

# Appendix A

**Tenant File Review Checklist**  
 Rental Integrity Monitoring  
 Public Housing / Sec. 8 Housing Choice Voucher

PHA Name:	Cubside City
PHA No.:	
HUD Reviewer:	
Date of Review:	
Last Name of Family Head:	Bennett
SSN of Family Head:	123-45-6789

**A. Family Composition**

	Last Name	First Name	Relation	Date of Birth	Sex	SSN	9886? √	Dis? √	C/EI? √
1.a.	Bennett	Brad	Head	2-12-50	M	346-78-9012	√		√
b.	Bennett	Bonnie	A	3-14-71	F	457-89-0123	√		√
c.	Bennett	Bert	A	4-5-69	M		√		
d.	Bennett	Barbie	Y	1-16-93	F	568-90-1234			√
e.									
f.									
g.									
h.									
i.									

**Recent Admission Family only:**

2.a. Date of Admission:  

	Yes	No	Unclear
b. Application materials complete and capture all information for eligibility, income and rent?			
c. Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?			
d. Family composition and characteristics identified? Verified & documented?			
e. SSNs disclosed, or certification if no SSN assigned? Verified & documented?			
f. Evidence of citizenship or eligible immigration status for all members? Verified & documented?			

**Reexamination Family only:**

3.a. Current Reexam Effective Date: 7-1-03      Prior Reexam/Admission Effective Date:  

b. Reexam Type:  Annual Income & Composition       Interim / Special / Other  
 3-Year Income & Composition (PH only)       Annual Composition (PH only)

	Yes	No	Unclear
c. <b>All Sec. 8 HCV only:</b> PHA conducts <u>annual</u> reexam of income & composition?			
d. <b>All PH only:</b> PHA conducts <u>annual</u> reexam of composition?	√		
e. <b>PH income-based rent only:</b> PHA conducts <u>annual</u> reexam of income?	√		
f. <b>PH flat rent only:</b> PHA conducts at least <u>3-year</u> reexam of income?			
g. Reexamination materials complete and capture all information for eligibility, income and rent?	√		
h. Family composition & characteristics identified, including new members? Verified & documented?	√		
i. Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?	√		
j. SSNs disclosed, or certification if no SSN assigned? Verified & documented?	√		
k. Evidence of citizenship / eligible immigration status for all members? Verified & documented?	√		

Shaded cells represent information which may be cross-referenced with HUD-50058

## B. Annual Income and Assets

\* For detailed calculations, refer to **B. Annual Income and Assets Worksheet** in Appendix C

1.	<b>Final Asset Income</b> (ref. HUD-50058, line 6j.):	<b>PHA: * \$ 0</b>	<b>HUD: * \$ 0</b>			
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
2.	PHA identifying assets for all family members? Verified & documented?					
3.	PHA accurately calculating net cash value of assets?					
4.	PHA accurately calculating anticipated actual income from assets?					
5.	Assets > \$5000: PHA accurately calculating imputed asset income, using correct passbook rate?					
6.	PHA accurately calculating final asset income, using larger of anticipated actual vs. imputed?					
7.	<b>TOTAL ANNUAL INCOME</b> (ref. HUD-50058, line 7i.):	<b>PHA: * \$ 12811</b>	<b>HUD: * \$ 13011</b>			
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
8.	Wages and earned income accurately calculated, verified & documented?				√	
9.	Earned income exclusion/disallowance accurately calculated?					
10.	<b>PH:</b> Where PHA uses Individual Savings Account (ISA), PHA deposits appropriate amount?					
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
11.	Welfare benefit income accurately calculated, verified & documented?					√
12.	Where family member subject to "Specified Welfare Benefit Reduction", PHA uses <u>imputed</u> welfare income?					√
13.	Family requested review of <u>imputed</u> welfare income calculation? If denied, PHA provided written notice?				√	
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
14.	SS/SSI/pension income accurately calculated, verified & documented?					
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
15.	"Other" income accurately calculated, verified & documented?					
				<b>Yes</b>	<b>No</b>	<b>Unclear</b>
16.	Total Annual Income accurately calculated, verified & documented?				√	

## C. Dwelling Unit / Utility Allowance

\*\* For detailed calculations, refer to **C. Utility Allowance Worksheet** in Appendix C

1.a.	<b>Unit Address:</b>		b.	<b>No. of Bedrooms:</b>	<b>3</b>	
2.a.	<b>PH only – Project Name:</b>	<b>Brown Gardens</b>	b.	<b>PH only – Project No.:</b>		
3.a.	Tenant family responsible for some or all utilities in unit?			<b>Yes</b>	<b>No</b>	<b>Unclear</b>
				√		
b.	<b>Total Utility Allowance</b> (ref. HUD-50058, line 10e., 10r., 12m.):	<b>PHA: ** \$ 75</b>	<b>HUD: ** \$ 80</b>			
c.	Correct Utility Allowance used, computed accurately?				√	

Shaded cells represent information which may be cross-referenced with HUD-50058

## D. Adjusted Income

\* For detailed calculations, refer to *D. Adjusted Income Worksheet* in Appendix C

		Yes	No	Unclear
1.a	<b>Dependent Deduction</b> (ref. HUD-50058, line 8r. and 8s.):	PHA: * \$ 480	HUD: * \$ 480	
b.	Dependent Deduction accurately calculated; verified & documented by PHA?			
2.a	<b>Elderly / Disabled Family Deduction</b> (ref. HUD-50058, line 8p.):	PHA: * \$ 0	HUD: * \$ 0	
b.	Elderly/Disabled Family Deduction accurately calculated; verified & documented by PHA?			
3.a	<b>Medical/Disability Assistance Expenses Deduction:</b> (ref. HUD-50058, line 8n.)	PHA: * \$ 0	HUD: * \$ 0	
b.	Medical/Disability Assistance Exp. Deduction accurately calculated; verified & documented by PHA?			
4.a	<b>Child Care Expenses Deduction</b> (ref. HUD-50058, line 8t.):	PHA: * \$ 0	HUD: * \$ 0	
b.	Child Care Expenses Deduction accurately calculated; verified & documented by PHA?			
5.a	<b>Public Housing only: Permissive Deductions:</b> (ref. HUD-50058, line 8e.):	PHA: * \$ 0	HUD: * \$ 0	
b.	Permissive deduction accurately calculated; verified & documented by PHA?			
6.a	<b>Total All Deductions</b> (ref. HUD-50058, line 8x.):	PHA: * \$ 480	HUD: * \$ 480	
b.	Total All Deductions accurately calculated; verified & documented by PHA?	√		
7.a	<b>TOTAL ADJUSTED INCOME</b> (ref. HUD-50058, line 8y.):	PHA: * \$ 12,331	HUD: * \$ 12,531	
b.	Total Adjusted Income accurately calculated; verified & documented by PHA?		√	

Shaded cells represent information which may be cross-referenced with HUD-50058

**Complete Section E. for a Public Housing family only.**

**E. Rent – Public Housing only**

\* For detailed calculations, refer to **E. Public Housing Rent Worksheet** in Appendix C

1.a.	Family offered choice of rent methods:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes No Unclear
b.	Tenant Rent is:	<input checked="" type="checkbox"/> Income-based	<input type="checkbox"/> Flat		

**Income-based Rent:**

2. Income-based Rent method is:  Traditional  PHA Alternative

<b>Traditional TTP</b>	3.	TTP – traditional method (ref. HUD-50058, line 9j., 10d.):	PHA: * \$ 308	HUD: * \$ 313		
	4.	Traditional income-based TTP accurately calculated?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unclear
	5.a.	Family qualified for Minimum Rent financial hardship exemption? Verified & documented?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unclear
	b.	Minimum Rent TTP suspended for long-term hardship and reinstated for temporary hardship?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unclear
	6.	Family is a “mixed” family eligible for Prorated assistance (If “Yes”, go to Line 11.)?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear

<b>PHA Income-based TTP</b>	7.	TTP – alternative method (ref. HUD-50058, line 9j., 10d.):	PHA: * \$	HUD: * \$		
	8.	PHA Alternative Income-based TTP accurately calculated?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear
	9.	PHA Alternative Income-based TTP does not exceed Traditional income-based TTP?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear
	10.	Family is a “mixed” family eligible for Prorated assistance (If “Yes”, go to Line 11.)?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear

<b>Prorated TTP</b>	11.	TTP for a “Mixed” family (ref. HUD-50058, line 10p.):	PHA: * \$ 356	HUD: * \$ 322	
	12.	TTP for a “Mixed” family accurately calculated?			

<b>Income-based Tenant Rent</b>	13.	TENANT RENT (ref. HUD-50058, line 10f., 10s.):	PHA: * \$ 281	HUD: * \$ 242		
	14.	Utility Reimbursement (ref. HUD-50058, line 10f., 10s.):	PHA: * \$	HUD: * \$		
	15.	TENANT RENT accurately calculated?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unclear
	16.	Income-based TENANT RENT agrees with Rent Rolls?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear

**Flat Rent**

17.	Flat Rent based on PHA schedule (ref. HUD-50058, line 10b.):	PHA: * \$	HUD: * \$		
18.	Flat Rent for a “Mixed” Family (ref. HUD-50058, line 10b.):	PHA: * \$	HUD: * \$		
19.	Flat Rent accurately calculated by PHA?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear
20.	Flat Rent agrees with Rent Rolls?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear

Shaded cells represent information which may be cross-referenced with HUD-50058

**Bennett 50058 Answers**

Head of household name	<b>Bennett</b>	Social Security Number	<b>346789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
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**6. Assets**

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f, 6g. Column totals				\$ 6f.	\$ 6g.
6h. Passbook rate (written as decimal)				0. _____	6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)				\$	6i.
6j. Final asset income: larger of 6g or 6i				\$	6j.

**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)
<b>Brad</b>		<b>B</b>	<b>584.25x12</b>	<b>\$ 7011</b>	\$	<b>\$ 7011</b>
<b>Bonnie</b>		<b>T</b>	<b>300x12</b>	<b>\$ 3600</b>	\$	<b>\$ 3600</b>
<b>Bonnie</b>		<b>IW</b>	<b>200x12</b>	<b>\$ 2400</b>	\$	<b>\$ 2400</b>
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						<b>\$ 13,011</b> 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						<b>\$13,011</b> 7i.

**7b: Income Codes**

<p><b>Wages:</b>          B = own business          F = federal wage          HA = PHA wage          M = military pay          W = other wage</p>	<p><b>Welfare:</b>          G = general assistance          IW = annual imputed welfare income          T = TANF assistance</p>	<p><b>SS/SSI/Pensions:</b>          P = pension          S = SSI          SS = Social Security</p>	<p><b>Other Income Sources:</b>          C = child support          E = medical reimbursement          I = Indian trust/per capita          N = other nonwage sources          U = unemployment benefits</p>
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## Bennett 50058 Answers

Head of household name <b>Bennett</b>	Social Security Number <b>346789012</b>	Date modified (mm/dd/yyyy) <b>07/01/2003</b>
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### 8. Expected Income Per Year

8a. Total annual income: copy from 7i	<b>\$13,011</b> 8a.
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#### Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
8e. Total permissible deductions			\$ 8e.

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

8f. Medical/disability threshold: 8a X 0.03	\$	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 medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance allowance:	\$	8n.
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 (default = \$400)	\$	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).	<b>1</b>	8q.
8r. Allowance per dependent (default = \$480)	<b>\$ 480</b>	8r.
8s. Dependent allowance: 8q X 8r	<b>\$ 480</b>	8s.
8t. Total annual unreimbursed childcare costs	\$	8t.
8u. Total annual travel cost to work/school (Indian Housing only)	\$	8u.
8v. Reserved		
8w. Reserved		
8x. Total allowances: 8e + 8n + 8p + 8s + 8t + 8u	<b>\$ 480</b>	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	<b>\$12,531</b>	8y.

**Bennett 50058 Answers**

Head of household name	<b>Bennett</b>	Social Security Number	<b>346789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
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**9. Total Tenant Payment (TTP)**

9a. Total monthly income: $8a \div 12$	\$	<b>1084</b>	9a.
9b. Reserved			
9c. TTP if based on annual income: $9a \times 0.10$	\$	<b>108</b>	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	<b>1044</b>	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		<b>30</b>	9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	<b>313</b>	9f.
9g. Welfare rent per month (if none, put 0)	\$		9g.
9h. Minimum rent (if waived, put 0)	\$	<b>25</b>	9h.
9i. Enhanced Voucher minimum rent	\$		9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	<b>313</b>	9j.
9k. Most recent TTP	\$		9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)			9m.

**Bennett 50058 Answers**

Head of household name	<b>Bennett</b>	Social Security Number	<b>346789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
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**10. Public Housing, Indian Rental, and Turnkey III**

10a. TTP: copy from 9j		\$	<b>313</b>	10a.
10b. Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)		\$	<b>500</b>	10b.
<b>Income Based Rent Calculation (if prorated rent, skip to 10h)</b>				
10c. Ceiling rent, if any		\$		10c.
10d. Lower of TTP or ceiling rent (if no ceiling rent, 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		or CR	\$ 10f.
10g. Reserved				

**Income Based Prorated Rent Calculation (if not prorated, skip to 10u)**

10h. Public/Indian Housing maximum rent		\$	<b>350</b>	10h.
10i. Family maximum subsidy: 10h minus 10a		\$	<b>37</b>	10i.
10j. Total number eligible			<b>3</b>	10j.
10k. Total number in family			<b>4</b>	10k.
10m. Reserved				
10n. Eligible subsidy (10i ÷ 10k) X 10j		\$	<b>28</b>	10n.
10p. Mixed family TTP: 10h minus 10n		\$	<b>322</b>	10p.
10q. Reserved				
10r. Utility allowance, if any		\$	<b>80</b>	10r.
10s. Mixed family tenant rent: 10p minus 10r	If positive or 0, put tenant rent			\$ <b>242</b> 10s.
	If negative, credit tenant		or CR	\$ 10s.
10t. Reserved				

**Type of Rent**

.10u. Type of rent selected:				
<input checked="" type="checkbox"/>	Income based	<input type="checkbox"/>	Flat	
10v. Reserved				