

**Worksheet for Computing
Total Tenant Payment—
Section 8 Program**

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

4350.5
APPENDIX 4



OMB Approval No. 2502-0204 (exp. 4/30/90)

IMPORTANT: Read Appendix 2 of Handbook 4350.3 before you complete this Form. The Appendix tells you which version of the Worksheet you must use.

Name of Tenant	Name of Project	Unit Number
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Part A - COMPUTE THE TOTAL TENANT PAYMENT THAT WOULD BE REQUIRED WITHOUT THE PROTECTION OF THE 10% CAPS

- | | |
|--|--|
| A-1. _____ Monthly Income (Item 31 ÷ 12). | A-5. _____ 10% of Monthly Income (Line A1 × .10). |
| A-2. _____ Monthly Adjusted Income (Item 43 ÷ 12). | A-6. _____ Welfare Rent (<i>Applies only to welfare recipients in as-paid States or Counties.</i>) |
| A-3. _____ HCDA Percentage (Item 48). | A-7. _____ TOTAL TENANT PAYMENT (TTP).
Enter the largest of Lines A4, A5, or A6. |
| A-4. _____ Monthly Adjusted Income × HCDA Percentage
(A2 × A3). | |

.....
READ ALL OF THE FOLLOWING STATEMENTS. CHECK EACH STATEMENT THAT IS TRUE.
.....

- | | |
|--|--|
| <input type="checkbox"/> Tenant moved in on or after July 1, 1984 AND received Section 8 assistance at the time of move in. | <input type="checkbox"/> Tenant does NOT now receive Section 8, Rent Supplement or RAP assistance. |
| <input type="checkbox"/> The Tenant's last ANNUAL recertification used a 10/84 version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations. (Item 55 of the last 10/84 HUD-50059 was checked "NO.") | <input type="checkbox"/> Line A7 = Line A6. |

IF YOU: • left ALL of the above boxes blank, GO TO PART B.

- checked one or more boxes, STOP WORK and:
1) Transfer Line A7 to Item 50 of the HUD-50059; and
2) Enter "NO" in Item 55 of the HUD-50059.

**Part B - COMPUTE WHAT THE TENANT'S ANNUAL AND ADJUSTED INCOME WOULD HAVE BEEN UNDER THE PRE-1984
DEFINITIONS OF INCOME AND ALLOWANCES**

ANNUAL INCOME

- | | |
|--|---|
| B-1. \$ _____ ANNUAL INCOME Based Upon 1984 Rules
(Item 31 of the HUD-50059.) | B-6. CHECK any situation that applies to this Family's <i>current</i> circumstances. |
| B-2. CHECK each situation that applies to this Family's <i>current</i> circumstances. For each box you check, <i>enter the amount requested.</i> (Obtain from verification forms.) | a. <input type="checkbox"/> The Household expects to incur medical expenses AND NEITHER the Head or Spouse will be 62 or older, handicapped or disabled on the date this HUD-50059 is effective. NOTE: These expenses were NOT included on the HUD-50059. (<i>Obtain from verification forms you just completed.</i>) |
| a. <input type="checkbox"/> \$ _____ The Family has assets in excess of \$5,000 AND imputed income from assets (Item 27 of the HUD-50059) is greater than actual income from assets (Item 26d of the HUD-50059). Enter the difference (Item 27 minus total in Item 26d.) | b. <input type="checkbox"/> Item 39a of the HUD-50059 shows the family anticipates expenses for handicap apparatus or care. |
| b. <input type="checkbox"/> \$ _____ The Family receives employment income from a full-time student who is: 1) 18 years of age or older; and 2) NOT the head or spouse. Enter the full-time student's employment income. | CHECK any statement that is true. |
| c. <input type="checkbox"/> \$ _____ Excess tax credit NOT previously counted. (<i>Complete ONLY if management previously did NOT consider excess credits.</i>) | <input type="checkbox"/> All boxes in B2 and B6 are blank. |
| B-3. \$ _____ Increase in Annual Income caused by 1984 Changes (Add B2a through B2c). | <input type="checkbox"/> The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations. |
| B-4. \$ _____ ANNUAL INCOME BASED Upon Pre-1984 Rules (Line B1 minus Line B3). | • IF YOU checked BOTH of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A. |
| B-5. \$ _____ MONTHLY INCOME Based Upon Pre-1984 Rules (Line B4 divided by 12). | • OTHERWISE, GO TO B-7. |

Name of Tenant _____

Unit Number _____

ADJUSTED INCOMEB-7. \$ _____ **ALLOWABLE MEDICAL EXPENSES.** Enter the answer from Line B7c.

- a. \$ _____ Total Medical Expense (*Obtain from the verification forms you just completed.*)
- b. \$ _____ 3% of Total Annual Income (.03 x B4).
- c. \$ _____ Line a minus Line b. If Line a is less than or equal to Line b, enter zero.

CHECK any statement that is true.

- ☐ All three boxes in Line B2 are blank.
- ☐ Line B6b is blank.
- ☐ Line B7 is zero.
- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations.

- IF YOU checked ALL of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A.
- OTHERWISE, GO TO B-8.

B-8. \$ _____ **UNUSUAL EXPENSES.**

- a. \$ _____ **CHILD CARE.** NOTE: Enter the portion of Item 37 that enables a Family Member to work (as opposed to going to school).
- b. \$ _____ **CARE OF HANDICAPPED/DISABLED.** Include the amount of the expenses described in B6b. (*Obtain from Item 39a of HUD-50059.*)

c. Add Lines B8a and B8b and enter the answer on Line B8.

B-9. \$ _____ **ALLOWANCE FOR MINORS** Using the Pre-1984 Definition of Minors.

- a. _____ **NUMBER OF MINORS.** Enter the number of household members who are age 17 or younger or full-time students. DO NOT COUNT HEAD, SPOUSE OR FOSTER CHILDREN.

b. Multiply Line B9a by \$300 AND enter the answer on Line B9.

B-10. \$ _____ **TOTAL ALLOWANCES** Based Upon Pre-1984 Rules (Total of Lines B7 + B8 + B9).B-11. \$ _____ **ADJUSTED INCOME** Based Upon Pre-1984 Rules (Line B4 minus Line B10).B-12. \$ _____ **MONTHLY ADJUSTED INCOME** Based Upon Pre-1984 Rules (Line B11 divided by 12).

.....
CHECK ANY STATEMENT THAT IS TRUE.

- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations. (*The answer on the last HUD-50059 was "NO".*)

- ☐ Adjusted Income Based Upon 1984 Rules is less than Adjusted Income Based Upon Pre-1984 Rules. (Line A2 is less than Line B12.)

- IF YOU:
- left one or both of the above boxes blank, GO TO PART C.
 - checked BOTH of the above boxes, STOP WORK and:
 - 1) Transfer Line A7 to Item 50 of the HUD-50059; and
 - 2) Enter "NO" in Item 55 of the HUD-50059.

Name of Tenant _____

Unit Number _____

Part C - COMPUTE LIMITATIONS ON INCREASES IN TOTAL TENANT PAYMENT

C-1. \$ _____ TTP UNDER MOST RECENT METHOD. Read only until you find a statement (a,b,c,d) that applies to this Tenant. Check the box next to that statement and follow the instructions for that box. **CHECK ONLY ONE BOX.**

C-2. \$ _____ 110% of Line C1. (Line C1 \times 1.10).

C-3. \$ _____ TTP FOR UPCOMING YEAR. Check the type of recertification you are preparing and follow the instructions for that type of recertification.

- a. ☐ The Family is NOW being converted from Rent Supplement or RAP to Section 8 and a 7/82 or later version of the Form HUD-50059 a/b/c/d worksheet has never been used to calculate the Tenant's rent.

1. Compute the following three amounts:

$$\text{B12} \times .25 = \$ \underline{\hspace{2cm}}$$

$$\text{B5} \times .10 = \$ \underline{\hspace{2cm}}$$

$$\text{Welfare Rent (Line A6)} = \$ \underline{\hspace{2cm}}$$

2. Pick the greatest of the three amounts above and transfer that amount to Line C1.

- b. ☐ The last worksheet completed for this Tenant was one of the Forms listed below.

1. Enter the % charged in Part C of the Tenant's last Worksheet. Complete only one line.

If the Last Worksheet was a:	Enter % of Adj. Income Charged:	From LAST Worksheet	
		Use Line:	If Blank, Use Line:
HUD-50059a/c dated 5/83	_____ %	C6	A3
HUD-50059d dated 5/83	_____ %	C4	A3
HUD-50059a/c/d dated 10/84	_____ %	C5	N.A.

2. Multiply B12 of THIS Worksheet by the percentage above AND transfer the answer to Line C1.

$$\begin{array}{c} \$ \underline{\hspace{2cm}} \\ \text{B12 of} \\ \text{THIS Wkst.} \end{array} \times \begin{array}{c} \underline{\hspace{2cm}} \\ \% \text{ above} \end{array} = \$ \underline{\hspace{2cm}} \quad \text{C1}$$

- c. ☐ The last Worksheet completed for this Tenant was a 7/82 version of the HUD-50059a. Complete Steps 1 and 2 AND transfer the answer to Line C1.

$$1. \begin{array}{c} \$ \underline{\hspace{2cm}} \\ \text{(F1 of LAST} \\ \text{Worksheet)} \end{array} + \begin{array}{c} \$ \underline{\hspace{2cm}} \\ \text{(A2 of LAST} \\ \text{Worksheet)} \end{array} = \begin{array}{c} \underline{\hspace{2cm}} \\ \% \text{ of} \\ \text{Adj. Income} \end{array}$$

(Note: If F1 is blank, use Line B4 of the LAST Worksheet.)

$$2. \begin{array}{c} \$ \underline{\hspace{2cm}} \\ \text{(B12 of THIS} \\ \text{Worksheet)} \end{array} \times \begin{array}{c} \underline{\hspace{2cm}} \\ \% \text{ above} \end{array} = \$ \underline{\hspace{2cm}} \quad \text{C1}$$

- d. ☐ This will be the first time the 1981 HCDA formulas have been applied to this Tenant. (This Tenant's rent has never been calculated using a 7/82 or later version of the HUD-50059 a/b/c/d.) Complete Part D of this Form. (It is Appendix 38 of 4350.3.)

ENTER THE ANSWER IN C1 AND GO ON TO C2.

- a. ☐ Annual. Enter the lesser of A7 or C2.

- b. ☐ Interim. Enter the lesser of A7 or C1.

C-4. Was the Family affected by the HURRA Limitations?

• If C3 = A7, check NO and GO TO Line C8. ☐ NO.

• In all other cases, check YES and GO TO Line C5.

☐ YES.

C-5. _____ Percentage of Adjusted Income Charged. (C3 divided by B12). Round to two decimal places (e.g., 00.00%).

C-6. Transfer the answers on Lines C3 and C4 of this Worksheet to the HUD-50059 as directed below:

Transfer:	HUD-50059 Item
C3	50
C4	55

STOP WORK ON THIS FORM.

Prepared By (Name and Date) _____

Supervisory Review By (Initials and Date) _____

Worksheet for Computing
Tenant Rent—
Section 236 ProgramU.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB No. 2502-0204 (exp. 3/31/87)

IMPORTANT: Read Appendix 2 of Handbook 4350.3 before you complete this Form. The Appendix tells you which version of the Worksheet you must use.

Name of Tenant	Name of Project	Unit Number
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Part A - COMPUTE THE TENANT RENT THAT WOULD BE REQUIRED WITHOUT THE PROTECTION OF THE 10% CAPS
Complete only one column. Select the utility arrangement that applies to this Tenant.

No Utility Allowance		With Utility Allowance	
A-1.	Monthly Income.	A-1.	Monthly Income.
A-2. _____	Monthly Adjusted Income (Item 43 ÷ 12).	A-2. _____	Monthly Adjusted Income (Item 43 ÷ 12).
A-3. _____	HCDCA Percentage (Item 48).	A-3. _____	HCDCA Percentage (Item 48).
A-4. _____	Monthly Adjusted Income × HCDCA Percentage (A2 × A3).	A-4. _____	Monthly Adjusted Income × HCDCA Percentage (A2 × A3).
A-5. _____	* Basic Rent (Item 44).	A-5. _____	* Utility Allowance (Item 45).
A-6. _____	* Market Rent (From Rent Schedule).	A-6. _____	A4 minus A5.
A-7. _____	TENANT RENT (Enter the larger of A4 or A5 but never more than A6).	A-7. _____	* Basic Rent (Item 44).
		A-8. _____	Higher of A6 or A7.
		A-9. _____	Minimum Rent (25% of A2).
		A-10. _____	* Market Rent (From Rent Schedule).
		A-11. _____	TENANT RENT (Enter the larger of A8 or A9 but never more than A10).

*** Note:** Use the Rents and Utility Allowance that will be in effect on the date this Tenant Rent will become effective.

READ ALL OF THE FOLLOWING STATEMENTS. CHECK EACH STATEMENT THAT IS TRUE.

- ☐ Tenant moved in on or after 10/1/84.
- ☐ The Tenant's last ANNUAL recertification used a 10/84 version of the HUD-50059a/b/c/d AND the Family was NOT affected by the rent increase limitations. (Item 55 of the last 10/84 HUD-50059 was checked "NO.")
- ☐ The Tenant Rent in Part A is the Basic Rent.

IF YOU:

- left ALL of the above boxes blank, GO TO PART B.
- checked one or more boxes, STOP WORK and:
 - 1) Transfer the Tenant Rent from Part A to Item 51 of the HUD-50059; and
 - 2) Enter "NO" in Item 55 of the HUD-50059.

Name of Tenant

Unit Number

Part B - COMPUTE WHAT THE TENANT'S ANNUAL AND ADJUSTED INCOME WOULD HAVE BEEN UNDER THE PRE-1984 DEFINITIONS OF INCOME AND ALLOWANCES

ANNUAL INCOME

ADJUSTED INCOME

B-1. \$ _____ ANNUAL INCOME Based Upon 1984 Rules
(Item 31 of the HUD-50059.)

B-2. CHECK each situation that applies to this Family's *current* circumstances. For each box you check, *enter the amount requested*. (Obtain from verification forms.)

a. ☐ \$ _____ The Family has assets in excess of \$5,000 AND imputed income from assets (Item 27 of the HUD-50059) is greater than actual income from assets (Item 26d of the HUD-50059). *Enter the difference* (Item 27 minus total in Item 26d.)

b. ☐ \$ _____ The Family receives employment income from a *full-time* student who is: 1) 18 years of age or older, and 2) NOT the head or spouse. *Enter the full-time student's employment income*.

c. ☐ \$ _____ Excess tax credit NOT previously counted. (*Complete ONLY if management previously did NOT consider excess credits.*)

B-3. \$ _____ Increase in Annual Income caused by 1984 Changes (Add B2a through B2c).

B-4. \$ _____ ANNUAL INCOME BASED Upon Pre-1984 Rules (Line B1 minus Line B3).

B-5. \$ _____ MONTHLY INCOME Based Upon Pre-1984 Rules (Line B4 divided by 12).

B-6. CHECK any situation that applies to this Family's *current* circumstances.

a. ☐ The Household expects to incur medical expenses AND NEITHER the Head or Spouse will be 62 or older, handicapped or disabled on the date this HUD-50059 is effective. NOTE: These expenses were NOT included on the HUD-50059. (*Obtain from verification forms you just completed.*)

b. ☐ Item 39a of the HUD-50059 shows the family anticipates expenses for handicap apparatus or care.

CHECK any statement that is true.

- ☐ All boxes in B2 and B6 are blank.
- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/b/c/d AND the Family was NOT affected by the rent increase limitations.

- IF YOU checked BOTH of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A.
- OTHERWISE, GO TO B-7.

B-7. \$ _____ ALLOWABLE MEDICAL EXPENSES. Enter the answer from Line B7c.

a. \$ _____ Total Medical Expense (*Obtain from the verification forms you just completed.*)

b. \$ _____ 3% of Total Annual Income (.03 x B4).

c. \$ _____ Line a minus Line b. If Line a is less than equal to Line b, enter zero.

CHECK any statement that is true.

- ☐ All three boxes in Line B2 are blank.
- ☐ Line B6b is blank.
- ☐ Line B7 is zero.
- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/b/c/d AND Family was NOT affected by the rent increase limitations.

- IF YOU checked ALL of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A.
- OTHERWISE, GO TO B-8.

B-8. \$ _____ UNUSUAL EXPENSES.

a. \$ _____ CHILD CARE. NOTE: Enter the portion of Item 37 that enables a Family Member to work (as opposed to going to school!).

b. \$ _____ CARE OF HANDICAPPED/DISABLED. Include the amount of the expenses described in B6b. (*Obtain from Item 39a of HUD-50059.*)

c. Add Lines B8a and B8b and enter the answer on Line B

B-9. \$ _____ ALLOWANCE FOR MINORS Using the Pre-1984 Definition of Minors.

a. _____ NUMBER OF MINORS. Enter the number household members who are age 17 or younger or full-time students. DO NOT COUNT HEAD, SPOUSE OR FOSTER CHILDREN.

b. Multiply Line B9a by \$300 AND enter the answer on Lin

B-10. \$ _____ TOTAL ALLOWANCES Based Upon Pre-1984 Rules (Total of Lines B7 + B8 + B9).

B-11. \$ _____ ADJUSTED INCOME Based Upon Pre-1984 Rules (Line B4 minus Line B10).

B-12. \$ _____ MONTHLY ADJUSTED INCOME Based Upon Pre-1984 Rules (Line B11 divided by 12).

APPENDIX 4

Name of Tenant

Unit Number

CHECK ANY STATEMENT THAT IS TRUE.

- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/b/c/d AND the Family was NOT affected by the rent increase limitations. (The answer on the last HUD-50059 was "NO".)
- ☐ Adjusted Income Based Upon 1984 Rules is less than Adjusted Income Based Upon Pre-1984 Rules. (Line A2 is less than Line B12.)

IF YOU: • left one or both of the above boxes blank, GO TO PART C.

- checked BOTH of the above boxes, STOP WORK and:
 1) Transfer the Tenant Rent in Part A to Item 51 of the HUD-50059; and
 2) Enter "NO" in Item 55 of the HUD-50059.

Part C - COMPUTE LIMITATIONS ON INCREASES IN TENANT RENT

C-1. \$_____ TENANT RENT UNDER MOST RECENT METHOD. Read only until you find a statement (a,b,c) that applies to this tenant. Check the box next to that statement and follow the instructions for that box. CHECK ONLY ONE BOX.

- a. ☐ The last worksheet completed for this Tenant was one of the Forms listed below.
 1. Enter the % charged in Part C of the Tenant's last Worksheet. Complete only one line.

If the Last Worksheet was a:	Enter % of Adj. Income Charged:	From LAST Worksheet Use Line:	If Blank, Use Line:
HUD-50059a/c dated 5/83	_____ %	C6	A3
HUD-50059b dated 5/83	_____ %	C5	A3
HUD-50059d dated 5/83	_____ %	C4	A3
HUD-50059a/b/c/d dated 10/84	_____ %	C5	N.A.

2. Multiply B12 of THIS Worksheet by the percentage above AND transfer the answer to Line C1.

$$\begin{array}{r} \$ \\ \text{B12 of} \\ \text{THIS Wkst.} \end{array} \times \begin{array}{r} \text{\% above} \\ \text{\%} \end{array} = \$ \begin{array}{r} \\ \text{C1} \end{array}$$

- b. ☐ This will be the first time the 1981 HCDA formulas have been applied to this Tenant. (This Tenant's rent has never been calculated using a 7/82 or later version of the HUD-50059 a/b/c/d.) Complete Part D of this Worksheet AND transfer the answer to Line C1.

- c. ☐ The last Worksheet completed for this Tenant was a 7/82 version of the HUD-50059a. Complete Steps 1 and 2 AND transfer the answer to Line C1.

1.
$$\begin{array}{r} \$ \\ \text{(F1 of LAST} \\ \text{Worksheet)} \end{array} + \begin{array}{r} \$ \\ \text{(A2 of LAST} \\ \text{Worksheet)} \end{array} = \begin{array}{r} \text{\% of} \\ \text{Adj. Income} \end{array}$$

 (NOTE: If F1 is blank, use Line B4 of the LAST Worksheet.)

2.
$$\begin{array}{r} \$ \\ \text{(B12 of THIS} \\ \text{Worksheet)} \end{array} \times \begin{array}{r} \text{\% above} \\ \text{\%} \end{array} = \$ \begin{array}{r} \\ \text{C1} \end{array}$$

C-2. \$_____ 110% of Line C1. (Line C1 x 1.10).

C-3. \$_____ TENANT RENT FOR UPCOMING YEAR. Check the type of recertification you are preparing and follow the instructions for that type of recertification.

- a. ☐ Annual Recertification. Enter the lesser of C2 or Tenant Rent in Part A but NEVER less than Basic Rent.
- b. ☐ Interim Recertification or Gross Rent Change. Enter the lesser of C1 or Tenant Rent in Part A but NEVER less than Basic Rent.

C-4. Was the Family affected by the HURRA Limitations?

- If C3 = A7/A11, check NO and GO TO Line C6. ☐ NO.
- In all other cases, check YES and GO TO Line C5. ☐ YES.

C-5. _____ Percentage of Adjusted Income Charged. (C3 divided by B12). Round to two decimal places (e.g., 00.00%).

C-6. Transfer the answers on Lines C3 and C4 of this Worksheet to the HUD-50059 as directed below:

Transfer:	HUD-50059 Item
C3	51
C4	55

STOP WORK ON THIS FORM.

ENTER THE ANSWER IN C1 AND GO ON TO C2.

Name of Tenant

Unit Number

Part D - DETERMINE WHAT THE TOTAL TENANT RENT WOULD HAVE BEEN UNDER PRE-1981 SECTION 236 FORMULA

Complete only one column. Select the utility arrangement that applies to this Tenant.

No Utility Allowance

- D-1. _____ 25% of Line B12. (.25 x B12 of THIS Worksheet).
- D-2. _____ * Basic Rent (Item 44 of HUD-50059 you are now preparing).
- D-3. _____ * Market Rent. (From Rent Schedule).
- D-4. _____ TENANT RENT. (Enter the larger of D1 or D2 but never more than D3).

With Utility Allowance

- D-1. _____ 25% of Line B12. (.25 x B12 of THIS Worksheet).
- D-2. _____ * Utility Allowance (Item 45 of HUD-50059 you are now preparing).
- D-3. _____ D1 minus D2.
- D-4. _____ * Basic Rent. (Item 44 of HUD-50059 you are now preparing).
- D-5. _____ Higher of D3 or D4.
- D-6. _____ Minimum Rent (20% x B12).
- D-7. _____ * Market Rent. (From Rent Schedule).
- D-8. _____ TENANT RENT. (Enter the larger of D5 or but never more than D7).

ENTER THE ANSWER ON LINE C1 AND GO TO LINE C2.

*** NOTE: Use the Rents and Utility Allowance that will be in effect on the date this Tenant Rent will become effective.**

Prepared By (Name and Date)

Supervisory Review By (Initials and Date)

**Worksheet for Computing
Total Tenant Payment—
Rental Assistance Payments (RAP)**

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

4350.5

APPENDIX 4



OMB No. 2502-0204 (exp. 3/31/87)

IMPORTANT: Read Appendix 2 of Handbook 4350.3 before you complete this Form. The Appendix tells you which version of the Worksheet you must use.

Name of Tenant	Name of Project	Unit Number
----------------	-----------------	-------------

Part A - COMPUTE THE TOTAL TENANT PAYMENT THAT WOULD BE REQUIRED WITHOUT THE PROTECTION OF THE 10% CAPS

- | | |
|--|--|
| A-1. _____ Monthly Income (Item 31 + 12). | A-5. _____ 10% of Monthly Income (Line A1 x .10). |
| A-2. _____ Monthly Adjusted Income (Item 43 + 12). | A-6. _____ Welfare Rent (<i>Applies only to welfare recipients in so-called States or Counties</i>). |
| A-3. _____ HCDA Percentage (Item 48). | A-7. _____ TOTAL TENANT PAYMENT (TTP).
Enter the <i>largest</i> of Lines A4 A5, or A6. |
| A-4. _____ Monthly Adjusted Income x HCDA Percentage
(A2 x A3). | |

.....
READ ALL OF THE FOLLOWING STATEMENTS. CHECK EACH STATEMENT THAT IS TRUE.
.....

- | | |
|--|--|
| <input type="checkbox"/> Tenant moved in on or after 10/1/84. | <input type="checkbox"/> Tenant does NOT now receive Section 8, Rent Supplement or RAP assistance. |
| <input type="checkbox"/> The Tenant's last ANNUAL recertification used a 10/84 version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations. (Item 55 of the last 10/84 HUD-50059 was checked "NO.") | <input type="checkbox"/> Line A7 = Line A6. |

IF YOU: • left ALL of the above boxes blank, GO TO PART B.

• checked one or more boxes, STOP WORK and:

- 1) Transfer Line A7 to Item 50 of the HUD-50059; and
- 2) Enter "NO" in Item 55 of the HUD-50059.

Name of Tenant

Unit Number

Part B - COMPUTE WHAT THE TENANT'S ANNUAL AND ADJUSTED INCOME WOULD HAVE BEEN UNDER THE PRE-1984 DEFINITIONS OF INCOME AND ALLOWANCES

ANNUAL INCOME

- B-1.** \$ _____ **ANNUAL INCOME** Based Upon 1984 Rules (Item 31 of the HUD-50059.)
- B-2.** CHECK each situation that applies to this Family's *current* circumstances. For each box you check, *enter the amount requested.* (Obtain from verification forms.)
- a. ☐ \$ _____ The Family has assets in excess of \$5,000 AND imputed income from assets (Item 27 of the HUD-50059) is greater than actual income from assets (Item 26d of the HUD-50059). *Enter the difference* (Item 27 minus total in Item 26d.)
- b. ☐ \$ _____ The Family receives employment income from a *full-time* student who is: 1) 18 years of age or older; and 2) NOT the head or spouse. *Enter the full-time student's employment income.*
- c. ☐ \$ _____ Excess tax credit NOT previously counted. (Complete *ONLY* if management previously did NOT consider excess credits.)

- B-3.** \$ _____ Increase in Annual Income caused by 1984 Changes (Add B2a through B2c).
- B-4.** \$ _____ **ANNUAL INCOME BASED UPON** Pre-1984 Rules (Line B1 minus Line B3).
- B-5.** \$ _____ **MONTHLY INCOME** Based Upon Pre-1984 Rules (Line B4 divided by 12).
- B-6.** CHECK any situation that applies to this Family's *current* circumstances.
- a. ☐ The Household expects to incur medical expenses AND NEITHER the Head or Spouse will be 62 or older, handicapped or disabled on the date this HUD-50059 is effective. NOTE: These expenses were NOT included on the HUD-50059. (Obtain from verification forms you just completed.)
- b. ☐ Item 39a of the HUD-50059 shows the family anticipates expenses for handicap apparatus or care.

CHECK any statement that is true.

- ☐ All boxes in B2 and B6 are blank.
- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations.

- IF YOU checked BOTH of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A.
- OTHERWISE, GO TO B-7.

ADJUSTED INCOME

- B-7.** \$ _____ **ALLOWABLE MEDICAL EXPENSES.** Enter answer from Line B7c.
- a. \$ _____ Total Medical Expense (Obtain from the verification forms you just completed).
- b. \$ _____ 3% of Total Annual Income (.03 x B4).
- c. \$ _____ Line a minus Line b. If Line a is less than or equal to Line b, enter zero.

CHECK any statement that is true.

- ☐ All three boxes in Line B2 are blank.
- ☐ Line B6b is blank.
- ☐ Line B7 is zero.
- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations.

- IF YOU checked ALL of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A.
- OTHERWISE, GO TO B-8.

B-8. \$ _____ UNUSUAL EXPENSES.

- a. \$ _____ **CHILD CARE.** NOTE: Enter the portion of Item 37 that enables a Family Member to work (as opposed to going to school).
- b. \$ _____ **CARE OF HANDICAPPED/DISABLED.** Include the amount of the expenses described in B6b. (Obtain from Item 39a of HUD-50059.)
- c. Add Lines B8a and B8b and enter the answer on Line B9.
- B-9.** \$ _____ **ALLOWANCE FOR MINORS** Using the Pre-1984 Definition of Minors.
- a. _____ **NUMBER OF MINORS.** Enter the number household members who are age 17 or younger or full-time students. DO NOT COUNT HEAD, SPOUSE OR FOSTER CHILDREN.
- b. Multiply Line B9a by \$300 AND enter the answer on Line B10.

- B-10.** \$ _____ **TOTAL ALLOWANCES** Based Upon Pre-1984 Rules (Total of Lines B7 + B8 + B9).
- B-11.** \$ _____ **ADJUSTED INCOME** Based Upon Pre-1984 Rules (Line B4 minus Line B10).
- B-12.** \$ _____ **MONTHLY ADJUSTED INCOME** Based Upon Pre-1984 Rules (Line B11 divided by 12).

Name of Tenant:

Unit Number: _____

.....
CHECK ANY STATEMENT THAT IS TRUE.

- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations. (The answer on the last HUD-50059 was "NO".)
- ☐ Adjusted Income Based Upon 1984 Rules is less than Adjusted Income Based Upon Pre-1984 Rules. (Line A2 is less than Line B12.)

IF YOU: • left one or both of the above boxes blank, GO TO PART C.

- checked BOTH of the above boxes, STOP WORK and:
 1) Transfer Line A7 to Item 50 of the HUD-50059; and
 2) Enter "NO" in Item 55 of the HUD-50059.

Part C - COMPUTE LIMITATIONS ON INCREASES IN TOTAL TENANT PAYMENT

C-1. \$ _____ TTP UNDER MOST RECENT METHOD. Read only until you find a statement (a,b,c) that applies to this tenant. Check the box next to that statement and follow the instructions for that box. CHECK ONLY ONE BOX.

- a. ☐ The last worksheet completed for this Tenant was one of the Forms listed below.
 1. Enter the % charged in Part C of the Tenant's last Worksheet. Complete only one line.

If the Last Worksheet was a:	Enter % of Adj. Income Charged:	From LAST Worksheet Use Line:	If Blank, Use Line:
HUD-50059a/c dated 5/83	_____ %	C6	A3
HUD-50059d dated 5/83	_____ %	C4	A3
HUD-50059a/c/d dated 10/84	_____ %	C5	N.A.

2. Multiply B12 of THIS Worksheet by the percentage above AND transfer the answer to Line C1.

$$\begin{array}{rcl} \$ \text{ } & \times & \text{ } \\ \text{B12 of THIS Wkst} & \% \text{ above} & \text{C1} \end{array} = \$ \text{ } \text{C1}$$

- b. ☐ This will be the first time the 1981 HCDA formulas have been applied to this Tenant. (This Tenant's rent has never been calculated using a 7/82 or later version of the HUD-50059 a/c/d.) Complete Part D of this Worksheet AND transfer the answer to Line C1.
- c. ☐ The last Worksheet completed for this Tenant was a 7/82 version of the HUD-50059a. Complete Steps 1 and 2 AND transfer the answer to Line C1.

$$1. \$ \text{ (F1 of LAST Worksheet)} + \$ \text{ (A2 of LAST Worksheet)} = \$ \text{ (C1)} \quad \% \text{ of Adj. Income}$$

(Note: If F1 is blank, use Line B4 of the LAST Worksheet)

$$2. \$ \text{ (B12 of THIS Worksheet)} \times \text{ (\% above) } = \$ \text{ (C1)}$$

.....
ENTER THE ANSWER IN C1 AND GO ON TO C2.

C-2. \$ _____ 110% of Line C1. (Line C1 \times 1.10).

C-3. \$ _____ TTP FOR UPCOMING YEAR. Check the type of recertification you are preparing and follow the instructions for that type of recertification.

- a. ☐ Annual. Enter the lesser of A7 or C2.
 b. ☐ Interim. Enter the lesser of A7 or C1.

C-4. Was the Family affected by the HURRA Limitations?

- If C3 = A7, check NO AND GO TO Line C6. ☐ NO
 • In all other cases, check YES AND GO TO Line C5. ☒ YES

C-5. _____ Percentage of Adjusted Income Charged. (C3 divided by B12). Round to two decimal places (e.g., 00.00%).

C-6. Transfer the answers on Lines C3 and C4 of this Worksheet to the HUD-50059 as directed below:

Transfer:	HUD-50059 Item
C3	50
C4	55

STOP WORK ON THIS FORM.

Name of Tenant

Unit Number

Part D - DETERMINE WHAT THE TOTAL TENANT RENT WOULD HAVE BEEN UNDER PRE-1981 SECTION 236 FORMULA

Complete only one column. Select the utility arrangement that applies to this Tenant.

No Utility Allowance

- D-1. _____ 25% of Line B12. (.25 x B12 of THIS Worksheet).
- D-2. _____ * Basic Rent (Item 44 of HUD-50059 you are now preparing).
- D-3. _____ * Market Rent. (From Rent Schedule).
- D-4. _____ TENANT RENT. (Enter the larger of D1 or D2 but never more than D3).

With Utility Allowance

- D-1. _____ 25% of Line B12. (.25 x B12 of THIS Worksheet).
- D-2. _____ * Utility Allowance (Item 45 of HUD-50059 you are now preparing).
- D-3. _____ D1 minus D2.
- D-4. _____ * Basic Rent. (Item 44 of HUD-50059 you are now preparing).
- D-5. _____ Higher of D3 or D4.
- D-6. _____ Minimum Rent (20% x B12).
- D-7. _____ * Market Rent. (From Rent Schedule).
- D-8. _____ TENANT RENT. (Enter the larger of D5 or D6 but never more than D7).

ENTER THE ANSWER ON LINE C1 AND GO TO LINE C2.

*NOTE: Use the Rents and Utility Allowance that will be in effect on the date this Tenant Rent will become effective.

Prepared By (Name and Date)

Supervisory Review By (Initials and Date)

Worksheet for Computing Total Tenant Payment— Rent Supplement Program

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

4350.5
APPENDIX 4



OMB No. 2502-0204 (exp. 3/31/87)

IMPORTANT: Read Appendix 2 of Handbook 4350.3 before you complete this Form. The Appendix tells you which version of the Worksheet you must use.

Name of Tenant	Name of Project	Unit Number
----------------	-----------------	-------------

Part A - COMPUTE THE TOTAL TENANT PAYMENT THAT WOULD BE REQUIRED WITHOUT THE PROTECTION OF THE 10% CAPS

- | | |
|--|--|
| A-1. Monthly Income. | A-5. _____ 30% of Gross Rent (Line A4 x .30). |
| A-2. _____ Monthly Adjusted Income (Item 43 ÷ 12). | A-6. _____ Monthly Adjusted Income x HCDA Percentage (A2 x A3). |
| A-3. _____ HCDA Percentage (Item 48). | |
| A-4. _____ Gross Rent (Item 46). | A-7. _____ TOTAL TENANT PAYMENT (TTP).
Enter the <i>larger</i> of Lines A5 or A6. |

NOTE: If this is a *move-in* or an *initial* certification, Tenant is eligible **ONLY** if Total Tenant Payment (TTP) is less than 90% of Gross Rent - i.e., A7 is less than (.90 x A4).

.....
READ ALL OF THE FOLLOWING STATEMENTS. CHECK EACH STATEMENT THAT IS TRUE.
.....

- | | |
|--|--|
| <input type="checkbox"/> Tenant moved in on or after October 1, 1984. | <input type="checkbox"/> Tenant does NOT now receive Section 8, Rent Supplement or RAP assistance. |
| <input type="checkbox"/> The Tenant's last ANNUAL recertification used a 10/84 version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations. (Item 55 of the last 10/84 HUD-50059 was checked "NO.") | <input type="checkbox"/> Line A7 equals Line A5. |

IF YOU:

- left ALL of the above boxes blank, GO TO PART B.
- checked one or more boxes, STOP WORK and:
 - 1) Transfer Line A7 to Item 50 of the HUD-50059; and
 - 2) Enter "NO" in Item 55 of the HUD-50059.

Name of Tenant _____

Unit Number _____

Part B - COMPUTE WHAT THE TENANT'S ANNUAL AND ADJUSTED INCOME WOULD HAVE BEEN UNDER THE PRE-1984 DEFINITIONS OF INCOME AND ALLOWANCES

ANNUAL INCOME

- B-1.** \$ _____ **ANNUAL INCOME Based Upon 1984 Rules** (Item 31 of the HUD-50059.)
- B-2.** CHECK each situation that applies to this Family's *current* circumstances. For each box you check, *enter the amount requested.* (Obtain from verification forms.)
- a. ☐ \$ _____ The Family has assets in excess of \$5,000 AND imputed income from assets (Item 27 of the HUD-50059) is greater than actual income from assets (Item 26d of the HUD-50059). *Enter the difference* (Item 27 minus total in Item 26d.)
- b. ☐ \$ _____ The Family receives employment income from a *full-time* student who is: 1) 18 years of age or older; and 2) NOT the head or spouse. *Enter the full-time student's employment income.*
- c. ☐ \$ _____ Excess tax credit NOT previously counted. *(Complete ONLY if management previously did NOT consider excess credits.)*
- B-3.** \$ _____ **Increase in Annual Income caused by 1984 Changes** (Add B2a through B2c).
- B-4.** \$ _____ **ANNUAL INCOME BASED Upon Pre-1984 Rules** (Line B1 minus Line B3).
- B-5.** \$ _____ **MONTHLY INCOME Based Upon Pre-1984 Rules** (Line B4 divided by 12).

B-6. CHECK any situation that applies to this Family's *current* circumstances.

- a. ☐ The Household expects to incur medical expenses AND NEITHER the Head or Spouse will be 62 or older, handicapped or disabled on the date this HUD-50059 is effective. **NOTE:** These expenses were NOT included on the HUD-50059. *(Obtain from verification forms you just completed.)*
- b. ☐ Item 39a of the HUD-50059 shows the family anticipates expenses for handicap apparatus or care.

CHECK any statement that is true.

- ☐ Neither the Head or Spouse was 62 or older on 10/1/84.
- ☐ All boxes in B2 and B6 are blank.
- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations.

- IF YOU checked ALL of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A.
- OTHERWISE, GO TO B-7.

ADJUSTED INCOME

- B-7.** \$ _____ **ALLOWABLE MEDICAL EXPENSES.** Enter the answer from Line B7c.
- a. \$ _____ Total Medical Expense *(Obtain from the verification forms you just completed).*
- b. \$ _____ 3% of Total Annual Income (.03 x B4).
- c. \$ _____ Line a minus Line b. If Line a is less than or equal to Line b, enter zero.

CHECK any statement that is true.

- ☐ Neither the Head or Spouse was 62 or older on 10/1/84.
- ☐ All three boxes in Line B2 are blank.
- ☐ Line B6b is blank.
- ☐ Line B7 is zero.
- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations.

- IF YOU checked ALL of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A.
- OTHERWISE, GO TO B-8.

- B-8.** \$ _____ **UNUSUAL EXPENSES.**
- a. \$ _____ CHILD CARE. **NOTE:** Enter the portion of Item 37 that enables a Family Member to work (as opposed to going to school).
- b. \$ _____ CARE OF HANDICAPPED/DISABLED. Include the amount of the expenses described in B6b. *(Obtain from Item 39a of HUD-50059.)*
- c. Add Lines B8a and B8b and enter the answer on Line B.

- B-9.** \$ _____ **ALLOWANCE FOR MINORS** Using the Pre-1984 Definition of Minors.
- a. _____ NUMBER OF MINORS. Enter the number household members who are age 17 or younger or full-time students. **DO NOT COUNT HEAD, SPOUSE OR FOSTER CHILDREN.**
- b. Multiply Line B9a by \$300 AND enter the answer on Line B.

- B-10.** \$ _____ **TOTAL ALLOWANCES Based Upon Pre-1984 Rules** (Total of Lines B7 + B8 + B9).
- B-11.** \$ _____ **ADJUSTED INCOME Based Upon Pre-1984 Rules** (Line B4 minus Line B10).
- B-12.** \$ _____ **MONTHLY ADJUSTED INCOME Based Upon Pre-1984 Rules** (Line B11 divided by 12).

- If the Head/Spouse was 62 or older on 10/1/84, GO TO PART D
- OTHERWISE, GO TO PAGE 3.

Name of Tenant

Unit Number

.....
CHECK ANY STATEMENT THAT IS TRUE.
.....

- ☐ The last Worksheet prepared for this Tenant was a 7/82 or later version of the HUD-50059a/c/d AND the Family was NOT affected by the rent increase limitations. (The answer on the last HUD-50059 was "NO".)
- ☐ Adjusted Income Based Upon 1984 Rules is less than Adjusted Income Based Upon Pre-1984 Rules. (Line A2 is less than Line B12.)

IF YOU: • left one or both of the above boxes blank, GO TO PART C.

- checked BOTH of the above boxes, STOP WORK and:
1) Transfer Line A7 to Item 50 of the HUD-50059; and
2) Enter "NO" in Item 55 of the HUD-50059.

Part C - COMPUTE LIMITATIONS ON INCREASES IN TOTAL TENANT PAYMENT

C-1. \$ _____ TTP UNDER MOST RECENT METHOD. Read only until you find a statement (a,b,c) that applies to this tenant. Check the box next to that statement and follow the instructions for that box. CHECK ONLY ONE BOX.

- a. ☐ The last worksheet completed for this Tenant was one of the Forms listed below.
1. Enter the % charged in Part C of the Tenant's last Worksheet. Complete only one line.

If the Last Worksheet was a:	Enter % of Adj. Income Charged:	From LAST Worksheet Use Line:	If Blank, Use Line:
HUD-50059a/c dated 5/83	_____ %	C6	A3
HUD-50059d dated 5/83	_____ %	C4	A3
HUD-50059a/c/d dated 10/84	_____ %	C5	N.A.

2. Multiply B12 of THIS Worksheet by the percentage above AND transfer the answer to Line C1.

$$\begin{array}{r} \$ \text{ B12 of THIS Wkst.} \\ \times \text{ \% above} \\ \hline = \$ \text{ C1} \end{array}$$

- b. ☐ This will be the first time the 1981 HCDA formulas have been applied to this Tenant. (This Tenant's rent has never been calculated using a 7/82 or later version of the HUD-50059 a/b/c/d.)

1. Line A5 of THIS Worksheet = \$ _____

2. \$ _____ x .25 = \$ _____
B12 of THIS Worksheet.

3. Enter the greater of (1) or (2) = \$ _____

- c. ☐ The last Worksheet completed for this Tenant was a 7/82 version of the HUD-50059a. Complete Steps 1 and 2 AND transfer the answer to Line C1.

1. \$ _____ + \$ _____ = _____
(F1 of LAST Worksheet) (A2 of LAST Worksheet) % of Adj. Income

(NOTE: If F1 is blank, use Line B4 of the LAST Worksheet.)

2. \$ _____ x _____ = \$ _____
(B12 of THIS Worksheet) (% above) C1

.....
ENTER THE ANSWER IN C1 AND GO ON TO C2.
.....

C-2. \$ _____ 110% of Line C1. (Line C1 x 1.10).

C-3. \$ _____ TTP FOR UPCOMING YEAR. Check the type of action you are processing and follow the instructions for that type of action.

- a. ☐ Annual Recertification. Enter the lesser of A7 or C2 but NEVER less than A5.
b. ☐ Interim Recertification or Gross Rent Change. Enter the lesser of A7 or C1 but NEVER less than A5.

C-4. Was the Family affected by the HURRA Limitations?

- If C3 = A7, check NO AND GO TO Line C6. ☐ NO
• In all other cases, check YES AND GO TO Line C5. ☐ YES.

C-5. _____ Percentage of Adjusted Income Charged. (C3 divided by B12). Round to two decimal places (e.g., 00.00%).

C-6. Transfer the answers on Lines C3 and C4 of this Worksheet to the HUD-50059 as directed below:

Transfer:	HUD-50059 Item
C3	50
C4	55

STOP WORK ON THIS FORM.

Prepared By (Name and Date)

Supervisory Review By (Initials and Date)

Name of Tenant _____

Unit Number _____

Part D - COMPUTE LIMITATIONS ON INCREASES IN TTP FOR TENANTS AGE 62 OR OLDER

COMPLETE THIS PART D ONLY IF THE INSTRUCTIONS AT THE END OF PART B REQUIRED YOU TO DO SO.

D-1. _____ **ANNUAL INCOME** (Obtain from HUD-50059 or FHA-2501 in force on 10/1/84. Enter the date that form was effective: ____/____/____).

D-2. _____ **ADDITIONAL INCOME** Derived From New Household Members and Members who Recently Became Employed.

a. Was anyone, who is listed on the HUD-50059 you are now preparing, NOT listed on the form used for Line D1?

☐ YES ☐ NO

b. Is there any adult, who is listed on the HUD-50059 you are now preparing, who:

1. was listed as unemployed on the form used on Line D1;
2. is **NOW** working; AND
3. is not **NOW** a full-time student?

☐ YES ☐ NO

IF YOU ANSWERED: • "YES" to one or both of D2a and D2b, GO TO PART E.

• "NO" to both D2a and D2b, enter zero on Line D2 and GO to D3.

D-3. _____ **TOTAL INCOME TO BE CONSIDERED.** (D1 + D2).

D-4. _____ **ALLOWABLE MEDICAL EXPENSE.** (Enter the amount from D4c.)

a. \$ _____ **Total Medical Expense** (Obtain from Line B7a.)

b. \$ _____ **3% of Annual Income Under Pre-1984 Rules.** (.03 x D3)

c. \$ _____ **Line D4a minus Line D4b. If Line D4a is less than or equal to Line D4b, enter zero.**

D-5. \$ _____ **ALLOWANCE FOR MINORS.** (Obtain from Line B9.)

D-6. \$ _____ **UNUSUAL EXPENSES.** (Obtain from Line B8.)

D-7. \$ _____ **TOTAL ALLOWANCES.** (D4 + D5 + D6.)

D-8. _____ **ADJUSTED INCOME** Using Pre-1984 Rules and Income That Is Not Subject to the Recertification Cap. (D3 minus D7).

D-9. _____ **MONTHLY ADJUSTED INCOME** Using Pre-1984 Rules and Income That Is Not Subject to the Recertification Cap. (D8 divided by 12).

D-10. _____ **TTP THAT WOULD HAVE BEEN REQUIRED IF Tenant Had Not Become Subject To Annual Recertifications. READ ONLY UNTIL you find a statement that applies to this tenant. Check the box next to that statement and follow the instructions for that box. Enter the answer on Line D10. CHECK ONLY ONE BOX.**

a. ☐ **25% was entered in item 45 of the last HUD-50059 prepared for this Tenant.**

1. A5 of THIS Worksheet = \$ _____

2. _____ x .25 = \$ _____

D9 of THIS Wkst.

3. Enter the greater of (1) or (2). = \$ _____

Transfer the answer to D10 AND GO TO D11.

b. ☐ **The last Worksheet completed for this Tenant was one of the Forms listed below.**

1. Enter the % charged in Part C of the Tenant's last Worksheet. Complete only one line.

If the Last Worksheet was a:	Enter % of Adj. Income Charged:	From LAST Worksheet Use Line:	If Blank, Use Line:
HUD-50059a/c dated 5/83	_____ %	C6	A3

HUD-50059d dated 5/83	_____ %	C4	A3
-----------------------	---------	----	----

HUD-50059a/c dated 10/84	_____ %	C5	N.A.
--------------------------	---------	----	------

HUD-50059d dated 10/84	_____ %	D14	N.A.
------------------------	---------	-----	------

2. Multiply D9 of THIS Worksheet by the percentage above

\$ _____ x _____ = \$ _____
D9 of THIS Wkst. % above D10

Transfer the answer to D10 AND GO TO D11.

D-11. \$ _____ **110% of Line D10.** (Line D10 x 1.10).

D-12. \$ _____ **TTP FOR UPCOMING YEAR.** Check the type of action you are processing and follow the instructions for that type of action.

a. ☐ **Annual Recertification.** Enter the lesser of A7 or D11, but NEVER less than A5.

b. ☐ **Interim Recertification or Gross Rent Change.** Enter the lesser of A7 or D10, but NEVER less than A5.

D-13. **Was the Family affected by the HURRA Limitations?**

- If D12 = A7, check NO and GO TO Line D15. ☐ NO.
- In all other cases, check YES and GO TO D14. ☐ YES.

D-14. _____ **Percentage of Adjusted Income Charged.** (D12 divided by D9). Round to two decimal places (e.g., 00.00%).

D-15. **Transfer the answers on Lines D12 and D13 of this Worksheet to the HUD-50059 as directed below:**

Transfer:	HUD-50059 Item
D12	50
D13	55

STOP WORK ON THIS FORM.

Prepared By (Name and Date): _____

Supervisory Review By (Initials and Date): _____

Name of Tenant

Unit Number

Part E - COMPUTE ADDITIONAL INCOME TO BE CONSIDERED FOR TENANTS AFFECTED BY NEW REQUIREMENT FOR ANNUAL RECERTIFICATION

NOTE: COMPLETE THIS PART E ONLY IF THE INSTRUCTIONS AT THE END OF LINE D-2 DIRECTED YOU TO DO SO.

- E-1. _____ ADDITIONAL INCOME from New Household Members. Complete This Line ONLY If You Answered "YES" in D2a. On Line a below, enter the name of anyone who:**
1. is listed on the HUD-50059 you are now preparing; but
 2. was not listed on the form used for Line D1.
- For each member you list, complete one column of the following chart:

a. FIRST NAME:	a. _____	a. _____	a. _____
b. HOUSEHOLD INCOME ATTRIBUTABLE TO THIS MEMBER. (Obtain from the HUD-50059 you are now preparing. Enter this member's portion of Items 26d and Item 28b through e.)	b. \$ _____	b. \$ _____	b. \$ _____
c. How much of the income shown on Line B3 is attributable to this Member?	c. \$ _____	c. \$ _____	c. \$ _____
d. ADDITIONAL INCOME from New Household Members. (Line E1b minus Line E1c).	d. \$ _____	d. \$ _____	d. \$ _____
e. Add all entries on Line E1d and transfer the total to Line E1.			

- E-2. _____ ADDITIONAL INCOME From Newly Employed Adults. Complete This Line ONLY if you answered "YES" in D2b. In Column a below, enter the name of anyone who: a) is listed on the HUD-50059 you are now preparing; and b) meets the three characteristics listed below:**
1. was listed as unemployed on the form used on Line D1;
 2. is NOW working; AND
 3. is not NOW a full-time student. For each member you list, enter the employment income attributable to that member.

**COLUMN A.
NAME**

**COLUMN B.
ANNUAL
EMPLOYMENT
INCOME**

\$ _____ /yr.
\$ _____ /yr.
\$ _____ /yr.

(Obtain these amounts from Item 28 of the HUD-50059 you are now preparing.)

Total (Add all entries in Col. B.)
Transfer the answer in Col. B to Line E2.

\$ _____ /yr.

- E-3 _____ ADDITIONAL INCOME TO BE CONSIDERED (Line E1 + Line E2).**

TRANSFER E3 TO LINE D2 AND GO ON TO D3.

The Easy Worksheet for Computing Total Tenant Payment/Tenant Rent (All Programs)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

4350.5
APPENDIX 4



OMB No. 2502-0204 (exp. 3/31/87)

IMPORTANT: Read Appendix 2 of Handbook 4350.3 before you complete this Form. The Appendix tells you which version of the Worksheet you must use.

Name of Tenant	Name of Project	Unit Number
----------------	-----------------	-------------

PART A. COMPUTE THE TOTAL TENANT PAYMENT/TENANT RENT. Complete only one Section. Select the Section that applies to the type of subsidy the Tenant will be receiving.

Sec. 8/RAP Tenants	Rent Supplement Tenants
A-1. Monthly Income (Item 31 ÷ 12).	A-1. Monthly Income.
A-2. Monthly Adjusted Income (Item 43 ÷ 12).	A-2. Monthly Adjusted Income (Item 43 ÷ 12).
A-3. HCDA Percentage (Item 48).	A-3. HCDA Percentage (Item 48).
A-4. Monthly Adjusted Income × HCDA Percentage (A2 × A3).	A-4. Gross Rent (Item 46).
A-5. 10% of Monthly Income (A1 × .10).	A-5. 30% of Gross Rent (A4 × .30).
A-6. Welfare Rent (<i>Applies only to welfare recipients in as-paid States or Counties</i>).	A-6. Monthly Adjusted Income × HCDA Percentage. (A2 × A3).
A-7. TOTAL TENANT PAYMENT (TTP) (Enter the largest of A4, A5 or A6).	A-7. TOTAL TENANT PAYMENT (TTP) (Enter the larger of A5 or A6).
Go to Part B	Go to Part B

NOTE: If this is a *move-in* or an *initial* certification, Tenant is eligible **ONLY** if Total Tenant Payment (TTP) is less than 90 percent of Gross Rent - i.e., A7 is less than (.90 × A4).

Section 236 Tenants	
Complete only one column under this Part. Select the utility arrangement that applies to this Tenant.	
No Utility Allowance	With Utility Allowance
A-1. Monthly Income.	A-1. Monthly Income.
A-2. Monthly Adjusted Income (Item 43 ÷ 12).	A-2. Monthly Adjusted Income (Item 43 ÷ 12).
A-3. HCDA Percentage (Item 48).	A-3. HCDA Percentage (Item 45).
A-4. Monthly Adjusted Income × HCDA Percentage (A2 × A3).	A-4. Monthly Adjusted Income × HCDA Percentage (A2 × A3).
A-5. * Basic Rent (Item 44).	A-5. * Utility Allowance (Item 45).
A-6. * Market Rent (From Rent Schedule).	A-6. A4 minus A5.
A-7. TENANT RENT (Enter the larger of A4 or A5 but never more than A6).	A-7. * Basic Rent (Item 44).
	A-8. Higher of A6 or A7.
	A-9. Minimum Rent (25% of A2).
	A-10. * Market Rent (From Rent Schedule).
	A-11. TENANT RENT (Enter the larger of A8 or A9 but never more than A10).
Go to Part B	Go to Part B

* **NOTE:** Use the Rents and Utility Allowance that will be in effect on the date this Tenant Rent will become effective.

PART B. TRANSFER THIS WORKSHEET DATA TO THE HUD-50059

	HUD-50059 Item No:
• Enter the Answer from Part A in:	
—for Section 236 Tenants	51
—for All Other Tenants	50
• Enter HCDA Percentage from A3 in	54
• Check "No" in	55

Prepared By (Name and Date)	Supervisory Review By (Initials and Date)
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**Worksheet for Section 8
Tenants Who Were Converted from Rent
Supplement Or RAP (10/1/81 to 9/30/84)
When They Were Age 62 or Older**

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

4350.5

APPENDIX 4



OMB No. 2502-0204 (exp. 3/31/87)

IMPORTANT: • Read Appendix 2 of Handbook 4350.3 before you complete this Form. The Appendix tells you which version of the Worksheet you must use.
• If a 10/84 HUD-50059 F has never been used for this Tenant, prepare a HUD-50059REF-F before you complete this Worksheet. (Follow the instructions in Appendix 36.)

Name of Tenant	Name of Project	Unit Number
----------------	-----------------	-------------

Part A - COMPUTE THE TOTAL TENANT PAYMENT THAT WOULD BE REQUIRED WITHOUT THE PROTECTION OF THE 10% CAPS

- | | |
|--|---|
| A-1. _____ Monthly Income (Item 31 + 12). | A-5. _____ 10% of Monthly Income (Line A1 x .10). |
| A-2. _____ Monthly Adjusted Income (Item 43 + 12). | A-6. _____ Welfare Rent (Applies only to welfare recipients in as-paid States or Counties). |
| A-3. _____ HCDA Percentage (Item 48). | A-7. _____ TOTAL TENANT PAYMENT (TTP).
Enter the largest of Lines A4, A5, or A6. |
| A-4. _____ Monthly Adjusted Income x HCDA Percentage
(A2 x A3). | |

.....
READ ALL OF THE FOLLOWING STATEMENTS. CHECK EACH STATEMENT THAT IS TRUE.
.....

- | | |
|---|--|
| <input type="checkbox"/> The Tenant's last ANNUAL recertification used a HUD-50059F AND the Family was NOT affected by the rent increase limitations. (Item 55 of the last 10/84 HUD-50059 was checked "NO.") | <input type="checkbox"/> Tenant does NOT now receive Section 8, Rent Supplement or RAP assistance. |
| | <input type="checkbox"/> Line A7 = Line A6. |


IF YOU: • left ALL of the above boxes blank, GO TO PART B.
• checked one or more boxes, STOP WORK and:
1) Transfer Line A7 to Item 50 of the HUD-50059; and
2) Enter "NO" in Item 55 of the HUD-50059.

Name of Tenant

Unit Number

**Part B - COMPUTE WHAT THE TENANT'S ANNUAL AND ADJUSTED INCOME WOULD HAVE BEEN UNDER THE PRE-1984
DEFINITIONS OF INCOME AND ALLOWANCES**

ANNUAL INCOME

- B-1. \$ _____ ANNUAL INCOME Based Upon 1984 Rules (Item 31 of the HUD-50059.)
- B-2. CHECK each situation that applies to this Family's *current* circumstances. For each box you check, *enter the amount requested*. (Obtain from verification forms.)
- a. ☐ \$ _____ The Family has assets in excess of \$5,000 AND imputed income from assets (Item 27 of the HUD-50059) is greater than actual income from assets (Item 26d of the HUD-50059). *Enter the difference (Item 27 minus total in Item 26d.)*
- b. ☐ \$ _____ The Family receives employment income from a *full-time* student who is: 1) 18 years of age or older; and 2) NOT the head or spouse. *Enter the full-time student's employment income.*
- c. ☐ \$ _____ Excess tax credit NOT previously counted. (Complete *ONLY* if management previously did NOT consider excess credits.)
- B-3. \$ _____ Increase in Annual Income caused by 1984 Changes (Add B2a through B2c).
- B-4. \$ _____ ANNUAL INCOME BASED Upon *Pre-1984* Rules (Line B1 minus Line B3).
- B-5. \$ _____ MONTHLY INCOME Based Upon *Pre-1984* Rules (Line B4 divided by 12).
- B-6.  RESERVED.

ADJUSTED INCOME

- B-7. \$ _____ ALLOWABLE MEDICAL EXPENSES. Complete Lines a through c for ALL Tenants.
- a. \$ _____ Total Medical Expense (Obtain from the verification forms you just completed. For *Non-Elderly* households, these expenses will not appear on the HUD-50059 you are now preparing.)
- b. \$ _____ 3% of Total Annual Income (.03 x B4).
- c. \$ _____ Line a minus Line b. If Line a is less than or equal to Line b, enter zero.
- B-8. \$ _____ UNUSUAL EXPENSES.
- a. \$ _____ CHILD CARE. NOTE: Enter the portion of Item 37 that enables a Family Member to work (as opposed to going to school).
- b. \$ _____ CARE OF HANDICAPPED/DISABLED. (Obtain from Item 39a of HUD-50059.)
- c. Add Lines B8a and B8b and enter the answer on Line B8.
- B-9. \$ _____ ALLOWANCE FOR MINORS Using the *Pre-1984* Definition of Minors.
- a. _____ NUMBER OF MINORS. Enter the number of household members who are age 17 or younger or full-time students. **DO NOT COUNT HEAD, SPOUSE OR FOSTER CHILDREN.**
- b. Multiply Line B9a by \$300 AND enter the answer on Line B9.
- B-10. \$ _____ TOTAL ALLOWANCES Based Upon *Pre-1984* Rules (Total of Lines B7 + B8 + B9).
- B-11. \$ _____ ADJUSTED INCOME Based Upon *Pre-1984* Rules (Line B4 minus Line B10).
- B-12. \$ _____ MONTHLY ADJUSTED INCOME Based Upon *Pre-1984* Rules (Line B11 divided by 12).

Name of Tenant _____

Unit Number _____

- If a HUD-50059F Worksheet has previously been used for this Tenant, GO TO PART C.
- If this is the FIRST time this HUD-50059F Worksheet has been used for this Tenant, read both statements below. Check any statement that is true.

- ☐ No refund was required for the HUD-50059 that was in effect on 9/30/84. (Zero was entered on Line C1a of Column J of the HUD-50059REF-F).
- ☐ You did NOT check any of the boxes in B2 or B6 of this Form.

IF YOU: • left one or both boxes blank, GO TO PART C.

- checked BOTH boxes, STOP WORK AND:
 1) Transfer Line A7 to Item 50 of the HUD-50059; and
 2) Enter "NO" in item 55 of the HUD-50059.

Part C - COMPUTE LIMITATIONS ON INCREASES IN TOTAL TENANT PAYMENT

C-1. \$ _____ TTP UNDER MOST RECENT METHOD. Read only until you find a statement (a,b) that applies to this Tenant. Check the box next to that statement and follow the instructions for that box. CHECK ONLY ONE BOX.

- a. ☐ This will be the FIRST time a HUD-50059F Worksheet has been used for this Tenant.

- If an annual recertification was effective on/after 10/1/84 AND it is NOT the recert used in Column C of page one of the HUD-50059REF-F, multiply:

$$\frac{\text{B12 of THIS Wkst.}}{\text{F4 from LAST Col. of HUD-50059REF-F}} \times \text{F4 from LAST Col. of HUD-50059REF-F} = \$ \text{_____}$$

- Otherwise, multiply:

$$\frac{\text{B12 of THIS Wkst.}}{\text{Line B7 of Col. J of HUD-50059REF-F}} \times \text{Line B7 of Col. J of HUD-50059REF-F} = \$ \text{_____}$$

- b. ☐ The last Worksheet prepared for this Tenant was this HUD-50059F Worksheet.

Multiply:

$$\frac{\text{B12 of THIS Wkst.}}{\text{C5 of LAST Wkst.}} \times \text{C5 of LAST Wkst.} = \$ \text{_____ C1}$$

.....
 ENTER THE ANSWER IN C1 AND GO ON TO C2.

C-2.\$ _____ 110% of Line C1. (Line C1 \times 1.10).

C-3.\$ _____ TTP FOR UPCOMING YEAR. Check the type of recertification you are preparing and follow the instructions for that type of recertification.

- a. ☐ Annual. Enter the lesser of A7 or C2.
 b. ☐ Interim. Enter the lesser of A7 or C1.

C-4. Was the Family affected by the HURRA Limitations?

- If C3=A7, check NO AND GO TO Line C6. ☐ NO.

- In all other cases, check YES AND GO TO Line C5. ☐ YES.

C-5. _____ Percentage of Adjusted Income Charged. (C3 divided by B12.) Round to two decimal places (e.g., 00.00%).

C-6. Transfer the answers on Lines C3 and C4 of this Worksheet to the HUD-50059 as directed below:

Transfer:	HUD-50059 Item
C3	50
C4	55

Prepared By (Name and Date) _____

Supervisory Review By (Initials and Date) _____

**Worksheet for Section 8
Tenants Who Were Converted From Rent
Supplement (On or After 10/1/84)
When They Were Age 62 or Older**

U.S. Department of Housing and Urban Development 4350.5
Office of Housing
Federal Housing Commissioner



OMB No. 2502-0204 (exp. 3/31/87)

IMPORTANT: • Read Appendix 2 of Handbook 4350.3 before you complete this Form. The Appendix tells you which version of the Worksheet you must use.
• If this Tenant was already converted AND a HUD-50059g has never been used for this Tenant, follow the special instructions in Appendix 37.

Name of Tenant	Name of Project	Unit Number
----------------	-----------------	-------------

Part A - COMPUTE THE TOTAL TENANT PAYMENT THAT WOULD BE REQUIRED WITHOUT THE PROTECTION OF THE 10% CAPS

- | | |
|---|--|
| A-1. _____ Monthly Income (Item 31 + 12). | A-5. _____ 10% of Monthly Income (Line A1 x .10). |
| A-2. _____ Monthly Adjusted Income (Item 43 + 12). | A-6. _____ Welfare Rent (<i>Applies only to welfare recipients in as-paid States or Counties.</i>) |
| A-3. _____ HCDA Percentage (Item 48). | |
| A-4. _____ Monthly Adjusted Income x HCDA Percentage (A2 x A3). | A-7. _____ TOTAL TENANT PAYMENT (TTP).
Enter the <i>largest</i> of Lines A4, A5, or A6. |


READ ALL OF THE FOLLOWING STATEMENTS. CHECK EACH STATEMENT THAT IS TRUE.

- | | |
|--|--|
| <input type="checkbox"/> The Tenant's last ANNUAL recertification used a 10/84 version of the HUD-50059g AND the Family was NOT affected by the rent increase limitations. (Item 55 of the last 10/84 HUD-50059 was checked "NO.") | <input type="checkbox"/> Tenant does NOT now receive Section 8, Rent Supplement or RAP assistance. |
| <input type="checkbox"/> IF you checked one or more boxes, STOP WORK and:
1) Transfer Line A7 to Item 50 of the HUD-50059; AND
2) Enter "NO" in Item 55 of the HUD-50059. | <input type="checkbox"/> Line A7 = Line A6. |
| <input type="checkbox"/> IF the Tenant moved in on or after 10/1/84, GO TO PART C. | |
| <input type="checkbox"/> IN all other cases, GO TO PART B. | |

Part B - COMPUTE WHAT THE TENANT'S ANNUAL AND ADJUSTED INCOME WOULD HAVE BEEN UNDER THE PRE-1984 DEFINITIONS OF INCOME AND ALLOWANCES

ANNUAL INCOME

ADJUSTED INCOME

- | | |
|--|--|
| B-1. \$ _____ ANNUAL INCOME Based Upon 1984 Rules (Item 31 of the HUD-50059.) | B-7. \$ _____ ALLOWABLE MEDICAL EXPENSES. Complete Lines a through c for ALL Tenants. |
| B-2. CHECK each situation that applies to this Family's <i>current</i> circumstances. For each box you check, <i>enter the amount requested.</i> (Obtain from verification forms.) | a. \$ _____ Total Medical Expense (<i>Obtain from the verification forms you just completed. For Non-Elderly households, these expenses will not appear on the HUD-50059 you are now preparing.</i>) |
| a. <input type="checkbox"/> \$ _____ The Family has assets in excess of \$5,000 AND imputed income from assets (Item 27 of the HUD-50059) is greater than actual income from assets (Item 26d of the HUD-50059). Enter the difference (Item 27 minus total in Item 26d.) | b. \$ _____ 3% of Total Annual Income (.03 x B4). |
| b. <input type="checkbox"/> \$ _____ The Family receives employment income from a <i>full-time</i> student who is: 1) 18 years of age or older; and 2) NOT the head or spouse. Enter the <i>full-time student's employment income.</i> | c. \$ _____ Line a minus Line b. If Line a is less than or equal to Line b, enter zero. |
| c. <input type="checkbox"/> \$ _____ Excess tax credit NOT previously counted. (<i>Complete ONLY if management previously did NOT consider excess credits.</i>) | B-8. \$ _____ UNUSUAL EXPENSES. |
| B-3. \$ _____ Increase in Annual Income caused by 1984 Changes (Add B2a through B2c). | a. \$ _____ CHILD CARE. NOTE: Enter the portion of Item 37 that enables a Family Member to work (as opposed to going to school). |
| B-4. \$ _____ ANNUAL INCOME BASED Upon Pre-1984 Rules (Line B1 minus Line B3). | b. \$ _____ CARE OF HANDICAPPED/DISABLED. (<i>Obtain from Item 39a of HUD-50059.</i>) |
| B-5. \$ _____ MONTHLY INCOME Based Upon Pre-1984 Rules (Line B4 divided by 12). | c. Add Lines B8a and B8b and enter the answer on Line B8. |
| B-6.  RESERVED. | B-9. \$ _____ ALLOWANCE FOR MINORS Using the Pre-1984 Definition of Minors. |
| | a. _____ NUMBER OF MINORS. Enter the number of household members who are age 17 or younger or full-time students. DO NOT COUNT HEAD, SPOUSE OR FOSTER CHILDREN. |
| | b. Multiply Line B9a by \$300 AND enter the answer on Line B9. |
| | B-10. \$ _____ TOTAL ALLOWANCES Based Upon Pre-1984 Rules (Total of Lines B7 + B8 + B9). |
| | B-11. \$ _____ ADJUSTED INCOME Based Upon Pre-1984 Rules (Line B4 minus Line B10). |
| | B-12. \$ _____ MONTHLY ADJUSTED INCOME Based Upon Pre-1984 Rules (Line B11 divided by 12). |
| | • If the current Head/Spouse was 62 or older on 10/1/84, GO TO PART D. |
| | • OTHERWISE, GO TO PART C. |

Name of Tenant

Unit Number

Part C - COMPUTE LIMITATIONS ON INCREASES IN TOTAL TENANT PAYMENT

C-1. \$_____ TTP UNDER MOST RECENT METHOD. Read only until you find a statement (a,b) that applies to this Tenant. Check the box next to that statement and follow the instructions for that box. CHECK ONLY ONE BOX.

a. ☐ The Tenant is NOW being converted from Rent Supplement.

1. Gross Rent (Item 46 of HUD-50059) \$_____

2. 30% of Gross Rent
(.30 x (1) above) \$_____

3. • If the last Worksheet prepared for this Tenant was a 5/83 version of the HUD-50059d, enter C4 of the LAST Worksheet. (If C4 is blank, enter A3 of the LAST Worksheet.) _____ %

• Otherwise, enter 25%.

4. Multiply:

_____ x _____ = \$ _____
B12 of THIS Percent in
Worksheet (3) above
(If B12 is blank, use A2 of THIS Worksheet.)

5. Pick the greater of (2) or (4) and transfer that amount to Line C1.

b. ☐ The last Worksheet prepared for this Tenant was a 10/84 version of the HUD-50059g.

_____ x _____ = \$ _____
B12 of THIS C5 of LAST C1
Worksheet Worksheet
(If B12 is blank, use A2 of this Worksheet.)

.....
ENTER THE ANSWER IN C1 AND GO ON TO C2.
.....

C-2. \$_____ 110% of Line C1. (Line C1 x 1.10).

C-3. \$_____ TTP FOR UPCOMING YEAR. Check the type of recertification you are preparing and follow the instructions for that type of recertification.

a. ☐ Annual. Enter the lesser of A7 or C2.

b. ☐ Interim. Enter the lesser of A7 or C1.

C-4. Was the Family affected by the HURRA Limitations?

- If C3 = A7, check NO and GO TO Line C6. ☐ NO.
- In all other cases, check YES and GO TO Line C5. ☐ YES.

C-5. _____ Percentage of Adjusted Income Charged. (C3 divided by B12. If B12 is blank, use A2.) Round to two decimal places (e.g., 00.00%).

C-6. Transfer the answers on Lines C3 and C4 of this Worksheet to the HUD-50059 as directed below:

Transfer:	HUD-50059 Item
C3	50
C4	55

STOP WORK ON THIS FORM.

Prepared By (Name and Date)

Supervisory Review By (Initials and Date)

Name of Tenant _____

Unit Number _____

Part D - COMPUTE LIMITATIONS ON INCREASES IN TTP FOR TENANTS AGE 62 OR OLDER

COMPLETE THIS PART D ONLY IF THE INSTRUCTIONS AT THE END OF PART B REQUIRED YOU TO DO SO.

D-1. _____ **ANNUAL INCOME** (Obtain from HUD-50059 or FHA-2501 in force on 10/1/84. Enter the date that form was effective: ____/____/____).

D-2. _____ **ADDITIONAL INCOME Derived From New Household Members and Members who Recently Became Employed.**

a. Was anyone, who is listed on the HUD-50059 you are now preparing, NOT listed on the form used for Line D1?

☐ YES ☐ NO

b. Is there any adult who is listed on the HUD-50059 you are now preparing who:

1. was listed as unemployed on the form used on Line D1;
2. is **NOW** working; AND
3. is not **NOW** a full-time student?

☐ YES ☐ NO

IF YOU ANSWERED: • "YES" to one or both of D2a and D2b, GO TO PART E.
• "NO" to both D2a and D2b, enter zero on Line D2 and GO TO D3.

D-3. _____ **TOTAL INCOME TO BE CONSIDERED.** (D1 + D2).

D-4. _____ **ALLOWABLE MEDICAL EXPENSE.** (Enter the amount from D4c.)

- a. \$ _____ **Total Medical Expense** (Obtain from Line B7a.)
- b. \$ _____ **3% of Annual Income Under Pre-1984 Rules.** (.03 x D3)
- c. \$ _____ **Line D4a minus Line D4b.** If Line D4a is less than or equal to Line D4b, enter zero.

D-5. \$ _____ **ALLOWANCE FOR MINORS.** (Obtain from Line B9.)

D-6. \$ _____ **UNUSUAL EXPENSES.** (Obtain from Line B8.)

D-7. \$ _____ **TOTAL ALLOWANCES.** (D4 + D5 + D6.)

D-8. _____ **ADJUSTED INCOME** Using Pre-1984 Rules and Income That is Not Subject to the Recertification Cap. (D3 minus D7).

D-9. _____ **MONTHLY ADJUSTED INCOME** Using Pre-1984 Rules and Income That is Not Subject to the Recertification Cap. (D8 divided by 12).

D-10. _____ **TTP THAT WOULD HAVE BEEN REQUIRED If Tenant Had Not Become Subject To Annual Recertifications. READ ONLY UNTIL you find a statement that applies to this tenant. Check the box next to that statement and follow the instructions for that box. Enter the answer on Line D10. CHECK ONLY ONE BOX.**

a. ☐ **25% was entered in item 45 of the last HUD-50059 prepared for this Tenant.**

1. 30% of Gross Rent
(.30 x Item 46 of HUD-50059) = \$ _____

2. _____ x .25 = \$ _____
D9 of THIS Wkst.

3. Enter the greater of (1) or (2) = \$ _____

Transfer the answer to D10 AND GO TO D11.

b. ☐ **The last Worksheet completed for this Tenant was one of the Forms listed below.**

1. Enter the % charged in Part C of the Tenant's last Worksheet. Complete only one line.

If the Last Worksheet was a:	Enter % of Adj. Income Charged:	From LAST Worksheet	
		Use Line:	If Blank, Use Line:
HUD-50059a dated 5/83	_____ %	C6	A3
HUD-50059d dated 5/83	_____ %	C4	A3
HUD-50059d dated 10/84	_____ %	D14	N.A.
HUD-50059g dated 10/84	_____ %	D14	N.A.

2. Multiply:

\$ _____ x _____ = \$ _____
D9 of THIS Wkst. % above D10

Transfer the answer to D10 AND GO TO D11.

D-11. \$ _____ **110% of Line D10.** (Line D10 x 1.10).

D-12. \$ _____ **TTP FOR UPCOMING YEAR.** Check the type of action you are processing and follow the instructions for that type of action.

a. ☐ **Annual.** Enter the lesser of A7 or D11.

b. ☐ **Interim.** Enter the lesser of A7 or D10.

D-13. **Was the Family affected by the HURRA Limitations?**

- If D12 = A7, check NO and GO TO Line D15. ☐ NO.
• In all other cases, check YES and GO TO D14. ☐ YES.

D-14. _____ **Percentage of Adjusted Income Charged.** (D12 divided by D9). Round to two decimal places (e.g., 00.00%).

D-15. **Transfer the answers on Lines D12 and D13 of this Worksheet to the HUD-50059 as directed below:**

Transfer:	HUD-50059 Item
D12	50
D13	55

STOP WORK ON THIS FORM.

Prepared By (Name and Date) _____

Supervisory Review By (Initials and Date) _____

Name of Tenant _____

Unit Number _____

**Part E - COMPUTE ADDITIONAL INCOME TO BE CONSIDERED FOR TENANTS AFFECTED BY NEW
REQUIREMENT FOR ANNUAL RECERTIFICATION**

NOTE: COMPLETE THIS PART E ONLY IF THE INSTRUCTIONS AT THE END OF LINE D-2 DIRECTED YOU TO DO SO.

- E-1. _____ ADDITIONAL INCOME from New Household Members. Complete This Line ONLY If You Answered "YES" in D2a. On Line a below, enter the name of anyone who:**
1. is listed on the HUD-50059 you are now preparing; but
 2. was not listed on the form used for Line D1.
- For each member you list, complete one column of the following chart:

a. FIRST NAME:	a. _____	a. _____	a. _____
b. HOUSEHOLD INCOME ATTRIBUTABLE TO THIS MEMBER. (Obtain from the HUD-50059 you are now preparing. Enter this member's portion of Items 28d and Item 28b through e.)	b. \$ _____	b. \$ _____	b. \$ _____
c. How much of the income shown on Line B3 is attributable to this Member?	c. \$ _____	c. \$ _____	c. \$ _____
d. ADDITIONAL INCOME from New Household Members. (Line E1b minus Line E1c).	d. \$ _____	d. \$ _____	d. \$ _____
e. Add all entries on Line E1d and transfer the total to Line E1.			

- E-2. _____ ADDITIONAL INCOME From Newly Employed Adults. Complete This Line ONLY if you answered "YES" in D2b. In Column a below, enter the name of anyone who: a) is listed on the HUD-50059 you are now preparing; and b) meets the three characteristics listed below:**
1. was listed as unemployed on the form used on Line D1;
 2. is NOW working; AND
 3. is not NOW a full-time student. For each member you list, enter the employment income attributable to that member.

COLUMN A. NAME	COLUMN B. ANNUAL EMPLOYMENT INCOME	
_____	\$ _____	(Obtain these amounts from Item 28 of the HUD-50059 you are now preparing.)
_____	\$ _____	
_____	\$ _____	
Total (Add all entries in Col. B.) Transfer the answer in Col. B to Line E2.	\$ _____	

- E-3. _____ ADDITIONAL INCOME TO BE CONSIDERED (Line E1 + Line E2).**

TRANSFER E3 TO LINE D2 AND GO ON TO D3.

**Worksheet for Section 8 Tenants Who
Were Converted From RAP (On or After
10/1/84) When They Were Age 62 or Older**

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

4350.5

APPENDIX 4



OMB No. 2502-0204 (exp. 3/31/87)

IMPORTANT: • Read Appendix 2 of Handbook 4350.3 before you complete this Form. The Appendix tells you which version of the Worksheet you must use.
• If this Tenant was already converted AND a HUD-50059h has never been used for this Tenant, follow the special instructions in Appendix 37.

Name of Tenant	Name of Project	Unit Number
----------------	-----------------	-------------

Part A - COMPUTE THE TOTAL TENANT PAYMENT THAT WOULD BE REQUIRED WITHOUT THE PROTECTION OF THE 10% CAPS

- | | |
|--|--|
| A-1. _____ Monthly Income (Item 31 + 12). | A-5. _____ 10% of Monthly Income (Line A1 x .10). |
| A-2. _____ Monthly Adjusted Income (Item 43 + 12). | A-6. _____ Welfare Rent (<i>Applies only to welfare recipients in as-paid States or Counties.</i>) |
| A-3. _____ HCDA Percentage (Item 48). | A-7. _____ TOTAL TENANT PAYMENT (TTP).
Enter the <i>largest</i> of Lines A4, A5, or A6. |
| A-4. _____ Monthly Adjusted Income x HCDA Percentage
(A2 x A3). | |

.....
READ ALL OF THE FOLLOWING STATEMENTS. CHECK EACH STATEMENT THAT IS TRUE.
.....

- | | |
|---|--|
| <input type="checkbox"/> Tenant moved in on or after October 1, 1984. | <input type="checkbox"/> Tenant does NOT now receive Section 8, Rent Supplement or RAP assistance. |
| <input type="checkbox"/> The Tenant's last ANNUAL recertification used a 10/84 version of the HUD-50059c/h AND the Family was NOT affected by the rent increase limitations. (<i>Item 55 of the last 10/84 HUD-50059 was checked "NO."</i>) | <input type="checkbox"/> Line A7 = Line A6. |

IF YOU: • left ALL of the above boxes blank, GO TO PART B.
• checked one or more boxes, STOP WORK and:
1) Transfer Line A7 to Item 50 of the HUD-50059; and
2) Enter "NO" in Item 55 of the HUD-50059.

Part B - COMPUTE WHAT THE TENANT'S ANNUAL AND ADJUSTED INCOME WOULD HAVE BEEN UNDER THE PRE-1984 DEFINITIONS OF INCOME AND ALLOWANCES

ANNUAL INCOME

- | | |
|---|--|
| B-1. \$ _____ ANNUAL INCOME Based Upon 1984 Rules
(Item 31 of the HUD-50059.) | B-6. CHECK any situation that applies to this Family's <i>current</i> circumstances. |
| B-2. CHECK each situation that applies to this Family's <i>current</i> circumstances. For each box you check, <i>enter the amount requested.</i> (Obtain from verification forms.) | a. <input type="checkbox"/> The Household expects medical expenses AND NEITHER the current Head or Spouse will be 62 or older, handicapped or disabled on the date this HUD-50059 is effective. NOTE: These expenses were NOT included on the HUD-50059. (<i>Obtain from verification forms you just completed.</i>) |
| a. <input type="checkbox"/> \$ _____ The Family has assets in excess of \$5,000 AND imputed income from assets (Item 27 of the HUD-50059) is greater than actual income from assets (Item 26d of the HUD-50059). <i>Enter the difference</i> (Item 27 minus total in Item 26d.) | b. <input type="checkbox"/> Item 39a of the HUD-50059 shows the family anticipates expenses for handicap apparatus or care. |
| b. <input type="checkbox"/> \$ _____ The Family receives employment income from a <i>full-time</i> student who is: 1) 18 years of age or older; and 2) NOT the head or spouse. <i>Enter the full-time student's employment income.</i> | CHECK any statement that is true. |
| c. <input type="checkbox"/> \$ _____ Excess tax credit NOT previously counted. (<i>Complete ONLY if management previously did NOT consider excess credits.</i>) | <input type="checkbox"/> All boxes in B2 and B6 are blank. |
| B-3. \$ _____ Increase in Annual Income caused by 1984 Changes (<i>Add B2a through B2c.</i>) | <input type="checkbox"/> The last Worksheet prepared for this Tenant was a 5/83 or later version of the HUD-50059a or c AND the Family was NOT affected by the rent increase limitations. |
| B-4. \$ _____ ANNUAL INCOME BASED Upon Pre-1984 Rules (Line B1 minus Line B3). | • IF YOU checked BOTH of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A. |
| B-5. \$ _____ MONTHLY INCOME Based Upon Pre-1984 Rules (Line B4 divided by 12). | • OTHERWISE, GO TO B-7. |

Name of Tenant

Unit Number

ADJUSTED INCOME

B-7. \$ _____ ALLOWABLE MEDICAL EXPENSES. Enter the answer from Line B7c.

- a. \$ _____ Total Medical Expense (Obtain from the verification forms you just completed).
- b. \$ _____ 3% of Total Annual Income (.03 x B4).
- c. \$ _____ Line a minus Line b. If Line a is less than or equal to Line b, enter zero.

CHECK any statement that is true.

- ☐ All three boxes in Line B2 are blank.
- ☐ Line B6b is blank.
- ☐ Line B7 is zero.
- ☐ The last Worksheet prepared for this Tenant was a 5/83 or later version of the HUD-50059a or c AND the Family was NOT affected by the rent increase limitations.

- IF YOU checked ALL of the above boxes, STOP WORK and follow the STOP WORK instructions in Part A.
- OTHERWISE, GO TO B-8.

B-8. \$ _____ UNUSUAL EXPENSES.

- a. \$ _____ CHILD CARE. NOTE: Enter the portion of Item 37 that enables a Family Member to work (as opposed to going to school).
- b. \$ _____ CARE OF HANDICAPPED/DISABLED. Include the amount of the expenses described in B6b. (Obtain from Item 38a of HUD-50059.)
- c. Add Lines B8a and B8b and enter the answer on Line B8.

B-9. \$ _____ ALLOWANCE FOR MINORS Using the Pre-1984 Definition of Minors.

- a. _____ NUMBER OF MINORS. Enter the number of household members who are age 17 or younger or full-time students. DO NOT COUNT HEAD, SPOUSE OR FOSTER CHILDREN.
- b. Multiply Line B9a by \$300 AND enter the answer on Line B9.

B-10. \$ _____ TOTAL ALLOWANCES Based Upon Pre-1984 Rules (Total of Lines B7 + B8 + B9).

B-11. \$ _____ ADJUSTED INCOME Based Upon Pre-1984 Rules (Line B4 minus Line B10).

B-12. \$ _____ MONTHLY ADJUSTED INCOME Based Upon Pre-1984 Rules (Line B11 divided by 12).

CHECK ANY STATEMENT THAT IS TRUE.

- ☐ The last Worksheet prepared for this Tenant was a 5/83 or later version of the HUD-50059a or c AND the Family was NOT affected by the rent increase limitations. (The answer on the last HUD-50059 was "NO".)
- ☐ Adjusted Income Based Upon 1984 Rules is less than Adjusted Income Based Upon Pre-1984 Rules. (Line A2 is less than Line B12.)

IF YOU: • left one or both of the above boxes blank, GO TO PART C.

• checked BOTH of the above boxes, STOP WORK on this Form and:

- 1) Transfer Line A7 to Item 50 of the HUD-50059; and
- 2) Enter "NO" in Item 55 of the HUD-50059.

Part C - COMPUTE LIMITATIONS ON INCREASES IN TOTAL TENANT PAYMENT

C-1. \$ _____ TTP UNDER MOST RECENT METHOD. Read only until you find a statement (a,b) that applies to this Tenant. Check box a or b and follow the instructions for that box.

- a. The Tenant is NOW being converted from RAP. Check Only ONE of the three small boxes below and follow the instructions for that box.

- ☐ The last worksheet completed for this Tenant was a 5/83 version of the HUD-50059c. Multiply:

$$\begin{array}{r} \$ \text{ B12 of THIS Worksheet} \\ \times \text{ C6 of the LAST Wkst.} \\ \hline = \$ \text{ C1} \end{array}$$

(If C6 is blank, use A3 of the LAST Worksheet.)

- ☐ The last Worksheet prepared for this Tenant was a 10/84 version of the HUD-50059c. Multiply:

$$\begin{array}{r} \$ \text{ B12 of THIS Worksheet} \\ \times \text{ C5 of the LAST Wkst.} \\ \hline = \$ \text{ C1} \end{array}$$

- ☐ This will be the first time the 1981 HCDA formulas have been applied to this Tenant. (This Tenant's rent has never been calculated using a 7/82 or later version of the HUD-50059 a/b/c/d.) Complete Part D of this Worksheet AND transfer the answer to line C1.

- b. The last Worksheet prepared for this Tenant was a 10/84 version of the HUD-50059h. Multiply:

$$\begin{array}{r} \$ \text{ B12 of THIS Worksheet} \\ \times \text{ C5 of the LAST Wkst.} \\ \hline = \$ \text{ C1} \end{array}$$

ENTER THE ANSWER IN C1 AND GO ON TO C2.

C-2. \$ _____ 110% of Line C1. (Line C1 x 1.10).

C-3. \$ _____ TTP FOR UPCOMING YEAR. Check the type of recertification you are preparing and follow the instructions for that type of recertification.

- a. ☐ Annual. Enter the lesser of A7 or C2.
- b. ☐ Interim. Enter the lesser of A7 or C1.

C-4. Was the Family affected by the HURRA Limitations?

- If C3=A7, check NO AND GO TO Line C6. ☐ NO .
- In all other cases, check YES AND GO TO Line C5. ☐ YES.

C-5. _____ Percentage of Adjusted Income Charged. (C3 divided by B12). Round to two decimal places (e.g., 00.00%).

C-6. Transfer the answers on Lines C3 and C4 of this Worksheet to the HUD-50059 as directed below:

Transfer:	HUD-50059 Item
C3	50
C4	55

STOP WORK ON THIS FORM.

Part D - DETERMINE WHAT THE TOTAL TENANT PAYMENT WOULD HAVE BEEN UNDER PRE-1981 RAP FORMULA

D-1. \$ _____ Utility Cost Attributable to the Unit and Paid by the Owner.

D-2. \$ _____ Utility Allowance (Item 45).

D-3. \$ _____ Line D1 + Line D2.

D-4. \$ _____ 25% of Adjusted Income (.25 x Line B12 of this Worksheet).

D-5. \$ _____ TOTAL TENANT PAYMENT. Enter the larger of D3 or D4.

NOTE: D1 is not the same as the Utility Allowance. Obtain D1 from the HUD Field Office. If the Field Office waived the use of Utility Costs Attributable to the Unit, write N/A on Line D1.

ENTER THE ANSWER ON LINE C1 AND GO ON TO LINE C2.

Prepared By (Name and Date):

Supervisory Review By (Initials and Date)

Worksheet for Previously HUD-Owned Projects

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

4350.5
APPENDIX 4



OMB Approval No. 2502-0204 (exp. 4-30-90)

IMPORTANT: Read Appendix 2 of Handbook 4350.3 before you complete this Form. The Appendix tells you which version of the Worksheet you must use.

Name of Tenant	Name of Project	Unit Number
----------------	-----------------	-------------


Part A - COMPUTE THE TOTAL TENANT PAYMENT THAT WOULD BE REQUIRED WITHOUT THE PROTECTION OF THE 10% CAPS

- | | |
|---|--|
| A-1. _____ Monthly Income (Item 31 ÷ 12). | A-5. _____ 10% of Monthly Income (Line A1 × .10). |
| A-2. _____ Monthly Adjusted Income (Item 43 ÷ 12). | A-6. _____ Welfare Rent (<i>Applies only to welfare recipients in so-called States or Counties.</i>) |
| A-3. _____ HCDA Percentage (Item 48). | A-7. _____ TOTAL TENANT PAYMENT (TTP).
Enter the <i>largest</i> of Lines A4, A5, or A6. |
| A-4. _____ Monthly Adjusted Income × HCDA Percentage (A2 × A3). | |

.....
READ ALL OF THE FOLLOWING STATEMENTS. CHECK EACH STATEMENT THAT IS TRUE.
.....

- ☐ The Tenant's last ANNUAL recertification used a 10/84 version of the HUD-50059k AND the Family was NOT affected by the rent increase limitations. (*Item 55 of the last 10/84 HUD-50059 was checked "NO."*)
- ☐ Line A7 = Line A6.
- IF you checked one or both boxes, STOP WORK and:
1) Transfer Line A7 to Item 50 of the HUD-50059; AND
2) Enter "NO" in Item 55 of the HUD-50059.
 - IF the Tenant moved in on or after 7/1/84, GO TO PART C.
 - In all other cases, GO TO PART B.

Part B - COMPUTE WHAT THE TENANT'S ANNUAL AND ADJUSTED INCOME WOULD HAVE BEEN UNDER THE PRE-1984 DEFINITIONS OF INCOME AND ALLOWANCES

- | ANNUAL INCOME | | ADJUSTED INCOME | |
|--|--|--|--|
| B-1. \$ _____ ANNUAL INCOME Based Upon 1984 Rules (Item 31 of the HUD-50059.) | | B-7. \$ _____ ALLOWABLE MEDICAL EXPENSES. Complete Lines a through c for ALL Tenants. | |
| B-2. CHECK each situation that applies to this Family's <i>current</i> circumstances. For each box you check, <i>enter the amount requested.</i> (Obtain from verification forms.) | | a. \$ _____ Total Medical Expense (<i>Obtain from the verification forms you just completed. For Non-Elderly households, these expenses will not appear on the HUD-50059 you are now preparing.</i>) | |
| a. <input type="checkbox"/> \$ _____ The Family has assets in excess of \$5,000 AND imputed income from assets (Item 27 of the HUD-50059) is greater than actual income from assets (Item 26d of the HUD-50059). Enter the difference (Item 27 minus total in Item 26d.) | | b. \$ _____ 3% of Total Annual Income (.03 × B4). | |
| b. <input type="checkbox"/> \$ _____ The Family receives employment income from a <i>full-time</i> student who is: 1) 18 years of age or older; and 2) NOT the head or spouse. Enter the <i>full-time student's employment income.</i> | | c. \$ _____ Line a minus Line b. If Line a is less than or equal to Line b, enter zero. | |
| c. <input type="checkbox"/> \$ _____ Excess tax credit NOT previously counted. (<i>Complete if management previously did NOT consider excess credits.</i>) | | B-8. \$ _____ UNUSUAL EXPENSES. | |
| B-3. \$ _____ Increase in Annual Income caused by 1984 Changes (Add B2a through B2c). | | a. \$ _____ CHILD CARE. NOTE: Enter the portion of Item 37 that enables a Family Member to work (as opposed to going to school). | |
| B-4. \$ _____ ANNUAL INCOME BASED Upon Pre-1984 Rules (Line B1 minus Line B3). | | b. \$ _____ CARE OF HANDICAPPED/DISABLED. (<i>Obtain from Item 39a of HUD-50059.</i>) | |
| B-5. \$ _____ MONTHLY INCOME Based Upon Pre-1984 Rules (Line B4 divided by 12). | | c. Add Lines B8a and B8b and enter the answer on Line B8. | |
| B-6.  RESERVED. | | B-9. \$ _____ ALLOWANCE FOR MINORS Using the Pre-1984 Definition of Minors. | |
| | | a. _____ NUMBER OF MINORS. Enter the number of household members who are age 17 or younger or full-time students. DO NOT COUNT HEAD, SPOUSE OR FOSTER CHILDREN. | |
| | | b. Multiply Line B9a by \$300 AND enter the answer on Line B9. | |
| | | B-10. \$ _____ TOTAL ALLOWANCES Based Upon Pre-1984 Rules (Total of Lines B7 + B8 + B9). | |
| | | B-11. \$ _____ ADJUSTED INCOME Based Upon Pre-1984 Rules (Line B4 minus Line B10). | |
| | | B-12. \$ _____ MONTHLY ADJUSTED INCOME Based Upon Pre-1984 Rules (Line B11 divided by 12). | |

GO TO PART C.

Name of Tenant:

Unit Number

Part C - COMPUTE LIMITATIONS ON INCREASES IN TOTAL TENANT PAYMENT

C-1. \$ _____ TTP UNDER MOST RECENT METHOD. Read only until you find a statement (a,b,c) that applies to this Tenant. Check the box next to that statement and follow the instructions for that box. **CHECK ONLY ONE BOX.**

- a. ☐ The Tenant is NOW paying a rent based upon the HUD-owned (290) rules AND will begin to receive Section 8.

_____ x .25 = \$ _____
B12 of THIS C1
Worksheet
(If B12 is blank, use A2.)

- b. ☐ The last Worksheet prepared for this Tenant was a 10/84 version of the HUD-50059k.

_____ x _____ = \$ _____
B12 of THIS C5 of the
Worksheet LAST Wkst.
(If B12 is blank, use A2.)

- c. ☐ The Tenant began to receive Section 8 on or after 7/1/84 AND the last Worksheet prepared for this Tenant was a 5/83 version of HUD-50059a.

1) Enter percent from Line C6
of the LAST Worksheet. = _____ %
(If C6 is blank, use A3.)

2) Enter the lesser of percent
above or 27.5%. = _____ %

3) Enter B12 of THIS
Worksheet. = \$ _____
(If B12 is blank, use A2 of this Wkst.)

4) Multiply Line (2) x Line (3) = \$ _____
C1

TRANSFER THE ANSWER TO LINE C1 AND GO ON TO LINE C2.

C-2. \$ _____ 110% of Line C1. (Line C1 x 1.10)

C-3. \$ _____ TTP FOR UPCOMING YEAR. Check the type of recertification you are preparing and follow the instructions for that type of recertification

- a. ☐ Annual. Enter the **lesser** of A7 or C2.
b. ☐ Interim. Enter the **lesser** of A7 or C1.

C-4. Was the Family affected by the HURRA Limitations?

- If C3 = A7, check NO and GO TO Line C6. NO
• In all other cases, check YES and GO TO Line C5. YES

C-5. _____ Percentage of Adjusted Income Charge:
(C3 divided by B12. If B12 is blank, use A2.) Round to two decimal places (e.g., 00.00%).

C-6. Transfer the answers on Lines C3 and C4 of this Worksheet to the HUD-50059 as directed below:

Transfer:	HUD-50059 Item
C3	50
C4	55

Public reporting burden for this collection of information is estimated to average .15 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, D.C. 20503.

Prepared By (Name and Date):

Supervisory Review By (Initials and Date):