

Case Study 1: Alexander

Annual Income

CFR 5.609(a)

- *Annual Income* means all amounts, monetary or not:
 - Which go to or on behalf of the family head or spouse or to any other family member, or
 - That are anticipated during the 12 month period following admission or the annual reexamination effective date, and
 - Which are not specifically excluded in 24 CFR 5.609(c), and
 - Also includes amounts derived from assets to which any family member has access.
 - To be received from a source outside the family

REGULAR EMPLOYMENT INCOME

- CFR 5.609(b)(1)
- Full amount, prior to payroll deductions. Includes:
 - Overtime, commissions, fees, bonuses
 - Other compensation for personal services
- Reported income will usually be in amounts over a period of time that are less than annual (hourly, weekly, bi-weekly, etc.)
- Convert reported amounts to annual income.

SPORADIC INCOME

- Temporary, nonrecurring or sporadic income (including gifts) is excluded from annual income. Sporadic income is income that is neither reliable nor periodic.
- Sporadic Income Example 1
 - Justine Cowan is a typist with a temporary agency
 - She is not always well enough to work full-time
 - Last year she worked 6 months
 - This year she has more medical problems and doesn't know how much she will work
 - Justine is not working at the time of her recertification
- How do we treat this income?
 - Since she is not working now, do not count employment income. Justine must return for an interim when she resumes work, unless PHA's policy does not require interim recertifications for income increases.
- Sporadic Income Example 2
 - Sam Daniels receives Social Security Disability and occasionally works as a handyman. He claims he only worked a couple of times last year but has no documentation.
- Does this fit the description of sporadic income?
 - Yes, his earnings fit the category of nonrecurring, sporadic income.
- How do you handle his working income?
 - Do not include his earnings in annual income. Tell Mr. Daniels he must report any regular or steady jobs he takes.

MANDATORY EARNED INCOME DISALLOWANCE (MEID)

- MEID developed to encourage economic self-sufficiency in the Public Housing program.
- A family's rent will not increase for a period of time if, under certain circumstances, someone in the family begins work or has an increase in earned income. The increase in rent will be phased in.

EARNED INCOME DISALLOWANCE FOR PERSONS WITH DISABILITIES (HCV)

CFR 5.617

- Self-Sufficiency incentives for persons with disabilities– disallowance of increase in earned income.
- Same concept as MEID (Mandatory Earned Income Disallowance) in Public Housing, but for Section 8 it applies to an adult family member who is a person with disabilities and begins to work or has an increase in earned income.

QUALIFIED FAMILY- PUBLIC HOUSING

- A family residing in public housing whose annual income increases due to one of the following reasons:
 1. Employment of a family member and who was previously unemployed for one or more years prior to employment.
 2. Increased earnings by a family member during participation in any economic self-sufficiency or other job training program.
 3. New employment or increased earnings of a family member during or within 6 months after receiving assistance, benefits or services under any state program for temporary assistance (TANF, Welfare-to-Work).

QUALIFIED FAMILY-HOUSING CHOICE VOUCHER

- A family residing in housing assisted under the Housing Choice Voucher Program, whose annual income increases due to one of the following reasons:
 - Employment of a family member who is a person with disabilities and was previously unemployed for one or more years prior to employment.
 - Increased earnings by a family member who is a person with disabilities during participation in any economic self-sufficiency or other job training program.
 - New employment or increased earnings of a family member who is a person with disabilities during or within 6 months after receiving assistance, benefits or services under any state program for temporary assistance (TANF, Welfare-to-Work).

QUALIFIED FAMILY - PUBLIC HOUSING AND HOUSING CHOICE VOUCHER

- *Previously unemployed* includes a person with disabilities, who has earned, in the twelve months previous to employment, not more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage (the higher of the state or federal minimum wage).
- *During Economic Self-Sufficiency*: Family member must obtain employment or experience increase in earnings *during* economic self-sufficiency. Still considered “during” if training ended but certain services, such as a mentoring program, began when the person became employed.

- *Economic Self-Sufficiency*: Program designed to encourage, train, assist or facilitate economic independence or to provide work.
- *TANF* in past 6 months: TANF assistance may consist of any amount of monthly income maintenance, AND/OR
 - At least \$500 in such TANF benefits and services as one-time payments, wage subsidies and transportation assistance.
 - The \$500 minimum dollar requirement applies only to one-time benefits, wage subsidies, and transportation.

*Changes to the Admission and
Occupancy Requirements in
PH & S8 Assistance Programs:
Final Rule (Q&A)*

EXCLUSION PERIODS

INITIAL 12-MONTH FULL EXCLUSION

- Begins on the date the qualified family member:
 - Is employed; or
 - First experiences an increase in income due to employment
- The full amount of increase is excluded, and the exclusion extends for a total of 12 cumulative months.

SECOND 12-MONTH EXCLUSION AND PHASE-IN

- Begins when the qualified family member has received 12 cumulative months of full exclusion. Fifty percent of any increase is excluded. The exclusion extends for a total of 12 cumulative months.

LIFETIME MAXIMUM FOUR YEAR DISALLOWANCE

- The initial full exclusion is applied for a maximum of 12 cumulative months. The phase-in (50%) exclusion is applied for a maximum of 12 cumulative months.
- The family member may repeatedly start and stop employment and the exclusion may start and stop and pick up again during the 48-month period beginning on the date of the initial exclusion.
- No exclusion may be given after the 48-month period, regardless of whether the family has received the full exclusion for a total of 12 months *or* the phase-in exclusion for a total of 12 months.

EARNED INCOME DISALLOWANCE AND INTERIM REEXAMINATIONS

- HUD Guidance:
 - For tracking and administrative purposes, PHAs can begin the earned income disallowance on the on the first day of the month following the effective date of employment.
 - At the onset of the 50% phase-in period and throughout, HUD strongly recommends that PHAs conduct interim reexams to better ensure accuracy in income and rent determination.

DISALLOWANCE EXAMPLE (PUBLIC HOUSING)

- James Stewart reports a new job - \$9,000 per year.
- He quit his old job earning \$2,000 annually.
- Qualifying minimum wage in his area is \$6.00 per hour.
- He was not in an economic self-sufficiency program and not receiving TANF.

1. Does James qualify the Stewart family for the disallowance? Why or why not?

- James' previous annual income was \$2,000.
- James is now earning \$9,000 annually.

2. How much is excluded during the initial exclusion?

- James is now entering his phase-in period with everything the same.

3. How much is excluded during the phase-in?

INDIVIDUAL SAVINGS ACCOUNTS (PUBLIC HOUSING ONLY)

CFR 960.255 (d)

- Effective 10/1/99
- A PHA may establish and maintain individual savings accounts (ISAs) for qualified families as an alternative to the disallowance of increases in income resulting from employment.
- If offering ISAs, the PHA must incorporate into written policy, and the policy must include the following provisions:
 - The PHA must advise the family that the savings account option is available.
 - The family has the option of choosing the ISA instead of being given the disallowance.
 - If the family chooses the ISA option, the family would pay the higher rent. The PHA must then deposit into the savings account what would have been the family's savings in tenant rent under this regulation.
 - Once an ISA is established a family could access the account only for:
 - Buying a home
 - Paying for education of family members
 - Moving out of public housing
 - Paying any other expense authorized by the PHA for the purpose of promoting economic self-sufficiency.

- The PHA must:
 - Maintain the account in an interest bearing investment.
 - Credit the family with the net interest income.
 - Not charge a fee for maintaining the account.
 - At least annually provide the family with a status report on the account
 - Pay the tenant any balance in the account, minus any amounts owed to the PHA, if the family moves out of public housing.

Adjusted Income

CFR 5.403 and CFR 5.611(a)(2)

- \$400 per family where the head or spouse is a person who is at least 62 years of age or a person with disabilities.

Form HUD-50058 Instruction Booklet

- The *family* standard allowance amount is \$400. If both the head of household and spouse or co-head are elderly or disabled, the allowance is not doubled. It is still \$400, not \$800.

DEFINITION OF PERSON WITH DISABILITIES

CFR 5.403

- Note: See full definition under “Legislative Reference” on the page following.
- The term “person with disabilities” is defined in Section 3(b) of the 1937 Housing Act (42 U.S.C. 1437a(b)).
- 42 U.S.C. 1437a(b) defines “person with disabilities” as a person who:
 - Has a disability as defined in 42 U.S.C. Section 423
 - Has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)).
 - Has a physical, mental, or emotional impairment that:
 - Is expected to be of long-continued and indefinite duration,
 - Substantially impedes his or her ability to live independently, and
 - Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

*42 U.S.C. 423(d)(2)(C) and
42 U.S.C. 1437a(b)(3)(E)
(the Housing Act as amended
by the 1998 Public Housing
Reform Act). See also FR
7/23/99, One Strike Proposed
Rule, preamble
CFR 5.403*

- Individuals are not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence.
- Individuals whose alcoholism or drug addiction is a material factor to their disability are excluded from the definition.
- Individuals are considered disabled if the disabling mental and physical limitations would persist if the drug or alcohol abuse discontinued.

LEGISLATIVE REFERENCE

1. 42 U.S.C. Section 423 (d)(1)(A) defines disability as:

“Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or

In the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.”

2. The Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)) defines developmental disability in functional terms as:

A severe, chronic disability of a person 5 years of age or older which:

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) is manifested before the person attains age twenty-two;
- (C) is likely to continue indefinitely;
- (D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and responsive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and
- (E) reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.”

CONTINUED QUALIFICATION AS FAMILY WITH DISABILITIES

CFR 5.403

- A family must continue to qualify as a disabled family at reexamination in order to continue receiving any disability-related deductions.
- To qualify as a disabled family, the head and/or spouse must be a person with disabilities.
- After admission, a person with disabilities who “recovers” can remain in assisted housing, but is no longer considered a “person with disabilities,” and cannot qualify for deductions allowed family members with disabilities.

*Draft Public Housing
Occupancy Guidebook*

VERIFICATION OF DISABILITY

42 U.S.C. 1437a(b)(3)(E)

- Verified by a knowledgeable professional source that the person meets this criteria, using the exact wording in the HUD definitions.
- Receipt of Social Security Disability or Supplemental Security Income is verification of disability. If such benefits are not received, the following can provide a basis for verification:

*Questions and Answers about
the Applicability of Section 504*

- Letters regarding qualification for SSI payments
- Proof of residence in an institution
- Documents showing hospitalization for a disability
- Letter from another knowledgeable professional, such as a health or service professional or a social worker
- PHA may not require a statement or verification from a physician when adequate verification is available from other sources.

DEPENDENT ALLOWANCE

DEFINITION OF DEPENDENT

- A dependent is a family member who is:
 - Under 18 years of age, or
 - Over 18 and
 - A full-time student, or
 - A person with a disability
- The head, spouse, foster child, or foster adult are never dependents.
- A live-in aide is never a dependent
- A full-time student is a person who is attending school or vocational training on a full-time basis.
- A full-time student is one carrying a full time subject load as defined by the institution at an institution with a degree or certificate program.

Form HUD-50058

CFR 5.603 (b)

HCV Guidebook part 5.5

DEPENDENT ALLOWANCE

CFR 5.603(b) and CFR 5.611(a)(1)

- \$480 per person who meets the definition of dependent.

CHILD CARE ALLOWANCE

CFR 5.603 (b) and CFR 5.611 (a)(4)

HCV Guidebook part 5.5

CFR 5.603 (b) and CFR 5.611 (a)(4)

HCV Guidebook part 5.5

- Amounts anticipated to be paid by the family during the period for which annual income is computed:
 - For children under 13 years of age
 - including foster children
 - Where the care is necessary to enable a family member to:
 - Be gainfully employed, or
 - Actively seek employment, or
 - Further his/her education
 - BUT only to the extent such amounts are not reimbursed.
 - PHA to obtain directly from the provider verification of the family's actual payments.
- Amounts shall reflect reasonable charges for child care.
- PHAs shall determine whether child care costs are 'reasonable.'
- Child care is anticipated over the next 12-month period following certification or recertification.
 - When school-age children are not in school, expense may be greater.
 - Take anticipated changes into consideration when calculating annual expenses

- When a family member claims child care expenses both for work *and* for furthering his/her education or for actively seeking employment, the PHA should identify the portion of the expense related to work so that this amount can be compared with the amount of employment income included in annual income.
- If the child care expense is for two children but one is 13 or older, only the child care for the child under 13 may be allowed.

Total Tenant Payment (TTP)

CALCULATION OF TOTAL TENANT PAYMENT

CFR 5.628

*Form HUD-50058 Instruction
Booklet, line 9e
CFR 5.628*

- Total Tenant Payment (TTP) is the highest of the following amounts, rounded to the nearest dollar:
 - 30% of family's monthly adjusted income
 - 10% of family's monthly income
 - Welfare rent (in as-paid states only)
 - PHA's minimum TTP (\$0 - \$50 depending on PHA policy)
- TTP is the amount the tenant pays toward rent and an allowance for utilities.

EXAMPLE OF TTP CALCULATION

- How to get to TTP

| | | |
|--------------------|--------------------|--------------------|
| Annual Income | $\$2000 \div 12 =$ | $\$167$ (mo inc) |
| 4 children x \$480 | $\$1920$ | |
| Adj. Annual Income | $\$480 \div 12 =$ | $\$7$ (mo adj inc) |
| - 10% of \$167 = | $\$17$ | |
| - 30% of \$7 = | $\$2$ | |
| - Minimum Rent = | $\$25$ | |
| - Welfare Rent = | 0 | |

- TTP is the highest of the amounts above.

MINIMUM RENT

APPLYING MINIMUM RENTS

CFR 5.630

- PHAs may implement a minimum rent of zero to \$50.
- The minimum rent refers to the total tenant payment.

EXEMPTIONS TO MINIMUM RENT

CFR 5.630

- HUD requires PHAs to adopt “hardship exemption” policies
- The PHA must grant an exemption from payment of minimum rent if the family is unable to pay minimum rent because of financial hardship, as described in the PHAs written policies.
- Financial hardship includes these situations:
 - The family has lost eligibility for, or is awaiting an eligibility determination for, a Federal, State, or local assistance program.
 - Includes a noncitizen, lawfully admitted for permanent residence, family member who would be entitled to public benefits except for title IV of the Personal Responsibility and Work Opportunity Act of 1996;
 - The family would be evicted because it is unable to pay the minimum rent;
 - The income of the family has decreased due to changed circumstances, including:
 - Loss of employment
 - Death in the family
 - Other circumstances determined by the PHA or by HUD

MINIMUM RENT PROCESS

- The PHA notifies the family their TTP is the PHA's minimum rent. The family may request a hardship exemption of the minimum rent requirement.
- When a family requests a minimum rent hardship exemption, application of the minimum rent will be *suspended* beginning the month following the family's hardship request.
- During the minimum rent suspension period, the PHA must not charge the family a minimum rent, or, if applicable, discontinue charging the family a minimum rent.
- The PHA may request reasonable documentation of the hardship.
- The PHA may not evict the family for nonpayment of minimum rent for a 90-day period beginning the month following the family's request for a hardship exemption (Public Housing only).
- The PHA must promptly determine whether a qualifying hardship exists, and if so, whether such hardship is temporary or long term.
 - The PHA determines, through policy, the definition of *temporary* and *long-term*.

1. NO qualifying financial hardship (HCV & PH)

- If the PHA determines there is no hardship covered by the statute, a minimum rent is imposed retroactively to the time of suspension.
- The family must pay any back rent on terms and conditions established by the responsible entity.

2. TEMPORARY qualifying financial hardship

Housing Choice Voucher

- If the PHA determines a qualifying financial hardship is temporary, a minimum rent may not be imposed for a period of 90 days beginning the month following the date of the family's request for a hardship exemption.
- At the end of the 90-day suspension period, the PHA must reinstate the minimum rent retroactively to the beginning of the suspension.
- The family must be offered a reasonable repayment agreement for any amount of back rent owed by the family.

Public Housing

- If the PHA determines a qualifying financial hardship is temporary, the PHA must reinstate minimum rent from the beginning of the suspension.
- The family must be offered a reasonable repayment agreement for any amount of back rent owed by the family.

3. LONG TERM qualifying financial hardship (HCV & PH)

- If the PHA determines a qualifying financial hardship is long term, the PHA must *exempt* the family from the minimum rent requirements so long as such hardship continues.
- Such exemption shall apply from the beginning of the month following the family's request for a hardship exemption until the end of the qualifying financial hardship.

RETROACTIVE DETERMINATION

- Minimum rent policies are retroactive to the effective date of the QHWRA, October 21, 1998.
- If a family has qualified for one of the mandatory exemptions since October 21, 1998, and was charged a minimum rent, the PHA must make arrangements to reimburse the family the overpayment.
- The PHA may provide either a cash refund of the overpayment or otherwise offset future rent payments in an equitable manner.

PHA PROCEDURES

- The PHA must revise operating procedures to carry out the minimum rent requirements as set forth by QHWRA.
- The PHA must notify all families as soon as practicable of the right to request minimum rent hardship exemptions under the law.
- Notification must advise families that hardship exemptions are subject to applicable PHA informal hearing procedures.
- The PHA can request reasonable documentation of hardship.

CALCULATION OF TENANT RENT (PUBLIC HOUSING ONLY)

- To calculate tenant rent in the public housing program, subtract the utility allowance (UA) from the TTP.
- If the utility allowance (UA) is greater than the TTP, tenant rent is zero and there is a utility reimbursement payment (URP). The URP is the difference between the TTP and the utility allowance and a tenant credit is shown on line 10f of the HUD – 50058.

DEFINITIONS FOR INCOME-BASED RENT (PUBLIC HOUSING ONLY)

- *Tenant Rent*: amount payable by the family as rent to the PHA
- *Utility Reimbursement*: amount by which the utility allowance exceeds the TTP
- *Income Based Rent*: rent based upon family income, allowances and deductions
- *Flat Rent*: effective for families admitted or recertified on or after 10/1/1999.
- PHAs must establish a flat rent for each unit.
- Flat rent has no formula based limit on what the tenant pays. Utility allowances are not deducted.
 - Flat Rent = The Rent

Case Study 1: Alexander

Case Information

Public Housing

ALEXANDER FAMILY

| Member | Name | Age | Disabled? | SSN | Citizen status |
|-----------------|--------|-----|-----------|-------------|----------------|
| Head | Alice | 31 | Y | 123-45-6789 | Elig |
| Spouse | Arthur | 32 | N | 987-65-4321 | Elig |
| Son | Artie | 10 | N | 012-34-5678 | Elig |
| Daughter | Anna | 8 | N | none | Elig |

The Alexanders live in a 3 bedroom unit in the PHA's White Swan development.

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

Scenario:

Alice reported that she is expected to work full-time (40 hours per week) effective June 1st. Currently she is working part time (32 hours) as a receptionist for a local medical office, earning \$9.25 per hour.

Arthur works as a janitor with a department store, when he can. He worked nearly 6 months last year (18 hours per week, at \$6.00 per hour for 25 weeks = \$2700/yr – information taken from last reexam). Due to medical problems, he is not sure how much he will be able to work this year. He was working at the last annual recertification, which was effective March 1, 2003, but Alice reports that he is not working at this time. In the past 6 months he has only worked 14 hours.

The family has no assets.

In order for Alice to work full time, childcare through the Summery Child Care Center will be at the rate of \$90.00 per week, for both children, when they are not in school. This school year for the Alexander children runs a total of 44 weeks, out of which there will be 2 breaks: 2 weeks winter break and 2 weeks spring break. The children only require latchkey service during school days when she works, which costs \$20.00 per week per child. Alice works only Mondays through Fridays. No childcare costs are reimbursed by other sources. Arthur cannot watch the children when he is home due to his medical condition.

The family has provided photocopies of SS cards for all family members except Anna's. They claim she does not have a SSN as of yet.

Alice is attending a budgeting class through the local Cooperative Extension office. These two-hour weekly classes began April 27, 2003 and will end July 14, 2003.

The attached forms have been pulled from the family's file for use in this case study. No other relevant information was found in the file.

Program: Public Housing
 Section 8 HCV
 Housing: _____
 Other: _____

FAMILY ANNUAL REPORT

GENERAL FAMILY INFORMATION

Head of Household: ALICE ALEXANDER
 Present Street Address: 500 SOUTH ST., CUBSIDE CITY, ST 55555
 Mailing Address: SAME
 Home Telephone: 101-555-5555 Work Telephone: 101-555-5115 (ALICE)

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 | ALICE ALEXANDER | Head of Household | F | Y | 31 | 1-19-72 | RECEPTIONIST | 123-45-6789 |
| 2 | ARTHUR ALEXANDER | HUSBAND | M | N | 32 | 2-21-71 | JANITOR | 987-65-4321 |
| 3 | ARTIE ALEXANDER | SON | M | N | 10 | 1-30-93 | OLIVE ELEM. | 012-34-5678 |
| 4 | ANNA ALEXANDER | DAUGHTER | F | No | 8 | 2-25-95 | OLIVE ELEM. | _____ |
| 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 |
|---------------|-------------|--------|----------------------------|------------------------------------|---------------|----------------------------------|
| ALICE | EMPLOYMENT | \$9.25 | HOURLY | DR. RAWLEIGH, 123 HIGHVIEW DR. | \$19240 | 40 |
| | | \$ | | | \$ | |
| ARTHUR | EMPLOYMENT | \$6.00 | HOURLY | NICKEL AND DIME STORE, 12 MAIN ST. | \$2700 | 18 (FOR 25 WKS. LAST YR.) |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |

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? |
|-------------------|------------|---|-----------------------------------|----------------|-----------------------------|
| NONE | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
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| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |

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

Yes No

If yes, explain WHO, WHAT, WHEN:

ALICE + ARTHUR - HOUSE FORCLOSURE - JANUARY, 2000

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 |
|--------------|-------------|-------------|--|--|
| ARTIE | 10 | \$ 20.00 | WK. (\$50/WK. WHEN NOT IN SCHOOL) | SUMMERY CHILD CARE CENTER 1140 NORTH ST. 555-1212 |
| ANNA | 8 | \$ 20.00 | WK. (\$40/WK. WHEN NOT IN SCHOOL) | SAME AS ABOVE |
| | | \$ | ↑ 3 MO. OF YR. | |

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 # |
|---------------|-----------------|---------------------|-------------------------|--------------------------------------|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

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 ALICE ALEXANDER Signature Alice Alexander Date 5/1/03

Spouse or Other Adult: ARTHUR ALEXANDER Signature Arthur Alexander Date 5/1/03

Spouse or Other Adult: _____ Signature _____ Date _____

Spouse or Other Adult: _____ Signature _____ Date _____

Spouse or Other Adult: _____ Signature _____ Date _____

NARRATIVE FOR: ALICE ALEXANDER

01/29/2003 Annual reexamination completed for the family effective for 03/01/2003. Family elected income-based rent. Hsg representative 04

03/27/2003 Alice called to report that she would be entering into a training program within the next 30 days, she doesn't know the exact date yet but will call back. Hsg representative 04

04/21/2003 Alice called in to report 2 changes. Her training program will begin on April 27th and beginning June 1st she starts working full time. The family's hsg. Rep. is out today. Mailed out packet for an interim and made an appointment to come in on May 1st to discuss changes. Hsg assistant 18

05/01/2003 Tenants are in the office to go over interim paperwork. Because Alice is enrolled in a job training program she qualifies for MEID. The family also pays more for childcare. I informed the tenant their rent will be going down effective 6/1/03. I will send them a notice as soon as I have all verifs. Hsg representative 04

05/15/2003 All 3rd party verifications have been received and the new tenant rent calculated. Notice sent to the tenant, interim completed. Hsg representative 04

Notes

3/1/2003 Annual Reexamination

| | | |
|---|------------------------|--|
| Head of household name Alexander | Social Security Number | Date modified (mm/dd/yyyy) 3/1/2003 |
|---|------------------------|--|

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 | | | | \$ | 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) |
|----------------------------------|----------|-----------------|---------------------------|----------------------|-----------------------|---|
| Alice | 1 | W | 9.25x32x52 | \$ 15,392 | \$ | \$ 15,392 |
| Arthur | 2 | W | 6x18x25 | \$ 2,700 | \$ | \$ 2,700 |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| 7g. Column total | | | | | | \$ 18,092 7g. |
| 7h. Reserved | | | | | | |
| 7i. Total annual income: 6j + 7g | | | | | | \$ 18,092 7i. |

7b: Income Codes

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

All proper verification has been received.

| | | |
|------------------------|------------------------|----------------------------|
| Head of household name | Social Security Number | Date modified (mm/dd/yyyy) |
|------------------------|------------------------|----------------------------|

8. Expected Income Per Year

| | |
|---------------------------------------|---------------------|
| 8a. Total annual income: copy from 7i | \$18,092 8a. |
|---------------------------------------|---------------------|

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 | \$ 543 | 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. 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 |
| 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) | \$ 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. 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 |
| 8p. Elderly/disability allowance (default = \$400) | \$ 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). | 2 | 8q. |
| 8r. Allowance per dependent (default = \$480) | \$ 480 | 8r. |
| 8s. Dependent allowance: 8q X 8r | \$ 960 | 8s. |
| 8t. Total annual unreimbursed childcare costs | \$ 2680 | 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 | \$ 4040 | 8x. |
| 8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0) | \$14,052 | 8y. |

| | | |
|------------------------|------------------------|----------------------------|
| Head of household name | Social Security Number | Date modified (mm/dd/yyyy) |
|------------------------|------------------------|----------------------------|

9. Total Tenant Payment (TTP)

| | | |
|---|----------------|-----|
| 9a. Total monthly income: $8a \div 12$ | \$ 1508 | 9a. |
| 9b. Reserved | | |
| 9c. TTP if based on annual income: $9a \times 0.10$ | \$ 151 | 9c. |
| 9d. Adjusted monthly income: $8y \div 12$ | \$ 1171 | 9d. |
| 9e. Percentage of adjusted monthly income: use 30% for Section 8 | 30 | 9e. |
| 9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$ | \$ 351 | 9f. |
| 9g. Welfare rent per month (if none, put 0) | \$ 0 | 9g. |
| 9h. Minimum rent (if waived, put 0) | \$ 25 | 9h. |
| 9i. Enhanced Voucher minimum rent | \$ | 9i. |
| 9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i | \$ 351 | 9j. |
| 9k. Most recent TTP | \$ 326 | 9k. |
| 9m. Qualify for minimum rent hardship exemption? (Y or N) | N | 9m. |

| | | |
|------------------------|------------------------|----------------------------|
| Head of household name | Social Security Number | Date modified (mm/dd/yyyy) |
|------------------------|------------------------|----------------------------|

10. Public Housing, Indian Rental, and Turnkey III

| | | | | |
|--|-----------------------------------|----|------------|--------------------|
| 10a. TTP: copy from 9j | | \$ | 351 | 10a. |
| 10b. Unit's flat rent (see Instruction Booklet for prorated flat rent calculation) | | \$ | | 10b. |
| Income Based Rent Calculation (if prorated rent, skip to 10h) | | | | |
| 10c. Ceiling rent, if any | | \$ | | 10c. |
| 10d. Lower of TTP or ceiling rent (if no ceiling rent, put 10a) | | \$ | 351 | 10d. |
| 10e. Utility allowance, if any | | \$ | 0 | 10e. |
| 10f. Tenant rent: 10d minus 10e | If positive or 0, put tenant rent | | | \$ 351 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 | | \$ | | 10h. |
| 10i. Family maximum subsidy: 10h minus 10a | | \$ | | 10i. |
| 10j. Total number eligible | | | | 10j. |
| 10k. Total number in family | | | | 10k. |
| 10m. Reserved | | | | |
| 10n. Eligible subsidy (10i ÷ 10k) X 10j | | \$ | | 10n. |
| 10p. Mixed family TTP: 10h minus 10n | | \$ | | 10p. |
| 10q. Reserved | | | | |
| 10r. Utility allowance, if any | | \$ | | 10r. |
| 10s. Mixed family tenant rent: 10p minus 10r | If positive or 0, put tenant rent | | | \$ 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 | | | | |

Case Study 1: Alexander

Verifications

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 1/1/03

246 First Ave.

Cubzide City, ST 55555

Contact: Anna Alvarez

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(I)(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>Alice Alexander</u> | <u>1/1/03</u> | | |
| Head of Household | Date | | |
| <u>123-45-6789</u> | | | |
| Social Security Number (if any) of Head of Household | | Other Family Member over age 18 | Date |
| <u>Arthur Alexander</u> | <u>1/1/03</u> | | |
| Spouse | Date | Other Family Member over age 18 | Date |
| | | Other Family Member over age 18 | Date |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| | | Other Family Member over age 18 | Date |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

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.

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 United States. Please read the declaration statement carefully and then sign and return it to the housing authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, ALICE ALEXANDER, certify, under penalty of perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (attach proof of age²); 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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
 - Permanent residence under §249 of INA⁴; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - Parole status under §§212(d)(5) of the INA⁶; or
 - Threat to life or freedom under §243(h) of the INA⁷; or
 - Amnesty under §245A of the INA⁸.

Alice Alexander
Signature*

11/5/2000
Date

*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

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 United States. Please read the declaration statement carefully and then sign and return it to the housing authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, Arthur Alexander, certify, under penalty of perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (attach proof of age²); 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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
 - Permanent residence under §249 of INA⁴; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - Parole status under §§212(d)(5) of the INA⁶; or
 - Threat to life or freedom under §243(h) of the INA⁷; or
 - Amnesty under §245A of the INA⁸.

Arthur Alexander
Signature*

11/5/2000
Date

*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

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 United States. Please read the declaration statement carefully and then sign and return it to the housing authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, ARTIE ALEXANDER, certify, under penalty of perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (attach proof of age²); 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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
 - Permanent residence under §249 of INA⁴; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - Parole status under §§212(d)(5) of the INA⁶; or
 - Threat to life or freedom under §243(h) of the INA⁷; or
 - Amnesty under §245A of the INA⁸.

Alice Alexander

Signature*

11/5/2000

Date

PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

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 United States. Please read the declaration statement carefully and then sign and return it to the housing authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, ANNA ALEXANDER, certify, under penalty of perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (attach proof of age²); 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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
 - Permanent residence under §249 of INA⁴; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - Parole status under §§212(d)(5) of the INA⁶; or
 - Threat to life or freedom under §243(h) of the INA⁷; or
 - Amnesty under §245A of the INA⁸.

Alice Alexander

Signature*

11/5/2000

Date

*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

CUBZIDE CITY, ST

CERTIFICATE OF LIVE BIRTH COUNTY OF CUBZIDE, STATE

| THIS CHILD | FIRST NAME | MIDDLE | LAST NAME | SEX | BIRTH DATE |
|------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------|--------------------|
| | Artie | - | Alexander | M | January 30 1993 |
| BIRTH PLACE | HOSPITAL | ADDRESS | | COUNTY | STATE |
| | Cubzide | 987 12 th Ave, Cubzide | | Cubzide | State |
| CHILD'S FATHER | FIRST NAME | MIDDLE | LAST NAME | BIRTH STATE | BIRTH DATE |
| | Arthur | - | Alexander | State | Feb 21 1971 |
| CHILD'S MOTHER | FIRST NAME | MIDDLE | LAST NAME | BIRTH STATE | BIRTH DATE |
| | Alice | - | Alexander | State | Jan 19 1972 |
| CERTIFICATION OF BIRTH | ATTENDANT/ CERTIFIER NAME | | ATTENDANT/ CERTIFIER SIGNATURE | | DATE SIGNED |
| | J. T. Monroe | | <i>J. T. Monroe</i> | | 02-5-1993 |

CUBZIDE CITY, ST

CERTIFICATE OF LIVE BIRTH COUNTY OF CUBZIDE, STATE

| THIS CHILD | FIRST NAME | MIDDLE | LAST NAME | SEX | BIRTH DATE |
|------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------|---------------------|
| | Anna | - | Alexander | F | February 23 1995 |
| BIRTH PLACE | HOSPITAL | ADDRESS | | COUNTY | STATE |
| | Cubzide | 987 12 th Ave, Cubzide | | Cubzide | State |
| CHILD'S FATHER | FIRST NAME | MIDDLE | LAST NAME | BIRTH STATE | BIRTH DATE |
| | Arthur | - | Alexander | State | Feb 21 1971 |
| CHILD'S MOTHER | FIRST NAME | MIDDLE | LAST NAME | BIRTH STATE | BIRTH DATE |
| | Alice | - | Alexander | State | Jan 19 1972 |
| CERTIFICATION OF BIRTH | ATTENDANT/ CERTIFIER NAME | | ATTENDANT/ CERTIFIER SIGNATURE | | DATE SIGNED |
| | J. T. Monroe | | <i>J. T. Monroe</i> | | 02-28-1995 |

CUBZIDE CITY, ST

CERTIFICATE OF LIVE BIRTH COUNTY OF CUBZIDE, STATE

| THIS CHILD | FIRST NAME | MIDDLE | LAST NAME | SEX | BIRTH DATE |
|------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------|--------------------|
| | Alice | - | Andrews | F | January 19 1972 |
| BIRTH PLACE | HOSPITAL | ADDRESS | | COUNTY | STATE |
| | Cubzide | 987 12 th Ave, Cubzide | | Cubzide | State |
| CHILD'S FATHER | FIRST NAME | MIDDLE | LAST NAME | BIRTH STATE | BIRTH DATE |
| | Allan | - | Andrews | State | Feb 2 1951 |
| CHILD'S MOTHER | FIRST NAME | MIDDLE | LAST NAME | BIRTH STATE | BIRTH DATE |
| | Alicia | - | Andrews | State | Jan 1 1952 |
| CERTIFICATION OF BIRTH | ATTENDANT/ CERTIFIER NAME | | ATTENDANT/ CERTIFIER SIGNATURE | | DATE SIGNED |
| | J. T. Monroe | | <i>J. T. Monroe</i> | | 02-5-1972 |

CUBZIDE CITY, ST

CERTIFICATE OF LIVE BIRTH COUNTY OF CUBZIDE, STATE

| THIS CHILD | FIRST NAME | MIDDLE | LAST NAME | SEX | BIRTH DATE |
|------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------|----------------------|
| | Arthur | - | Alexander | M | February 21, 1971 |
| BIRTH PLACE | HOSPITAL | ADDRESS | | COUNTY | STATE |
| | Cubzide | 987 12 th Ave, Cubzide | | Cubzide | State |
| CHILD'S FATHER | FIRST NAME | MIDDLE | LAST NAME | BIRTH STATE | BIRTH DATE |
| | Algernon | A | Alexander | State | Feb 10 1945 |
| CHILD'S MOTHER | FIRST NAME | MIDDLE | LAST NAME | BIRTH STATE | BIRTH DATE |
| | Agatha | A | Alexander | State | Jul 5 1947 |
| CERTIFICATION OF BIRTH | ATTENDANT/ CERTIFIER NAME | | ATTENDANT/ CERTIFIER SIGNATURE | | DATE SIGNED |
| | J. T. Monroe | | <i>J. T. Monroe</i> | | 02-25-1971 |

simulated: for training purposes only

SOCIAL SECURITY

123-45-6789

Social Security Administration

ALICE ALEXANDER

Social Security Administration

simulated: for training purposes only

SOCIAL SECURITY

987-65-4321

Social Security Administration

ARTHUR ALEXANDER

Social Security Administration

simulated: for training purposes only

SOCIAL SECURITY

012-34-5678

Social Security Administration

ARTIE ALEXANDER

Social Security Administration

CERTIFICATION OF NO SOCIAL SECURITY NUMBER

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

Alice Alexander

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

1/1/03

Date

Cubzide Housing Authority

DISABILITY VERIFICATION FORM

Public Housing Authorities are required to verify the disability of applicants claiming to be disabled to determine the applicant's eligibility for the housing and to compute rent. The resident has signed a release form below giving you permission to supply us with this information. Please fill out the form below and return it at your earliest convenience.

Sincerely yours, Anna Alvarez, Cubzide HA, 246-1st Ave., Cubzide

The Department of Housing and Urban Development defines a disabled person in 3 ways:

- (1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (2) A developmentally disabled person is one with a severe chronic disability that:
 - (a) is attributable to a mental and/or physical impairment;
 - (b) as manifested before age 22;
 - (c) is likely to continue indefinitely;
 - (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
 - (e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
- (3) A disabled person is also one who has a physical, emotional or mental impairment that:
 - (a) is expected to be of long-continued or indefinite duration;
 - (b) substantially impedes the person's ability to live independently;
 - (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

I, Donald Kim, M.D., hereby certify that Alice Alexander (person signing the release below should be considered disabled in accordance with definition number 3 above.)

Name and Title Donald Kim, M.D. Date 5/9/03
Signature DKim, MD Phone 555-9876

TENANT/APPLICANT RELEASE

I, Alice Alexander, hereby authorize the release of the requested information.

Signature Alice Alexander Date 5/1/03



Nickel & Dime Store 12 Main St., Cubzide City, ST 55555

| | | | | |
|-------------------------|--------------|--------------|--------------|------------|
| Employee Name | Employee SSN | Period Start | Period End | Check Date |
| Arthur Alexander | 987-65-4321 | Apr 13, 2003 | Apr 19, 2003 | 04-25-03 |

| Earnings/Compensation | | | | |
|-----------------------|--------|-----|----------|--------------|
| Description | Rate | Hrs | Amount | Year to Date |
| Wages | \$6.00 | 4 | \$ 24.00 | \$ 84.00 |

| Deductions/Taxes/Miscellaneous | | |
|--------------------------------|---------|--------------|
| Description | Amount | Year to Date |
| Fed W/H | \$ 2.40 | \$ 8.40 |
| FICA | \$ 1.68 | \$ 5.88 |
| Medicare | \$.35 | \$ 1.22 |
| ST W/H | \$.72 | \$ 2.52 |

| | | | | | | | | | |
|---------|-------|----|-------|------------|----|------|-----|----|-------|
| Current | Gross | \$ | 24.00 | Total | \$ | 5.15 | Net | \$ | 18.85 |
| | | | | Deductions | | | | | |



Nickel & Dime Store 12 Main St., Cubzide City, ST 55555

| | | | | |
|-------------------------|--------------|--------------|-------------|------------|
| Employee Name | Employee SSN | Period Start | Period End | Check Date |
| Arthur Alexander | 987-65-4321 | Feb 23, 2003 | Mar 1, 2003 | 03-07-03 |

| Earnings/Compensation | | | | |
|-----------------------|--------|-----|----------|--------------|
| Description | Rate | Hrs | Amount | Year to Date |
| Wages | \$6.00 | 10 | \$ 60.00 | \$ 60.00 |

| Deductions/Taxes/Miscellaneous | | |
|--------------------------------|---------|--------------|
| Description | Amount | Year to Date |
| Fed W/H | \$ 6.00 | \$ 6.00 |
| FICA | \$ 4.20 | \$ 4.20 |
| Medicare | \$.87 | \$.87 |
| ST W/H | \$ 1.80 | \$ 1.80 |

| | | | | | | | | | |
|---------|-------|----|-------|------------|----|-------|-----|----|-------|
| Current | Gross | \$ | 60.00 | Total | \$ | 12.87 | Net | \$ | 47.13 |
| | | | | Deductions | | | | | |

Cubzide Housing Authority
Verification of Income from Employment

Re: Arthur Alexander Social Security # 987-65-4321

Dear Sir/Madam:

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and we pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call Anna Alvarez at 555-5555. Thank you.

1. Employed since: 1997 2. Job title: Janitor (backup)
3. Base pay rate or salary: \$ 6 per hour
4. Average hours worked at base pay rate: ? hours/week _____ months/year
5. Is overtime likely? Yes No If yes, overtime pay rate: \$ _____ per hour
6. Average overtime hours expected per month during next 12 months: 0
7. Other compensation? Please specify type (tips, bonuses, commissions), amount, and frequency.
Type _____ \$ 0 per _____
8. Vacation pay? Yes No If yes, number of days per year: _____
9. Total base pay earnings for last 12 months: \$ 2700
10. Total overtime earnings for last 12 months: \$ 0

14 hours -
last month,
not working
now

Firm name: Nickel & Dime Store Address: 12 Main St., Cubzide City
Name of person completing this form: Ambrose Ames Date: 5/9/03
Title: Payroll Clerk Signature: Ambrose Ames

Applicant/Tenant Release

I, Arthur Alexander, hereby authorize release of the requested information.

Arthur Alexander 5/1/03
Signature Date

**Myron Rawleigh, M.D. 123 High View Dr., Cubzide City, ST 55555**

| Employee Name | | Employee SSN | | Period Start | | Period End | | Check Date | |
|------------------------|---------------|--------------------|-------------------------|---------------------|--------------------------------|--------------------|------------------|-----------------|--|
| Alice Alexander | | 123-45-6789 | | Apr 27, 2003 | | May 3, 2003 | | 05-09-03 | |
| Earnings/Compensation | | | | | Deductions/Taxes/Miscellaneous | | | | |
| Description | Rate | Hrs | Amount | Year to Date | Description | Amount | Year to Date | | |
| Wages | \$9.25 | 32 | \$296.00 | \$5,328.00 | Fed W/H | \$57.20 | \$1029.60 | | |
| | | | | | FICA | \$20.72 | \$ 372.96 | | |
| | | | | | Medicare | \$ 4.28 | \$ 77.04 | | |
| | | | | | ST W/H | \$ 8.88 | \$ 159.84 | | |
| | | | | | | | | | |
| Current | Gross | \$ 296.00 | Total Deductions | \$ 91.08 | Net | \$ 204.92 | | | |

**Myron Rawleigh, M.D. 123 High View Dr., Cubzide City, ST 55555**

| Employee Name | | Employee SSN | | Period Start | | Period End | | Check Date | |
|------------------------|---------------|--------------------|-------------------------|---------------------|--------------------------------|---------------------|------------------|-----------------|--|
| Alice Alexander | | 123-45-6789 | | Apr 20, 2003 | | Apr 26, 2003 | | 05-02-03 | |
| Earnings/Compensation | | | | | Deductions/Taxes/Miscellaneous | | | | |
| Description | Rate | Hrs | Amount | Year to Date | Description | Amount | Year to Date | | |
| Wages | \$9.25 | 32 | \$296.00 | \$5,032.00 | Fed W/H | \$57.20 | \$ 972.40 | | |
| | | | | | FICA | \$20.72 | \$ 352.24 | | |
| | | | | | Medicare | \$ 4.28 | \$ 72.76 | | |
| | | | | | ST W/H | \$ 8.88 | \$ 150.96 | | |
| | | | | | | | | | |
| Current | Gross | \$ 296.00 | Total Deductions | \$ 91.08 | Net | \$ 204.92 | | | |

|  Myron Rawleigh, M.D. 123 High View Dr., Cubzide City, ST 55555 | | | | | | | |
|---|---------------|--------------------|-----------------|--------------------------------|---------------------|-----------------|------------------|
| Employee Name | | Employee SSN | | Period Start | Period End | Check Date | |
| Alice Alexander | | 123-45-6789 | | Apr 13, 2003 | Apr 19, 2003 | 04-25-03 | |
| Earnings/Compensation | | | | Deductions/Taxes/Miscellaneous | | | |
| Description | Rate | Hrs | Amount | Year to Date | Description | Amount | Year to Date |
| Wages | \$9.25 | 32 | \$296.00 | \$4,736.00 | Fed W/H | \$57.20 | \$ 915.20 |
| | | | | | FICA | \$20.72 | \$ 331.52 |
| | | | | | Medicare | \$ 4.28 | \$ 68.48 |
| | | | | | ST W/H | \$ 8.88 | \$ 142.08 |
| | | | | | | | |
| Current | Gross | \$ 296.00 | | Total Deductions | \$ 91.08 | Net | \$ 204.92 |

|  Myron Rawleigh, M.D. 123 High View Dr., Cubzide City, ST 55555 | | | | | | | |
|--|---------------|--------------------|-----------------|--------------------------------|---------------------|-----------------|------------------|
| Employee Name | | Employee SSN | | Period Start | Period End | Check Date | |
| Alice Alexander | | 123-45-6789 | | Apr 6, 2003 | Apr 12, 2003 | 04-18-03 | |
| Earnings/Compensation | | | | Deductions/Taxes/Miscellaneous | | | |
| Description | Rate | Hrs | Amount | Year to Date | Description | Amount | Year to Date |
| Wages | \$9.25 | 32 | \$296.00 | \$4,440.00 | Fed W/H | \$57.20 | \$ 858.00 |
| | | | | | FICA | \$20.72 | \$ 310.80 |
| | | | | | Medicare | \$ 4.28 | \$ 64.20 |
| | | | | | ST W/H | \$ 8.88 | \$ 133.20 |
| | | | | | | | |
| Current | Gross | \$ 296.00 | | Total Deductions | \$ 91.08 | Net | \$ 204.92 |

 **Myron Rawleigh, M.D. 123 High View Dr., Cubzide City, ST 55555**

| Employee Name | | Employee SSN | | Period Start | Period End | Check Date | |
|------------------------|---------------|--------------------|-----------------|-------------------------|--------------------------------|-----------------|------------------|
| Alice Alexander | | 123-45-6789 | | Mar 30, 2003 | Apr 5, 2003 | 04-11-03 | |
| Earnings/Compensation | | | | | Deductions/Taxes/Miscellaneous | | |
| Description | Rate | Hrs | Amount | Year to Date | Description | Amount | Year to Date |
| Wages | \$9.25 | 32 | \$296.00 | \$4,144.00 | Fed W/H | \$57.20 | \$ 800.80 |
| | | | | | FICA | \$20.72 | \$ 290.08 |
| | | | | | Medicare | \$ 4.28 | \$ 59.92 |
| | | | | | ST W/H | \$ 8.88 | \$ 124.32 |
| | | | | | | | |
| Current | Gross | \$ 296.00 | | Total Deductions | \$ 91.08 | Net | \$ 204.92 |

 **Myron Rawleigh, M.D. 123 High View Dr., Cubzide City, ST 55555**

| Employee Name | | Employee SSN | | Period Start | Period End | Check Date | |
|------------------------|---------------|--------------------|-----------------|-------------------------|--------------------------------|-----------------|------------------|
| Alice Alexander | | 123-45-6789 | | Mar 23, 2003 | Mar 29, 2003 | 04-04-03 | |
| Earnings/Compensation | | | | | Deductions/Taxes/Miscellaneous | | |
| Description | Rate | Hrs | Amount | Year to Date | Description | Amount | Year to Date |
| Wages | \$9.25 | 32 | \$296.00 | \$3,848.00 | Fed W/H | \$57.20 | \$ 743.60 |
| | | | | | FICA | \$20.72 | \$ 269.36 |
| | | | | | Medicare | \$ 4.28 | \$ 55.64 |
| | | | | | ST W/H | \$ 8.88 | \$ 115.44 |
| | | | | | | | |
| Current | Gross | \$ 296.00 | | Total Deductions | \$ 91.08 | Net | \$ 204.92 |

Cubzide Housing Authority
Verification of Income from Employment

Re: Alice Alexander Social Security # 123-45-6789

Dear Sir/Madam:

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and we pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call Anna Alvarez at 555-5555. Thank you.

-
1. Employed since: 1999 2. Job title: Receptionist
 3. Base pay rate or salary: \$ 9.25 per hour
 4. Average hours worked at base pay rate: 32 hours/week now - 40 hours/week
beginning 01/03
 5. Is overtime likely? Yes No If yes, overtime pay rate: \$ _____ per hour
 6. Average overtime hours expected per month during next 12 months: _____
 7. Other compensation? Please specify type (tips, bonuses, commissions), amount, and frequency.
Type _____ \$ _____ per _____
 8. Vacation pay? Yes No If yes, number of days per year: _____
 9. Total base pay earnings for last 12 months: \$ 15,392
 10. Total overtime earnings for last 12 months: \$ 0

Firm name: Myron Rawleigh, M.D. Address: 123 High View Dr., Cubzide City

Name of person completing this form: Abby Abacus Date: 5/9/03

Title: Office Manager Signature: Abby Abacus

Applicant/Tenant Release

I, Alice Alexander, hereby authorize release of the requested information.

Alice Alexander 5-1-03
Signature Date

Cubzide Housing Authority

APPLICANT/TENANT CERTIFICATION FOR CHILD CARE EXPENSES

I/We hereby certify that the following represent true and accurate statements regarding our household circumstances related to child care:

Child/children cared for is/are under 13 years of age.

Reason for care (check one)

Such care enables the following family member to work: ALICE ALEXANDER

Occupation: RECEPTIONIST

Employer, address & phone number: MYRON RAWLEIGH M.D.

123 HIGH VIEW DR.

555-1155

CUBZIDE CITY, ST 55555

Hours worked: 32 per week ~~month~~ 40 starting in June

Such care enables a family member to attend vocational or academic courses:

Member's name: _____

Course: _____

Institution name, address & phone number:

Hours at school: _____

Child care costs are not paid to anyone living in our household; they are paid to:

Name: SUMMERY CHILD CARE CENTER

Address & phone number:

1140 NORTH ST., CUBZIDE

555-1212

No adult household member can provide care during the hours care is required.

I/We do not receive reimbursement for child care costs from any agency or individual outside the household.

I/We recognize that the above statements are subject to third-party verification.

Signature: Alice Alexander

Cubzide Housing Authority

CHILD CARE EXPENSES VERIFICATION

Dear Sir/Madam:

Alice Alexander has applied for or is receiving housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). Since rental rates are reduced for families with child care expenses, we must obtain verification of these expenses.

Please fill in the blanks below and return this letter to us as soon as possible. We will keep the information in strict confidence and will only use it to determine the applicant's eligibility for reduced rent.

Sincerely, Anna Alvarez

Name(s) and age(s) of child(ren) cared for:

- 1. Artie Alexander 10
2. Anna Alexander 8
3.
4.
5.
6.

Day care facility: Summery Child Care Center

Address: 1140 North St., Cubzide City, ST 55555

Phone #: 555-1212 Contact Person: Daisy Moses

Child care is provided on the following days for the hours indicated:

Monday: 2 hours Tuesday: 2 hours
Wednesday: 2 hours Thursday: 2 hours
Friday: 2 hours Saturday: 0 hours
Sunday: 0 hours

Total hours per week: 10 Total hours per month:

Cost of Care: \$ 20, per [x] week [] month. per child

\$ received for care from family named above: \$ 40, [x] week [] month. when in school (40 wks)

\$ received for care from others (if any): \$ 90, [x] week [] month. when not in school (12 wks)

Name of individual, program, or other third-party source providing child care funds for this family:

Address:

Estimated cost of care to the family for the upcoming 12 months: \$ 2680

Signature Daisy Moses

Date 5-9-03

TENANT/APPLICANT RELEASE

I, hereby authorize the release of the requested information.

Signature

Date



Cubzide Cooperative Extension

1212 Ash Street
Cubzide City, ST 55555

May 5, 2003

Cubzide Housing Authority
246 1st Avenue
Cubzide City, ST 55555

Dear Cubzide HA:

This is to verify that Alice Alexander is enrolled in a MoneySmart class at Cubzide Cooperative Extension. Part of a program that we have developed to foster self-sufficiency, MoneySmart helps students to achieve economic independence by teaching them basic financial management and budgeting skills.

The class meets once a week for two hours. It began on April 27 and will end on July 14. Ms. Alexander has attended all class sessions to date.

Should you need any additional information, please feel free to contact me.

Sincerely,

Albert Allen

Albert Allen
Admissions and Records Office

Case Study 1: Alexander

RIM Guide Appendix C

Tenant File Review Checklist Worksheets

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. | Final Asset Income (larger of Total Anticipated Actual Asset Income or Imputed Asset Income): | | | | \$ |

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. | TOTAL ANNUAL INCOME: | | | | | | \$ |

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: | \$ |
| Total Utility Allowance for dwelling unit (if none, enter \$0): | | | | \$ |

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"> Generally, for a recent admission family, a mover family moving with continued assistance within the PHA's jurisdiction, or a portability-in 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. For a reexamination 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. <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 Total Utility Allowance 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. | Total Annual Medical Expense: | | | \$ <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. | Total Annual Disability Assistance Expenses: | | | \$ <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. | Total Annual Child Care Expenses: | | | \$ <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 Line 17.b. , not to exceed amount on Line 18.c. | \$ <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. | Child Care Expenses Deduction: | \$ <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. | PH: Total Permissive Deductions: | | | \$ <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. | TOTAL ADJUSTED INCOME = Line 23. minus Line 24.: | \$ |

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 A. Family Composition , to identify family member dependents. |
| 1.b. | Calculate the total Dependent Deduction 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 Line 1.a. 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 A. Family Composition , where age and disability status of family head and spouse were established. |
| 2.b. | If the answer on Line 2.a. is “Yes”, calculate the Elderly/Disabled Family Deduction 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:

| | | | |
|-------------------------|---|---|----|
| Income-Based TPP | 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. | TOTAL TENANT PAYMENT (TTP) based on traditional income-based method: | \$ |
| | | • Highest of Line 1.b., 1.d., 1.e., 1.f., not to exceed Line 1.g. | |
| 3. | TOTAL TENANT PAYMENT (TTP) based on alternative income-based method: | \$ | |

| | | | |
|----------------------------------|---|--|----|
| Income-based Prorated TPP | 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. | TOTAL TENANT PAYMENT (TTP) for a "Mixed" family: | \$ | |
| | • Line 4. minus Line 7. | | |

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

Flat Rent

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

| | | | |
|---------------------------|--|--|----|
| Prorated Flat Rent | 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. | Flat Rent for a "Mixed" family (Line 14. minus Line 17.): | \$ | |

Case Study 1: Alexander

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. All Sec. 8 HCV only: PHA conducts <u>annual</u> reexam of income & composition? | | | |
| d. All PH only: PHA conducts <u>annual</u> reexam of composition? | | | |
| e. PH income-based rent only: PHA conducts <u>annual</u> reexam of income? | | | |
| f. PH flat rent only: 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. | Final Asset Income (ref. HUD-50058, line 6j.): | PHA: * \$ | HUD: * \$ | | | |
| | | | | Yes | No | Unclear |
| 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. | TOTAL ANNUAL INCOME (ref. HUD-50058, line 7i.): | PHA: * \$ | HUD: * \$ | | | |
| | | | | Yes | No | Unclear |
| 8. | Wages and earned income accurately calculated, verified & documented? | | | | | |
| 9. | Earned income exclusion/disallowance accurately calculated? | | | | | |
| 10. | PH: Where PHA uses Individual Savings Account (ISA), PHA deposits appropriate amount? | | | | | |
| | | | | Yes | No | Unclear |
| 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? | | | | | |
| | | | | Yes | No | Unclear |
| 14. | SS/SSI/pension income accurately calculated, verified & documented? | | | | | |
| | | | | Yes | No | Unclear |
| 15. | "Other" income accurately calculated, verified & documented? | | | | | |
| | | | | Yes | No | Unclear |
| 16. | Total Annual Income accurately calculated, verified & documented? | | | | | |
| | | | | Yes | No | Unclear |

C. Dwelling Unit / Utility Allowance

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

| | | | | | |
|------|---|-------------------|-------------------|-------------------------------|-----------|
| 1.a. | Unit Address: | | b. | No. of Bedrooms: | |
| 2.a. | PH only – Project Name: | | b. | PH only – Project No.: | |
| 3.a. | Tenant family responsible for some or all utilities in unit? | | | | |
| | | | | Yes | No |
| b. | Total Utility Allowance (ref. HUD-50058, line 10e., 10r., 12m.): | PHA: ** \$ | HUD: ** \$ | | |
| 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 | Dependent Deduction (ref. HUD-50058, line 8r. and 8s.): | PHA: * \$ | HUD: * \$ | |
| b. | Dependent Deduction accurately calculated; verified & documented by PHA? | | | |
| 2.a | Elderly / Disabled Family Deduction (ref. HUD-50058, line 8p.): | PHA: * \$ | HUD: * \$ | |
| b. | Elderly/Disabled Family Deduction accurately calculated; verified & documented by PHA? | | | |
| 3.a | Medical/Disability Assistance Expenses Deduction: (ref. HUD-50058, line 8n.) | PHA: * \$ | HUD: * \$ | |
| b. | Medical/Disability Assistance Exp. Deduction accurately calculated; verified & documented by PHA? | | | |
| 4.a | Child Care Expenses Deduction (ref. HUD-50058, line 8t.): | PHA: * \$ | HUD: * \$ | |
| b. | Child Care Expenses Deduction accurately calculated; verified & documented by PHA? | | | |
| 5.a | Public Housing only: Permissive Deductions: (ref. HUD-50058, line 8e.): | PHA: * \$ | HUD: * \$ | |
| b. | Permissive deduction accurately calculated; verified & documented by PHA? | | | |
| 6.a | Total All Deductions (ref. HUD-50058, line 8x.): | PHA: * \$ | HUD: * \$ | |
| b. | Total All Deductions accurately calculated; verified & documented by PHA? | | | |
| 7.a | TOTAL ADJUSTED INCOME (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 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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**

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

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

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

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

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"/> |
| 20. | Flat Rent agrees with Rent Rolls? | | | | | | <input type="checkbox"/> |

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

Case Study 1: Alexander

PHA 50058 in File

Alexander PHA 50058

| | | | | | |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|
| Head of household name | Alexander | Social Security Number | 123456789 | Date modified (mm/dd/yyyy) | 06/01/2003 |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|

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 | | | | \$ | 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) |
|----------------------------------|----------|-----------------|---------------------------|----------------------|-----------------------|---|
| Alice | 1 | W | 9.25 x 2080 | \$ 19240 | \$ 15392 | \$ 3848 |
| Arthur | 2 | W | 225 x 12 | \$ 2700 | \$ | \$ 2700 |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| 7g. Column total | | | | | | \$ 6548 7g. |
| 7h. Reserved | | | | | | |
| 7i. Total annual income: 6j + 7g | | | | | | \$ 6548 7i. |

7b: Income Codes

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

Alexander PHA 50058

| | | | | | |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|
| Head of household name | Alexander | Social Security Number | 123456789 | Date modified (mm/dd/yyyy) | 06/01/2003 |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|

8. Expected Income Per Year

| | | |
|---------------------------------------|----------------|-----|
| 8a. Total annual income: copy from 7i | \$ 6548 | 8a. |
|---------------------------------------|----------------|-----|

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 | \$ | 196 | 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) | \$ | 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). | | 2 | 8q. |
| 8r. Allowance per dependent (default = \$480) | \$ | 480 | 8r. |
| 8s. Dependent allowance: 8q X 8r | \$ | 960 | 8s. |
| 8t. Total annual unreimbursed childcare costs | \$ | 2480 | 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 | \$ | 3840 | 8x. |
| 8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0) | \$ | 2708 | 8y. |

Alexander PHA 50058

| | | | | | |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|
| Head of household name | Alexander | Social Security Number | 123456789 | Date modified (mm/dd/yyyy) | 06/01/2003 |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|

9. Total Tenant Payment (TTP)

| | | | |
|---|----|------------|-----|
| 9a. Total monthly income: $8a \div 12$ | \$ | 546 | 9a. |
| 9b. Reserved | | | |
| 9c. TTP if based on annual income: $9a \times 0.10$ | \$ | 55 | 9c. |
| 9d. Adjusted monthly income: $8y \div 12$ | \$ | 226 | 9d. |
| 9e. Percentage of adjusted monthly income: use 30% for Section 8 | | 30 | 9e. |
| 9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$ | \$ | 68 | 9f. |
| 9g. Welfare rent per month (if none, put 0) | \$ | 0 | 9g. |
| 9h. Minimum rent (if waived, put 0) | \$ | 25 | 9h. |
| 9i. Enhanced Voucher minimum rent | \$ | | 9i. |
| 9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i | \$ | 68 | 9j. |
| 9k. Most recent TTP | \$ | 300 | 9k. |
| 9m. Qualify for minimum rent hardship exemption? (Y or N) | | N | 9m. |

Alexander PHA 50058

| | | | | | |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|
| Head of household name | Alexander | Social Security Number | 123456789 | Date modified (mm/dd/yyyy) | 06/01/2003 |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|

10. Public Housing, Indian Rental, and Turnkey III

| | | | |
|--|-----------------------------------|------------|-------------------|
| 10a. TTP: copy from 9j | \$ | 68 | 10a. |
| 10b. Unit's flat rent (see Instruction Booklet for prorated flat rent calculation) | \$ | 900 | 10b. |
| Income Based Rent Calculation (if prorated rent, skip to 10h) | | | |
| 10c. Ceiling rent, if any | \$ | | 10c. |
| 10d. Lower of TTP or ceiling rent (if no ceiling rent, put 10a) | \$ | 68 | 10d. |
| 10e. Utility allowance, if any | \$ | 0 | 10e. |
| 10f. Tenant rent: 10d minus 10e | If positive or 0, put tenant rent | | \$ 68 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 | \$ | | 10h. |
| 10i. Family maximum subsidy: 10h minus 10a | \$ | | 10i. |
| 10j. Total number eligible | | | 10j. |
| 10k. Total number in family | | | 10k. |
| 10m. Reserved | | | |
| 10n. Eligible subsidy (10i ÷ 10k) X 10j | \$ | | 10n. |
| 10p. Mixed family TTP: 10h minus 10n | \$ | | 10p. |
| 10q. Reserved | | | |
| 10r. Utility allowance, if any | \$ | | 10r. |
| 10s. Mixed family tenant rent: 10p minus 10r | If positive or 0, put tenant rent | | \$ 10s. |
| | If negative, credit tenant | | or CR \$ 10s. |
| 10t. Reserved | | | |

Type of Rent

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

Case Study 1: Alexander

Correct 50058 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. | Final Asset Income (larger of Total Anticipated Actual Asset Income or Imputed Asset Income): | | | \$ |

Annual Income Table:

| Family Member | Type of Income | Date of Verification | Income Rate | Annualized Income | Income Excluded | Income After Exclusions | |
|---------------|--|----------------------|---------------|-------------------|-----------------|-------------------------|------------------|
| 1.a. | Alice | Dr. Rawleigh | 5-9-03 | \$ 9.25 | \$ 19240 | (\$ 3848) | \$ 15,392 |
| b. | | | \$ | \$ | (\$) | \$ | |
| c. | | | \$ | \$ | (\$) | \$ | |
| d. | | | \$ | \$ | (\$) | \$ | |
| e. | | | \$ | \$ | (\$) | \$ | |
| f. | | | \$ | \$ | (\$) | \$ | |
| g. | | | \$ | \$ | (\$) | \$ | |
| h. | | | \$ | \$ | (\$) | \$ | |
| i. | | | \$ | \$ | (\$) | \$ | |
| j. | | | \$ | \$ | (\$) | \$ | |
| k. | | | \$ | \$ | (\$) | \$ | |
| 2. | Total: | | | | | \$ | 15,392 |
| 3. | Final Asset Income (from Asset Table): | | | | | \$ | 0 |
| 4. | TOTAL ANNUAL INCOME: | | | | | \$ | 15,392 |

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: | \$ |
| Total Utility Allowance for dwelling unit (if none, enter \$0): | | | | \$ 0 |

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"> Generally, for a recent admission family, a mover family moving with continued assistance within the PHA's jurisdiction, or a portability-in 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. For a reexamination 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. <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 Total Utility Allowance 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: **2**

b. **Dependent Deduction** (Total number of dependents X \$480): **\$ 960**

Elderly / Disabled Family Deduction:

| | | Yes | No | Unclear |
|------|--|-------------------------------------|--------------------------|--------------------------|
| 2.a. | Family qualifies as "Elderly" or "Disabled" family? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | If "Yes", enter \$400 Elderly / Disabled Family Deduction . If "No", enter \$0: | \$ 400 | | |

Medical Expenses

| | Family Member | Medical Expense Description | Date of Verification | Annual Expense Amount |
|------|--------------------------------------|-----------------------------|----------------------|-----------------------|
| 3.a. | | | | \$ |
| b. | | | | \$ |
| c. | | | | \$ |
| d. | | | | \$ |
| e. | | | | \$ |
| f. | | | | \$ |
| 4. | Total Annual Medical Expense: | | | \$ |

Disability Assistance Expenses

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

Medical / Disability Assistance Expenses Deduction:

| | | Yes | No | Unclear |
|------|---|-------------------------------------|-------------------------------------|--------------------------|
| 7. | Three (3) percent of Annual Income (Annual Income Table Line 4. x 0.03): | \$ 462 | | |
| 8.a. | Family includes both "disabled" family member(s) and employed family member(s)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Family incurs disability assistance expenses to enable family member(s) to be employed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. | Amount of disability assistance expenses that are unreimbursed & reasonable: | \$ | | |
| 9. | Line 8.c. minus Line 7. : | \$ | | |
| | <ul style="list-style-type: none"> 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 <u>lower</u> amount of Line 9. or Line 10. : | \$ 0 | | |
| | <ul style="list-style-type: none"> 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. | Artie | \$20 per wk in school- 40 wks/ | | \$ | |
| b. | | \$45 out of school-12 wks | 5-9-03 | \$ 1340 | |
| c. | Anna | \$20 per wk in school- 40 wks/ | | \$ | |
| d. | | \$45 out of school-12 wks | 5-9-03 | \$ 1340 | |
| e. | | | | \$ | |
| 16. | Total Annual Child Care Expenses: | | | | \$ 2680 |

Child Care Expenses Deduction:

| | Yes | No | Unclear | |
|-------|--|-------------------------------------|--------------------------|----------------|
| 17.a. | Family includes member(s) under age 13? | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. | Amount of unreimbursed, reasonable child care costs incurred by family: \$ 2680 | | | |
| 18.a. | Family has any member(s) employed? | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. | Child care costs enable member(s) to be employed? | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. | Amount of employment income enabled by child care costs: \$ 15,392 | | | |
| d. | Amount on Line 17.b. , not to exceed amount on Line 18.c. : \$ 2680 | | | |
| 19.a. | Family has any member(s) furthering education? | | | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. | Child care costs enable member(s) to further education? | | | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 20. | Child Care Expenses Deduction: | | | \$ 2680 |

- 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. | PH: Total Permissive Deductions: | | | | \$ |

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

D. Adjusted Income Worksheet

| | | |
|-----|---|------------------|
| 23. | Total Annual Income: | \$ 15,392 |
| 24. | Total All Deductions: | \$ 4040 |
| 25. | TOTAL ADJUSTED INCOME = Line 23. minus Line 24.: | \$ 11,352 |

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 A. Family Composition , to identify family member dependents. |
| 1.b. | Calculate the total Dependent Deduction 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 Line 1.a. 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 A. Family Composition , where age and disability status of family head and spouse were established. |
| 2.b. | If the answer on Line 2.a. is “Yes”, calculate the Elderly/Disabled Family Deduction 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:

| | | | | |
|-------------------------|------|---|----------------|--|
| Income-Based TTP | 1.a. | Monthly Income (Annual Income ÷ 12): | \$ 1283 | |
| | b. | 10% of Monthly Income (Line 1.a. X 0.10): | \$ 128 | |
| | c. | Monthly Adjusted Income (Adjusted Income ÷ 12): | \$ 946 | |
| | d. | 30% of Monthly Adjusted Income (Line 1.c. X 0.30): | \$ 284 | |
| | e. | Welfare Rent (if applicable): | \$ 0 | |
| | f. | Minimum Rent: | \$ 25 | |
| | g. | Ceiling Rent (if applicable): | \$ | |
| | 2. | TOTAL TENANT PAYMENT (TTP) based on traditional income-based method: | \$ 284 | |
| | | • Highest of Line 1.b., 1.d., 1.e., 1.f., not to exceed Line 1.g. | | |
| | 3. | TOTAL TENANT PAYMENT (TTP) based on alternative income-based method: | \$ | |

| | | | | |
|----------------------------------|------|--|-----------|--|
| Income-based Prorated TTP | 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. | TOTAL TENANT PAYMENT (TTP) for a "Mixed" family: | \$ | |
| | | • Line 4. minus Line 7. | | |

| | | | |
|---------------------------------|--|--|---------------|
| Income-based Tenant Rent | 9. | TTP based on appropriate method (Line 2., Line 3., or Line 8.): | \$ 284 |
| | 10. | Utility Allowance: | \$ 0 |
| | 11. | Income-based TENANT RENT: | \$ 284 |
| | | • Line 9. minus Line 10. If result is negative, enter \$0 and go to Line 12. | |
| 12. | UTILITY REIMBURSEMENT (Amount by which Line 10. exceeds Line 9.): | \$ | |

Flat Rent

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

| | | | |
|---------------------------|--|--|-----------|
| Prorated Flat Rent | 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. | Flat Rent for a "Mixed" family (Line 14. minus Line 17.): | \$ | |

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: | Alexander |
| 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. | Alexander | Alice | Head | 1-19-72 | F | 123-45-6789 | √ | √ | √ |
| b. | Alexander | Arthur | S | 2-21-71 | M | 987-65-4321 | √ | | √ |
| c. | Alexander | Artie | Y | 1-30-93 | M | 012-34-5678 | | | √ |
| d. | Alexander | Anna | Y | 2-25-95 | F | | | | √ |
| 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: 6-1-03 Prior Reexam/Admission Effective Date: 3-1-03

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

| | Yes | No | Unclear |
|--|-----|----|---------|
| c. All Sec. 8 HCV only: PHA conducts <u>annual</u> reexam of income & composition? | | | |
| d. All PH only: PHA conducts <u>annual</u> reexam of composition? | √ | | |
| e. PH income-based rent only: PHA conducts <u>annual</u> reexam of income? | √ | | |
| f. PH flat rent only: 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. | Final Asset Income (ref. HUD-50058, line 6j.): | PHA: * \$ 0 | HUD: * \$ 0 | | | |
| | | | | Yes | No | Unclear |
| 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. | TOTAL ANNUAL INCOME (ref. HUD-50058, line 7i.): | PHA: * \$ 6548 | HUD: * \$ 15,392 | | | |
| | | | | Yes | No | Unclear |
| 8. | Wages and earned income accurately calculated, verified & documented? | | | | √ | |
| 9. | Earned income exclusion/disallowance accurately calculated? | | | | √ | |
| 10. | PH: Where PHA uses Individual Savings Account (ISA), PHA deposits appropriate amount? | | | | | |
| | | | | Yes | No | Unclear |
| 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? | | | | | |
| | | | | Yes | No | Unclear |
| 14. | SS/SSI/pension income accurately calculated, verified & documented? | | | | | |
| | | | | Yes | No | Unclear |
| 15. | "Other" income accurately calculated, verified & documented? | | | | | |
| | | | | Yes | No | Unclear |
| 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. | Unit Address: | | b. | No. of Bedrooms: | 3 | |
| 2.a. | PH only – Project Name: | White Swan | b. | PH only – Project No.: | | |
| 3.a. | Tenant family responsible for some or all utilities in unit? | | | Yes | No | Unclear |
| | | | | | √ | |
| b. | Total Utility Allowance (ref. HUD-50058, line 10e., 10r., 12m.): | PHA: ** \$ 0 | HUD: ** \$ 0 | | | |
| 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 | Dependent Deduction (ref. HUD-50058, line 8r. and 8s.): | PHA: * \$ 960 | HUD: * \$ 960 | |
| b. | Dependent Deduction accurately calculated; verified & documented by PHA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.a | Elderly / Disabled Family Deduction (ref. HUD-50058, line 8p.): | PHA: * \$ 400 | HUD: * \$ 400 | |
| b. | Elderly/Disabled Family Deduction accurately calculated; verified & documented by PHA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.a | Medical/Disability Assistance Expenses Deduction: (ref. HUD-50058, line 8n.) | PHA: * \$ 0 | HUD: * \$ 0 | |
| b. | Medical/Disability Assistance Exp. Deduction accurately calculated; verified & documented by PHA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.a | Child Care Expenses Deduction (ref. HUD-50058, line 8t.): | PHA: * \$ 2480 | HUD: * \$ 2680 | |
| b. | Child Care Expenses Deduction accurately calculated; verified & documented by PHA? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.a | Public Housing only: Permissive Deductions: (ref. HUD-50058, line 8e.): | PHA: * \$ 0 | HUD: * \$ 0 | |
| b. | Permissive deduction accurately calculated; verified & documented by PHA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.a | Total All Deductions (ref. HUD-50058, line 8x.): | PHA: * \$ 3480 | HUD: * \$ 4040 | |
| b. | Total All Deductions accurately calculated; verified & documented by PHA? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7.a | TOTAL ADJUSTED INCOME (ref. HUD-50058, line 8y.): | PHA: * \$ 2708 | HUD: * \$ 11352 | |
| b. | Total Adjusted Income accurately calculated; verified & documented by PHA? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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: **Income-based** **Flat**

Income-based Rent:

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

| | | | | | | | |
|------------------------|------|--|--------------|---------------|-----|----|---------|
| Traditional TTP | 3. | TTP – traditional method (ref. HUD-50058, line 9j., 10d.): | PHA: * \$ 68 | HUD: * \$ 284 | | | |
| | 4. | Traditional income-based TTP accurately calculated? | | | Yes | No | Unclear |
| | 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.)? | | | | √ | |

| | | | | | | | |
|-----------------------------|-----|---|-----------|-----------|-----|----|---------|
| PHA Income-based TTP | 7. | TTP – alternative method (ref. HUD-50058, line 9j., 10d.): | PHA: * \$ | HUD: * \$ | | | |
| | 8. | PHA Alternative Income-based TTP accurately calculated? | | | Yes | No | Unclear |
| | 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.)? | | | | | |

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

| | | | | | | | |
|---------------------------------|-----|--|--------------|---------------|--|---|--|
| Income-based Tenant Rent | 13. | TENANT RENT (ref. HUD-50058, line 10f., 10s.): | PHA: * \$ 68 | HUD: * \$ 284 | | | |
| | 14. | Utility Reimbursement (ref. HUD-50058, line 10f., 10s.): | PHA: * \$ | HUD: * \$ | | | |
| | 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.): | PHA: * \$ | HUD: * \$ | | | |
| 19. | Flat Rent accurately calculated by PHA? | | | Yes | No | Unclear |
| 20. | Flat Rent agrees with Rent Rolls? | | | | | |

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

Alexander 50058 Answers

| | | | | | |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|
| Head of household name | Alexander | Social Security Number | 123456789 | Date modified (mm/dd/yyyy) | 06/01/2003 |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|

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) |
|----------------------------------|----------|-----------------|---------------------------|----------------------|-----------------------|---|
| Alice | 1 | W | 9.25 x 2080 | \$ 19240 | \$ 3848 | \$ 15392 |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| 7g. Column total | | | | | | \$ 15392 7g. |
| 7h. Reserved | | | | | | |
| 7i. Total annual income: 6j + 7g | | | | | | \$ 15392 7i. |

7b: Income Codes

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

Alexander 50058 Answers

| | | | | | |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|
| Head of household name | Alexander | Social Security Number | 123456789 | Date modified (mm/dd/yyyy) | 06/01/2003 |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|

8. Expected Income Per Year

| | |
|---------------------------------------|---------------------|
| 8a. Total annual income: copy from 7i | \$ 15392 8a. |
|---------------------------------------|---------------------|

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 | \$ | 462 | | 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: | | | | |
| | | 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) | \$ | 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). | | 2 | | 8q. |
| 8r. Allowance per dependent (default = \$480) | \$ | 480 | | 8r. |
| 8s. Dependent allowance: 8q X 8r | \$ | 960 | | 8s. |
| 8t. Total annual unreimbursed childcare costs | \$ | 2680 | | 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 | \$ | 4040 | | 8x. |
| 8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0) | \$ | 11352 | | 8y. |

Alexander 50058 Answers

| | | | | | |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|
| Head of household name | Alexander | Social Security Number | 123456789 | Date modified (mm/dd/yyyy) | 06/01/2003 |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|

9. Total Tenant Payment (TTP)

| | | | |
|---|----|-------------|-----|
| 9a. Total monthly income: $8a \div 12$ | \$ | 1283 | 9a. |
| 9b. Reserved | | | |
| 9c. TTP if based on annual income: $9a \times 0.10$ | \$ | 128 | 9c. |
| 9d. Adjusted monthly income: $8y \div 12$ | \$ | 946 | 9d. |
| 9e. Percentage of adjusted monthly income: use 30% for Section 8 | | 30 | 9e. |
| 9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$ | \$ | 284 | 9f. |
| 9g. Welfare rent per month (if none, put 0) | \$ | 0 | 9g. |
| 9h. Minimum rent (if waived, put 0) | \$ | 25 | 9h. |
| 9i. Enhanced Voucher minimum rent | \$ | 0 | 9i. |
| 9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i | \$ | 284 | 9j. |
| 9k. Most recent TTP | \$ | 300 | 9k. |
| 9m. Qualify for minimum rent hardship exemption? (Y or N) | | N | 9m. |

Alexander 50058 Answers

| | | | | | |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|
| Head of household name | Alexander | Social Security Number | 123456789 | Date modified (mm/dd/yyyy) | 06/01/2003 |
|------------------------|------------------|------------------------|------------------|----------------------------|-------------------|

10. Public Housing, Indian Rental, and Turnkey III

| | | | |
|--|-----------------------------------|------------|--------------------|
| 10a. TTP: copy from 9j | \$ | 284 | 10a. |
| 10b. Unit's flat rent (see Instruction Booklet for prorated flat rent calculation) | \$ | 900 | 10b. |
| Income Based Rent Calculation (if prorated rent, skip to 10h) | | | |
| 10c. Ceiling rent, if any | \$ | | 10c. |
| 10d. Lower of TTP or ceiling rent (if no ceiling rent, put 10a) | \$ | 284 | 10d. |
| 10e. Utility allowance, if any | \$ | 0 | 10e. |
| 10f. Tenant rent: 10d minus 10e | If positive or 0, put tenant rent | | \$ 284 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 | \$ | | 10h. |
| 10i. Family maximum subsidy: 10h minus 10a | \$ | | 10i. |
| 10j. Total number eligible | | | 10j. |
| 10k. Total number in family | | | 10k. |
| 10m. Reserved | | | |
| 10n. Eligible subsidy (10i ÷ 10k) X 10j | \$ | | 10n. |
| 10p. Mixed family TTP: 10h minus 10n | \$ | | 10p. |
| 10q. Reserved | | | |
| 10r. Utility allowance, if any | \$ | | 10r. |
| 10s. Mixed family tenant rent: 10p minus 10r | If positive or 0, put tenant rent | | \$ 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 | | | |