7a. Family Member Name	No.	7b.	7c. Calculation	7d. Dollars per year	7e. Income	7f. Income after
		Income Code	(PHA use)		exclusions	exclusions
		Code				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub						
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	71.					

7a. Family Member Name	No.	7b.	7c. Calculation	7d. Dollars per year	7e. Income	7f. Income after
		Income Code	(PHA use)		exclusions	exclusions
		Code				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub						
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	71.					

7a. Family Member Name	No.	7b.	7c. Calculation	7d. Dollars per year	7e. Income	7f. Income after
		Income Code	(PHA use)		exclusions	exclusions
		Code				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub						
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	71.					

7a. Family Member Name	No.	7b.	7c. Calculation	7d. Dollars per year	7e. Income	7f. Income after
		Income Code	(PHA use)		exclusions	exclusions
		Code				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub						
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in	7k.					
7l. If the family is over-incor	71.					

6a. Family Member Name	No.	Type included in net family assets?		6d. Cash val	ue of asset	6e. Actual	Income	6f. Imputed Income	
		asset		\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total ne total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate	(writte	n as deci	mal)	•					6j.
6k. Final asset income: 6h + 6i (see instruction booklet)								6k.	

6a. Family Member Name	No.	Type included in net family assets?		6d. Cash val	ue of asset	6e. Actual	Income	6f. Imputed Income	
		asset		\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total ne total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate	(writte	n as deci	mal)	•					6j.
6k. Final asset income: 6h + 6i (see instruction booklet)								6k.	

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance deduction:	If no	disability assistance expenses or if 8g is less than 8f, put inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance deduction:	If no	disability assistance expenses or if 8g is less than 8f, put inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance deduction:	If no	disability assistance expenses or if 8g is less than 8f, put inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		<b>C</b>		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1					6j.
	,			١					
bk. Final asset in	6k. Final asset income: 6h + 6i (see instruction booklet)								6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions		
		Jour				(7d minus 7e)		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
7g. Column total						\$ 7g.		
7h. Reserved								
7i. Total annual income: 6k	7i. Total annual income: 6k + 7g							
Over-Income Status (Pub								
7j. What is the applicable of	\$ 7j.							
7k. Is the family's annual in	7k.							
7l. If the family is over-incor	7I.							

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance deduction:	If no	disability assistance expenses or if 8g is less than 8f, put inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance	\$	8p.		
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

12. Housing Choice Vouchers: Tenant Based Vouchers

12a. Number of bedrooms on Voucher	iant based voucher		12a.
12b. Is family now moving to this unit? (Y or N)		12b.	
12d. Did family move into your PHA jurisdiction		12d.	
(if no, skip to 12g)		124.	
12e. Cost billed per month (put 0 if absorbed)	\$	12e.	
12f. PHA code billed			12f.
	orate gross rent) [ ] Own manu	factured home, lease space	
[ ] SRO: 1 room occ	upled by 1 person		12h.
12i Owner TIN/SSN			12i.
12j. Payment standard for the family		\$	12j.
12k. Rent to owner		\$	12k.
12l Is the family receiving a higher payment sta	andard as a reasonable	\$	12k. 12l.
accommodation? (Y or N)	alidald as a leasoliable	<b>\$</b>	121.
12m. Utility allowance, if any		\$	12m.
12n. Security deposit paid by the PHA on beha	If of the family if any	\$	1211. 12n.
	ii oi tile iaililly, ii aily	Φ	
12o. Mobility-related services	and in a 2 (V or NI)		120(1).
(1) Did the family receive mobility-related s			12o(2).
(2) Date family began receiving mobility-re		<b>*</b>	40
12p. Gross rent of unit: 12k + 12m (or Space R	ent)	\$	12p.
12q. Lower of 12j or 12p		\$	12q.
12r. TTP: copy from 9j		\$	12r.
12s. Total HAP: 12q minus 12r		\$	12s.
Rent Calculation (if prorated rent, skip to 12a	b)		
12t. Total family share: 12p minus 12s		\$	12t.
12u. HAP to owner: lower of 12k or 12s		\$	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	12v.
12w. Utility reimbursement to family: 12s minus	12u but do not exceed	\$	12w.
12m	12u, but do not exceed	Ψ	IZW.
Prorated Rent Calculation			
		Φ.	40-h
12ab. Normal total HAP: copy from 12s, but do	not exceed 12p	\$	12ab.
12ac. Total number eligible			12ac.
12ad. Total number in family			12ad.
12ae. Proration percentage: 12ac ÷ 12ad			12ae.
12af. Prorated total HAP: 12ab X 12ae		\$	12af.
12ag. Mixed family total family contribution: 12p	\$	12ag.	
12ah. Utility allowance: copy from 12m	\$	12ah.	
12ai. Mixed family tenant rent to owner: 12ag	\$	12ai.	
minus 12ah			
	If negative, credit tenant	\$	12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If	\$	12aj.	
Additional Payments (not HAP)			
12ap. Additional financial support for tenant-base	\$	12ap.	
12aq. Financial incentive for property owner	oa voaonor ianniy	\$	12ap.
izau. Financiai incentive foi biobetty owner	<b>D</b>	12aq.	

12. Housing Choice Vouchers: Tenant Based Vouchers

12a. Number of bedrooms on Voucher	iant based voucher		12a.
12b. Is family now moving to this unit? (Y or N)		12b.	
12d. Did family move into your PHA jurisdiction		12d.	
(if no, skip to 12g)		124.	
12e. Cost billed per month (put 0 if absorbed)	\$	12e.	
12f. PHA code billed			12f.
	orate gross rent) [ ] Own manu	factured home, lease space	
[ ] SRO: 1 room occ	upled by 1 person		12h.
12i Owner TIN/SSN			12i.
12j. Payment standard for the family		\$	12j.
12k. Rent to owner		\$	12k.
12l Is the family receiving a higher payment sta	andard as a reasonable	\$	12k. 12l.
accommodation? (Y or N)	alidald as a leasoliable	<b>\$</b>	121.
12m. Utility allowance, if any		\$	12m.
12n. Security deposit paid by the PHA on beha	If of the family if any	\$	1211. 12n.
	ii oi tile iaililly, ii aily	Φ	
12o. Mobility-related services	and in a 2 (V or NI)		120(1).
(1) Did the family receive mobility-related s			12o(2).
(2) Date family began receiving mobility-re		<b>*</b>	40
12p. Gross rent of unit: 12k + 12m (or Space R	ent)	\$	12p.
12q. Lower of 12j or 12p		\$	12q.
12r. TTP: copy from 9j		\$	12r.
12s. Total HAP: 12q minus 12r		\$	12s.
Rent Calculation (if prorated rent, skip to 12a	b)		
12t. Total family share: 12p minus 12s		\$	12t.
12u. HAP to owner: lower of 12k or 12s		\$	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	12v.
12w. Utility reimbursement to family: 12s minus	12u but do not exceed	\$	12w.
12m	12u, but do not exceed	Ψ	IZW.
Prorated Rent Calculation			
		Φ.	40-h
12ab. Normal total HAP: copy from 12s, but do	not exceed 12p	\$	12ab.
12ac. Total number eligible			12ac.
12ad. Total number in family			12ad.
12ae. Proration percentage: 12ac ÷ 12ad			12ae.
12af. Prorated total HAP: 12ab X 12ae		\$	12af.
12ag. Mixed family total family contribution: 12p	\$	12ag.	
12ah. Utility allowance: copy from 12m	\$	12ah.	
12ai. Mixed family tenant rent to owner: 12ag	\$	12ai.	
minus 12ah			
	If negative, credit tenant	\$	12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If	\$	12aj.	
Additional Payments (not HAP)			
12ap. Additional financial support for tenant-base	\$	12ap.	
12aq. Financial incentive for property owner	oa voaonor ianniy	\$	12ap.
izau. Financiai incentive foi biobetty owner	<b>D</b>	12aq.	

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		<b>C</b>		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1					6j.
	,			١					
6k. Final asset income: 6h + 6i (see instruction booklet)									6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions		
		Jour				(7d minus 7e)		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
7g. Column total						\$ 7g.		
7h. Reserved								
7i. Total annual income: 6k	7i.							
Over-Income Status (Pub								
7j. What is the applicable of	\$ 7j. 7k.							
	7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N							
7l. If the family is over-incor	7I.							

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance deduction:	If no	disability assistance expenses or if 8g is less than 8f, put inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance	\$	8p.		
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

12. Housing Choice Vouchers: Tenant Based Vouchers

12a. Number of bedrooms on Voucher	iant based voucher		12a.
12b. Is family now moving to this unit? (Y or N)		12b.	
12d. Did family move into your PHA jurisdiction		12d.	
(if no, skip to 12g)		124.	
12e. Cost billed per month (put 0 if absorbed)	\$	12e.	
12f. PHA code billed			12f.
	orate gross rent) [ ] Own manu	factured home, lease space	
[ ] SRO: 1 room occ	upled by 1 person		12h.
12i Owner TIN/SSN			12i.
12j. Payment standard for the family		\$	12j.
12k. Rent to owner		\$	12k.
12l Is the family receiving a higher payment sta	andard as a reasonable	\$	12k. 12l.
accommodation? (Y or N)	alidald as a leasoliable	<b>\$</b>	121.
12m. Utility allowance, if any		\$	12m.
12n. Security deposit paid by the PHA on beha	If of the family if any	\$	1211. 12n.
	ii oi tile iaililly, ii aily	Φ	
12o. Mobility-related services	and in a 2 (V or NI)		120(1).
(1) Did the family receive mobility-related s			12o(2).
(2) Date family began receiving mobility-re		<b>*</b>	40
12p. Gross rent of unit: 12k + 12m (or Space R	ent)	\$	12p.
12q. Lower of 12j or 12p		\$	12q.
12r. TTP: copy from 9j		\$	12r.
12s. Total HAP: 12q minus 12r		\$	12s.
Rent Calculation (if prorated rent, skip to 12a	b)		
12t. Total family share: 12p minus 12s		\$	12t.
12u. HAP to owner: lower of 12k or 12s		\$	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	12v.
12w. Utility reimbursement to family: 12s minus	12u but do not exceed	\$	12w.
12m	12u, but do not exceed	Ψ	IZW.
Prorated Rent Calculation			
		Φ.	40-h
12ab. Normal total HAP: copy from 12s, but do	not exceed 12p	\$	12ab.
12ac. Total number eligible			12ac.
12ad. Total number in family			12ad.
12ae. Proration percentage: 12ac ÷ 12ad			12ae.
12af. Prorated total HAP: 12ab X 12ae		\$	12af.
12ag. Mixed family total family contribution: 12p	\$	12ag.	
12ah. Utility allowance: copy from 12m	\$	12ah.	
12ai. Mixed family tenant rent to owner: 12ag	\$	12ai.	
minus 12ah			
	If negative, credit tenant	\$	12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If	\$	12aj.	
Additional Payments (not HAP)			
12ap. Additional financial support for tenant-base	\$	12ap.	
12aq. Financial incentive for property owner	oa voaonor ianniy	\$	12ap.
izau. Financiai incentive foi biobetty owner	<b>D</b>	12aq.	

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		<b>C</b>		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1					6j.
	,			١					
6k. Final asset income: 6h + 6i (see instruction booklet)									6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions		
		Jour				(7d minus 7e)		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
7g. Column total						\$ 7g.		
7h. Reserved								
7i. Total annual income: 6k	7i.							
Over-Income Status (Pub								
7j. What is the applicable of	\$ 7j. 7k.							
	7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N							
7l. If the family is over-incor	7I.							

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance deduction:	If no	disability assistance expenses or if 8g is less than 8f, put inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
doddollorr.	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

12. Housing Choice Vouchers: Tenant Based Vouchers

12a. Number of bedrooms on Voucher	iant based voucher		12a.
12b. Is family now moving to this unit? (Y or N)		12b.	
12d. Did family move into your PHA jurisdiction		12d.	
(if no, skip to 12g)		124.	
12e. Cost billed per month (put 0 if absorbed)		\$	12e.
12f. PHA code billed			12f.
	orate gross rent) [ ] Own manu	factured home, lease space	
[ ] SRO: 1 room occ	upled by 1 person		12h.
12i Owner TIN/SSN			12i.
12j. Payment standard for the family		\$	12j.
12k. Rent to owner		\$	12k.
12l Is the family receiving a higher payment sta	andard as a reasonable	\$	12k. 12l.
accommodation? (Y or N)	alidald as a leasoliable	<b>\$</b>	121.
12m. Utility allowance, if any		\$	12m.
12n. Security deposit paid by the PHA on beha	If of the family if any	\$	1211. 12n.
	ii oi tile iaililly, ii aily	Φ	
12o. Mobility-related services	and in a 2 (V or NI)		120(1).
(1) Did the family receive mobility-related s			12o(2).
(2) Date family began receiving mobility-re		<b>*</b>	40
12p. Gross rent of unit: 12k + 12m (or Space R	ent)	\$	12p.
12q. Lower of 12j or 12p		\$	12q.
12r. TTP: copy from 9j		\$	12r.
12s. Total HAP: 12q minus 12r		\$	12s.
Rent Calculation (if prorated rent, skip to 12a	b)		
12t. Total family share: 12p minus 12s		\$	12t.
12u. HAP to owner: lower of 12k or 12s		\$	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	12v.
12w. Utility reimbursement to family: 12s minus	12u but do not exceed	\$	12w.
12m	12u, but do not exceed	Ψ	IZW.
Prorated Rent Calculation			
		Φ.	40-h
12ab. Normal total HAP: copy from 12s, but do	not exceed 12p	\$	12ab.
12ac. Total number eligible			12ac.
12ad. Total number in family			12ad.
12ae. Proration percentage: 12ac ÷ 12ad			12ae.
12af. Prorated total HAP: 12ab X 12ae		\$	12af.
12ag. Mixed family total family contribution: 12p	minus 12af	\$	12ag.
12ah. Utility allowance: copy from 12m	\$	12ah.	
12ai. Mixed family tenant rent to owner: 12ag	\$	12ai.	
minus 12ah			
	\$	12ai.	
12aj. Prorated HAP to owner: 12k minus 12ai. If	\$	12aj.	
Additional Payments (not HAP)			
12ap. Additional financial support for tenant-base	\$	12ap.	
12aq. Financial incentive for property owner	oa voaonor ianniy	\$	12ap.
izau. Financiai incentive foi biobetty owner	<b>D</b>	12aq.	

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		<b>C</b>		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total net family assets, total actual income, total imputed income			\$	6g.	\$	6h.	\$	6i.	
6j. Passbook rate		n as deci	mal)	1					6j.
6k. Final asset income: 6h + 6i (see instruction booklet)									6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions
		Jour				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub	lic Hou	sing Only	·)			
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in					[ ] N	7k.
7l. If the family is over-incor	ne, not	e the start	date of the 24 cor	nsecutive month grace p	eriod	7I.

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance deduction:	If no	disability assistance expenses or if 8g is less than 8f, put inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
doddollorr.	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

12. Housing Choice Vouchers: Tenant Based Vouchers

12a. Number of bedrooms on Voucher	iant based voucher		12a.
12b. Is family now moving to this unit? (Y or N)		12b.	
12d. Did family move into your PHA jurisdiction		12d.	
(if no, skip to 12g)		124.	
12e. Cost billed per month (put 0 if absorbed)		\$	12e.
12f. PHA code billed			12f.
	orate gross rent) [ ] Own manu	factured home, lease space	
[ ] SRO: 1 room occ	upled by 1 person		12h.
12i Owner TIN/SSN			12i.
12j. Payment standard for the family		\$	12j.
12k. Rent to owner		\$	12k.
12l Is the family receiving a higher payment sta	andard as a reasonable	\$	12k. 12l.
accommodation? (Y or N)	alidald as a leasoliable	<b>\$</b>	121.
12m. Utility allowance, if any		\$	12m.
12n. Security deposit paid by the PHA on beha	If of the family if any	\$	1211. 12n.
	ii oi tile iaililly, ii aily	Φ	
12o. Mobility-related services	and in a 2 (V or NI)		120(1).
(1) Did the family receive mobility-related s			12o(2).
(2) Date family began receiving mobility-re		<b>*</b>	40
12p. Gross rent of unit: 12k + 12m (or Space R	ent)	\$	12p.
12q. Lower of 12j or 12p		\$	12q.
12r. TTP: copy from 9j		\$	12r.
12s. Total HAP: 12q minus 12r		\$	12s.
Rent Calculation (if prorated rent, skip to 12a	b)		
12t. Total family share: 12p minus 12s		\$	12t.
12u. HAP to owner: lower of 12k or 12s		\$	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	12v.
12w. Utility reimbursement to family: 12s minus	12u but do not exceed	\$	12w.
12m	12u, but do not exceed	Ψ	ızw.
Prorated Rent Calculation			
		Φ.	40-h
12ab. Normal total HAP: copy from 12s, but do	not exceed 12p	\$	12ab.
12ac. Total number eligible			12ac.
12ad. Total number in family			12ad.
12ae. Proration percentage: 12ac ÷ 12ad			12ae.
12af. Prorated total HAP: 12ab X 12ae		\$	12af.
12ag. Mixed family total family contribution: 12p	minus 12af	\$	12ag.
12ah. Utility allowance: copy from 12m	\$	12ah.	
12ai. Mixed family tenant rent to owner: 12ag	\$	12ai.	
minus 12ah			
	\$	12ai.	
12aj. Prorated HAP to owner: 12k minus 12ai. If	\$	12aj.	
Additional Payments (not HAP)			
12ap. Additional financial support for tenant-base	\$	12ap.	
12aq. Financial incentive for property owner	oa voaonor ianniy	\$	12ap.
izau. Financiai incentive foi biobetty owner	<b>D</b>	12aq.	

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		Φ.		<b>C</b>		r.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total net family assets, total actual income, total imputed income			\$	6g.	\$	6h.	\$	6i.	
6j. Passbook rate		n as deci	mal)	1					6j.
6k. Final asset income: 6h + 6i (see instruction booklet)									6k.

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions
		Jour				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	7i.					
Over-Income Status (Pub	lic Hou	sing Only	·)			
7j. What is the applicable of	\$ 7j.					
7k. Is the family's annual in					[ ] N	7k.
7l. If the family is over-incor	ne, not	e the start	date of the 24 cor	nsecutive month grace p	eriod	7I.

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g			\$	8h.
		ative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	lative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by dis	\$	8i.		
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	nse: Íowe	of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child	care expe	ense hardship or both?		81.
		al expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance deduction:	If no	disability assistance expenses or if 8g is less than 8f, put inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
doddollorr.	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance			\$	8p.
8q. Number of dependents (people unchousehold, spouse, co-head, foster child		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent	\$	8r.		
8s. Dependent allowance: 8g X 8r	\$	8s.		
8t. Total annual unreimbursed child ca	re costs		\$	8t.
8x. Total allowances: 8e + 8n + 8p + 8	s + 8t		\$	8x.
8y. Adjusted annual income: 8a minus		larger, put 0)	\$	8y.

\$ 9a.
\$ 9c.
\$ 9d.
\$ 9e.
\$ 9f.
\$ 9g.
\$ 9h.
\$ 9i.
\$ 9j.
\$ 9k.
\$ 9m.
\$ \$ \$ \$ \$ \$ \$ \$ \$

12. Housing Choice Vouchers: Tenant Based Vouchers

12a. Number of bedrooms on Voucher	iant based voucher		12a.
12b. Is family now moving to this unit? (Y or N)		12b.	
12d. Did family move into your PHA jurisdiction		12d.	
(if no, skip to 12g)		124.	
12e. Cost billed per month (put 0 if absorbed)		\$	12e.
12f. PHA code billed			12f.
	orate gross rent) [ ] Own manu	factured home, lease space	
[ ] SRO: 1 room occ	upled by 1 person		12h.
12i Owner TIN/SSN			12i.
12j. Payment standard for the family		\$	12j.
12k. Rent to owner		\$	12k.
12l Is the family receiving a higher payment sta	andard as a reasonable	\$	12k.
accommodation? (Y or N)	alidald as a leasoliable	\$	121.
12m. Utility allowance, if any		\$	12m
12n. Security deposit paid by the PHA on beha	If of the family if any	\$	12m. 12n.
	ii oi the family, ii any	Φ	
12o. Mobility-related services	and in a 2 (V or NI)		120(1).
(1) Did the family receive mobility-related s			12o(2).
(2) Date family began receiving mobility-re		<b>*</b>	40
12p. Gross rent of unit: 12k + 12m (or Space R	ent)	\$	12p.
12q. Lower of 12j or 12p		\$	12q.
12r. TTP: copy from 9j		\$	12r.
12s. Total HAP: 12q minus 12r		\$	12s.
Rent Calculation (if prorated rent, skip to 12a	b)		
12t. Total family share: 12p minus 12s		\$	12t.
12u. HAP to owner: lower of 12k or 12s		\$	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	12v.
12w. Utility reimbursement to family: 12s minus	12u but do not exceed	\$	12w.
12m	12u, but do not exceed	Ψ	IZW.
Prorated Rent Calculation			
		Φ.	40-h
12ab. Normal total HAP: copy from 12s, but do	not exceed 12p	\$	12ab.
12ac. Total number eligible			12ac.
12ad. Total number in family			12ad.
12ae. Proration percentage: 12ac ÷ 12ad			12ae.
12af. Prorated total HAP: 12ab X 12ae		\$	12af.
12ag. Mixed family total family contribution: 12p	\$	12ag.	
12ah. Utility allowance: copy from 12m	\$	12ah.	
12ai. Mixed family tenant rent to owner: 12ag	\$	12ai.	
minus 12ah	If positive or 0, put tenant rent		
	If negative, credit tenant	\$	12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If	\$	12aj.	
Additional Payments (not HAP)			
12ap. Additional financial support for tenant-base	\$	12ap.	
12aq. Financial incentive for property owner	\$	12ap.	
rzay. Financiai incentive foi property owner	Ф	ı∠aq.	

6a. Family Member Name	No.	6b. Type of asset	6c. Is this asset included in net family assets?	6d. Cash v	alue of asset	6e. Actu	al Income	6f. Imput	ed Income
		asset		· ·		Φ.		Φ.	
· -				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	_
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
6g, 6h, 6i. Total no total imputed inco		y assets,	total actual income,	\$	6g.	\$	6h.	\$	6i.
6j. Passbook rate		n as deci	mal)	1		1			6j.
	,								
6k. Final asset income: 6h + 6i (see instruction booklet)							6k.		

7a. Family Member Name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions
		Jour				(7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6k	( + 7g					7i.
Over-Income Status (Pub	lic Hou	sing Only	·)			
7j. What is the applicable over-income limit for families of this size?					\$ 7j.	
7k. Is the family's annual in					[ ] N	7k.
7l. If the family is over-income, note the start date of the 24 consecutive month grace period						7I.

8a. Total annual income: copy from 7i			\$	8a.
Permissive Deductions				
8b. Family Member Name	No.	8c. Type of permissive deduction	8d. Amou	nt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
8e. Total permissive deductions (sum			\$	8e.
If head/spouse/co-head is under 62 a	ind no fan	nily member is disabled, skip to 8I		
8f. Medical/disability threshold: 8a X 0.			\$	8f.
		ce expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 89			\$	8h.
		gative and head/spouse/co-head is under 62 and not led, put 0	\$	8h.
	If neg	pative and head/spouse/co-head is elderly or disabled, copy	\$	8h.
8i. Earnings in 7d made possible by disability assistance expense				8i.
8j. Allowable disability assistance expe elderly or disabled, copy from 8h)	ense: Íowe	r of 8h or 8i (if 8g is less than 8f and head/spouse/co-head	\$	8j.
	nedical ex	penses (if head/spouse/co-head under 62 and not disabled,	\$	8k.
8l. Family is eligible for medical or child care expense hardship or both?				81.
		al expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance deduction:	If no	disability assistance expenses or if 8g is less than 8f, put inus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
	If disa	ability assistance expenses and 8g is greater than or equal copy from 8m	\$	8n.
8p. Elderly/disability allowance				8p.
8q. Number of dependents (people unhousehold, spouse, co-head, foster chi		with disability, or full-time student. Do not count head of live-in aide.)		8q.
8r. Allowance per dependent			\$	8r.
8s. Dependent allowance: 8g X 8r			\$	8s.
8t. Total annual unreimbursed child care costs				8t.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t				8x.
8x. Total allowances: 8e + 8n + 8p + 8s + 8t  8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)				8y.

9a. Total monthly income: 8a ÷ 12	\$ 9a.
9c. TTP if based on annual income: 9a X 0.10	\$ 9c.
9d. Adjusted monthly income: 8y ÷ 12	\$ 9d.
9e. Percentage of adjusted monthly income	\$ 9e.
9f. TTP if based on adjusted annual income: (9d X 9e) ÷ 100	\$ 9f.
9g. Welfare rent per month (if none, put 0)	\$ 9g.
9h. Minimum rent (if waived, put 0)	\$ 9h.
9i. Enhanced Voucher minimum rent	\$ 9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$ 9j.
9k. Most recent TTP	\$ 9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	\$ 9m.

12. Housing Choice Vouchers: Tenant Based Vouchers

12a. Number of bedrooms on Voucher	iant based voucher		12a.
12b. Is family now moving to this unit? (Y or N)		12b.	
12d. Did family move into your PHA jurisdiction		12d.	
(if no, skip to 12g)		124.	
12e. Cost billed per month (put 0 if absorbed)		\$	12e.
12f. PHA code billed			12f.
	orate gross rent) [ ] Own manu	factured home, lease space	
[ ] SRO: 1 room occ	upled by 1 person		12h.
12i Owner TIN/SSN			12i.
12j. Payment standard for the family		\$	12j.
12k. Rent to owner		\$	12k.
12l Is the family receiving a higher payment sta	andard as a reasonable	\$	12k.
accommodation? (Y or N)	alidald as a leasoliable	\$	121.
12m. Utility allowance, if any		\$	12m
12n. Security deposit paid by the PHA on beha	If of the family if any	\$	12m. 12n.
	ii oi the family, ii any	Φ	
12o. Mobility-related services	and in a 2 (V or NI)		120(1).
(1) Did the family receive mobility-related s			12o(2).
(2) Date family began receiving mobility-re		<b>*</b>	40
12p. Gross rent of unit: 12k + 12m (or Space R	ent)	\$	12p.
12q. Lower of 12j or 12p		\$	12q.
12r. TTP: copy from 9j		\$	12r.
12s. Total HAP: 12q minus 12r		\$	12s.
Rent Calculation (if prorated rent, skip to 12a	b)		
12t. Total family share: 12p minus 12s		\$	12t.
12u. HAP to owner: lower of 12k or 12s		\$	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	12v.
12w. Utility reimbursement to family: 12s minus	12u but do not exceed	\$	12w.
12m	12u, but do not exceed	Ψ	IZW.
Prorated Rent Calculation			
		Φ.	40-h
12ab. Normal total HAP: copy from 12s, but do	not exceed 12p	\$	12ab.
12ac. Total number eligible			12ac.
12ad. Total number in family			12ad.
12ae. Proration percentage: 12ac ÷ 12ad			12ae.
12af. Prorated total HAP: 12ab X 12ae		\$	12af.
12ag. Mixed family total family contribution: 12p	\$	12ag.	
12ah. Utility allowance: copy from 12m	\$	12ah.	
12ai. Mixed family tenant rent to owner: 12ag	\$	12ai.	
minus 12ah	If positive or 0, put tenant rent		
	If negative, credit tenant	\$	12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If	\$	12aj.	
Additional Payments (not HAP)			
12ap. Additional financial support for tenant-base	\$	12ap.	
12aq. Financial incentive for property owner	\$	12ap.	
rzay. Financiai incentive foi property owner	Ф	ı∠aq.	