	Sample FSS Escrow Account Credit Worksheet					
		Enter Item				
	Head of FSS Household Name					
2.	Date					
3.	Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j.  B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.			
4.	Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.			
5.	Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).			
6.	Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).			
7.	Adjusted Annual Income		Copy from 50058 line 8y.			
8.	Low-Income Limit		80% Area Median Income			
9.	Which program is the family in?					
10.	Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.			
11.	Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.			

	Calculation of Escrow
A. Growth in Monthly	Current Monthly Rent minus Baseline Monthly Rent
Rent	(Box 5 minus Box 3)
B. Growth in Annual	Current Annual Earned Income minus Baseline Annual Earned Income
Earned Income	(Box 6 minus Box 4)
C. 30% of Monthly	30% of growth in <i>monthly</i> earned income
Earnings Growth	(Box B x .3, then divided by 12)
D. Preliminary FSS	Lower of growth in monthly rent or 30% of monthly earnings growth
Escrow Credit	(Lower of Box A or Box C)
E. Max Escrow Amount	The maximum escrow the family can qualify for:
	HCV: (Lower of Box 10 or Box 11. Then subtract Box 3)
	PBV: (Box 10 minus Box 3)
	PH: Skip this line.
F. Eligible for Credit?	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit.
	If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow	HCV/PBV/Mod Rehab: (Lower of Box D or Box E)
Credit	PH: (Copy from Box D)

Developed from HUD Form 52652

## **Escrow Calculations**

## Step 1. Calculate annual income

Identify Name and Income Type	Annualize Income (show calculation)	At Contract Total	First Current Total	Second Current Total	
	X	=	\$	\$	\$
	X	_ =	\$	\$	\$
	X	_ =	\$	\$	\$
	X	_ =	\$	\$	\$
	X	_ =	\$	\$	\$
	X	_ =	\$	\$	\$
	A. Total Annual Income	=	\$	\$	\$

## Step 2. Calculate adjusted annual income

	dependents	x 480	=total dependent allowance		\$ \$	\$
Childcare expense	\$	x	= childcare allowance		\$ \$	\$
Allowable medical expenses (if applicable)					\$ \$	\$
Elderly/Disabled family allowance (if applicable)					\$ \$	\$
Allowable disability assistance expenses (if applicable)					\$ \$	\$
B. Total allowances				=	\$ \$	\$
C. Adjusted Annual Income					\$ \$	\$
		(A-B=0)	C)		 •	<del>-</del>

## **Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$ \$	\$
30% of adjusted monthly income (Line C divided by 40)	\$ \$	\$
PHA minimum rent	\$ \$	\$
$\mathbf{D.}  \mathbf{TTP*}  = $	\$ \$	\$

\*30% MAI in HCV, TTP in Public Housing