INCOME AND RENT CALCULATION WORKSHEET
FOR DCA TENANT BASED RENTAL ASSISTANCE PROGRAM (TBRA)

Participant Name: _____ SSN: _____ - _____ - _____

Address of Unit: _____

Date Prepared: _____ Prepared By: _____

Type of Change: _____ Effective Date: _____

ASSETS: (examples: land (real property), annuity, savings, average checking account balance for six months, insurance policies, burial plot)

FAMILY MEMBER	DESCRIPTION OF ASSET	CURRENT FACE VALUE OF ASSETS	ACTUAL INCOME FROM ASSETS
HOH:			
1. TOTAL NET FACE VALUE OF ASSETS (Item 1):		(1)	
2. TOTAL ACTUAL INCOME FROM ASSETS (Item 2)*:			(2)
3. IMPUTED INCOME FROM ASSETS (Item 3)*:		(3)**	

*Complete only if Item 1 is greater than $5000   ****Item 1 x .02**

ANTICIPATED ANNUAL INCOME:

FAMILY MEMBER	WAGES/SALARIES	SOCIAL SECURITY	OTHER PUBLIC ASSISTANCE	OTHER
HOH:				
4. TOTALS:				(4)
5. ASSET INCOME TO BE CONSIDERED (ENTER THE GREATER OF ITEM 2 OR 3):				(5)
6. **TOTAL ANNUAL INCOME:**				(6)

EXPENSES AND ALLOWANCE INFORMATION:

Number of dependents under 18 (include full-time students and disabled family members)
DO NOT include head of household, spouse or foster children.   (7) _____

Is the head of household or spouse at least 62 years of age or disabled?   (8) Yes _____ No _____

Total Child Care Expenses:
a. Expenses that enable a family member to work: (9a) _____
    Name of Household Member enabled to work: _____

b. Expenses that enable a family member to further education: (9b) _____
    Name of Household Member enabled to further education: _____

Total Disability Expense: (10) _____
Names of Household Members enabled to work: _____

                                     _____

Total Medical Expenses Not Reimbursed by Others: (11) _____
12. Total Annual Income   (enter amount from item 6)   (12) _____

13. 3% of Annual Income   (Item 12 x .03)   (13) _____

14. Dependent Deduction (enter $480 x Item 7) (14) _____

15. Allowable Child Care Expenses (15) _____
    (Item 9a + Item 9b **BUT** expenses allowed for 9a must not exceed employment
    income of household member(s) enabled to work.)

16. Total Disability Assistance Expense (enter amount from item 10) (16) _____

17. Allowable Disability Assistance Expenses (17) _____
    (Item 16 minus Item 13 **BUT** never more than employment income of household
    member(s) enabled to work.)

18. Total Medical Expenses (18) _____
    (Enter amount from Item 11 **ONLY** if head of household or spouse
    is at least 62 or disabled.)

19. Allowable Medical Expenses (19) _____
    (Complete ONLY if head of household or spouse is at least 62 or disabled.)
    a. If Item 16 is greater than Item 13, allow all medical shown in Item 18.
    b. Otherwise, enter Item 16 + Item 18 minus Item 13 (if result is negative, enter zero).

20. Elderly/Disabled Household Deduction (20) _____
    (Enter $400 **ONLY** if head of household or spouse is at least 62 or disabled.)

21. Total Allowances (add Items 14, 15, 17, 19 & 20) (21) _____

22. Annual Adjusted Income (Item 12 minus 21) (22) _____

23. Monthly Income (Item 12 divided by 12 months) (23) _____

24. Monthly Adjusted Income (Item 22 divided by 12 months) (24) _____

25. 30% of monthly adjusted income (Item 24 x .30) (25) _____

26. 10% of monthly income (Item 23 x .10) (26) _____

27. Total Tenant Payment (enter larger of Item 25 or 26) (27) _____

28. Contract Rent (28) _____

29. Applicable Utility Allowance (enter amount from PHA schedule) (29) _____

30. Gross Rent (Item 28 + Item 29) (30) _____

31. Total Tenant Payment (same as Item 27) (31) _____

32. Tenant Rent (32) _____
    (Item 31 minus Item 29. If result is negative, enter zero.)

33. Utility Reimbursement (33) _____
    (If Item 32 is zero, enter Item 29 minus Item 31.)

34. Housing Assistance Payment (Item 28 minus Item 32) (34) _____

Unit is at or below FMR: Yes _____   No _____   **BEDROOM SIZE: _____**

Unit is 1% to 10% over FMR: Yes _____   No _____