

RENT CALCULATION AND CERTIFICATION FORM

TENANT NAME: _____

1. EFFECTIVE DATE OF CERTIFICATION: ___/___/___

5.a. TENANT ADDRESS:

2 DATE TENANT MOVED IN(current apt): ___/___/___

3a. ACTION PROCESSED:
 MOVE IN CERTIFICATION _____
 ANNUAL CERTIFICATION _____
 INTERIM CERTIFICATION _____
 TRANSFER TO NEW REGION _____

phone _____

5.b. LANDLORD NAME & ADDRESS

3b. Date First Housed ___/___/___

4. Unit Size: SRO EFF 1BR 2BR 3BR 4BR 5BR

phone _____

6. TOTAL MONTHLY INCOME: \$ _____
 List Income Sources: _____

7. UNIT RENT PER MONTH: \$ _____

8. UTILITY ALLOWANCE: (attach utility allowance chart) \$ _____
 List utilities paid by applicant: _____

9. TOTAL RENT: \$ _____

If unit rent is above 110% of FMR, stop. BRAP will not subsidize this unit.

10. % OF INCOME CHARGED: 51%

11. TENANT PAYMENT: \$ _____

12. TOTAL TENANT RENT: (Line #11 minus line #8) \$ _____

If line #11 is equal to or greater than line #6, stop. Tenant is not eligible for BRAP.

13. BRAP ASSISTANCE PAYMENT: (Line #6 minus line #11) \$ _____

14. DATE OF NEXT ANNUAL RECERTIFICATION DUE: ___/___/___

15. TENANT TOTAL HAP \$'S COMMITTED (To be completed each time)

	Monthly	\$'s Expended	\$'s Projected	1 yr. Total
Rent Up Cost		\$ _____	\$ _____	\$ _____
Rental Assistance	\$ _____	\$ _____	\$ _____	\$ _____

Total HAP \$'s Committed \$ _____

16. TENANT CERTIFICATION:

_____Initials. Tenant's Certification: I/We certify that the information contained in this rental calculation form is true and complete to the best of my/our knowledge and belief. I/We understand that I/We may be subject to legal action, collection activity, and/or eviction and/or immediate termination from the Bridging Rental Assistance Program if I/We furnish false or incomplete information or fail to immediately notify the Housing Administrator at _____ of any changes to my household composition and/or income. Intentionally submitting false or incomplete information may be punishable by up to 10 years imprisonment.

_____Initials. Release of Information: I/We agree to complete the necessary release(s) of information which will allow _____(Name of LAA) to obtain, verify, and document information pertaining to initial and ongoing eligibility for rental assistance provided under this program.

TENANT SIGNATURE: _____

DATE: _____

SIGNATURE-Other Adult Mbr: _____

DATE: _____

LOCAL ADMINISTRATIVE AGENCY: _____

PHONE: _____

REPRESENTATIVE SIGNATURE: _____

DATE: _____