

SHELTER+CARE RENTAL CALCULATION FORM

TENANT NAME: _____ GENDER: _____
 SOCIAL SECURITY #: _____ DOB: _____

EFFECTIVE DATE:	DATE HOUSEHOLD FIRST HOUSED:
HOUSEHOLD ADDRESS:	ACTION PROCESSED: MOVE IN CERT _____ UNIT TRANSFER _____ ANNUAL RECERT _____ INTERIM RECERT _____ GROSS RENT CHANGE _____
CHECK APPLICABLE GRANT CITY 1 R _____ PORTLAND 1-99 _____ PORTLAND 1-00 _____ PORTLAND 2- _____ ME 1 R _____ ME 2-P _____ ME2-S _____ SOME B4 _____ SO ME C13 _____ SOME A2 _____ SOME A8 _____ SO ME ZONE 00 _____ KENN _____ ME 4 _____ ME 5 _____ OTHER _____ (LIST)	CIRCLE UNIT SIZE (WRITE IN AS NEEDED) SRO EFF 1BR 2BR 3BR 4BR _____ <u>LANDLORD NAME/ADDRESS:</u>
ASSETS (LIST):	CASH VALUE
ACTUAL ANNUAL INCOME	

IMPUTED INCOME FROM ASSETS \$

INCOME:	EMPLOYMENT	SOCIAL SECURITY/SSDI	STATE SUPPLEMENT	OTHER (LIST)	TOTALS
MONTHLY					
ANNUALLY					

TOTAL ANNUAL INCOME	
3% OF ANNUAL INCOME	
ANNUAL MEDICAL EXPENSES	
ALLOWANCE FOR MEDICAL EXPENSES	
DISABILITY ALLOWANCE	
ALLOWANCE FOR DEPENDENTS (\$480./DEPENDENT)	
CHILD CARE ALLOWANCE	
TOTAL ALLOWANCES	
ADJUSTED ANNUAL INCOME	
ADJUSTED MONTHLY INCOME	
30% OF ADJUSTED MONTHLY INCOME	
10% OF MONTHLY INCOME	
TOTAL HOUSEHOLD PAYMENT	
CONTRACT RENT	
UTILITY ALLOWANCE (SEE ATTACHED SHEET)	
TOTAL RENT	
TENANT RENT	
ASSISTANCE PAYMENT	
DATE NEXT ANNUAL RECERTIFICATION	

RECEIVING: FOOD STAMPS _____ MAINECARE _____ MEDICARE _____
 Participated (within past 12 mo.): EDUCATION _____ VOLUNTEER _____ EMPLOYED _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TENANT _____ DATE: _____
 S+C REP _____ DATE: _____