

**BRAP RENT CALCULATION AND CERTIFICATION FORM**

TENANT NAME: \_\_\_\_\_

1. EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

5a. TENANT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. PROGRAM START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. ACTION PROCESSED:

- MOVE IN CERT                       UNIT TRANSFER  
 ANNUAL RECERT                       INTERIM RECERT  
 GROSS RENT CHANGE

5b. TENANT PHONE NUMBER: \_\_\_\_\_

6a. LANDLORD NAME & ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. UNIT SIZE:

- SRO    EFF    1BR    2BR  
 3BR    4BR    5BR    OTHER: \_\_\_\_\_

6b. LANDLORD PHONE NUMBER: \_\_\_\_\_

7. INCOME:	SSI	SSDI	EMPLOYMENT (USE WORKSHEET)	TANF	STATE SUPP.	OTHER (List)	TOTAL
MONTHLY:							
NOTES:	8. CONTRACT RENT						
	9. UTILITY ALLOWANCE (SEE ATTACHED SHEET)						
	10. TOTAL RENT						
	11. TENANT PAYMENT (51% OF TOTAL MONTHLY INCOME)						
	12. TENANT RENT TO LANDLORD (LINE #11 MINUS LINE #9)						
	13. BRAP ASSISTANCE PAYMENT (LINE #8 MINUS LINE #12)						
	14. TOTAL HAP \$'S COMMITTED						
15. DATE OF NEXT ANNUAL RECERTIFICATION							

Household Member Name	Relationship to Applicant	Food Stamps	MaineCare	Other Assistance Source(s)
	SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**18. TENANT CERTIFICATION:** I certify that the information contained in this rent calculation is true and complete to the best of my knowledge and belief. Failure to furnish true, accurate, and complete information, now or in the future, will result in one or more of the following: termination from program, formal investigation, legal action. Intentionally submitting false or incomplete information, including but not limited to submitting false household income and/or composition, is a crime.

\_\_\_\_\_  
TENANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUBSIDY REPRESENTATIVE SIGNATURE

LAA

\_\_\_\_\_  
DATE