KEY RENTAL ASSISTANCE: TIER 4
RENT AND SUBSIDY CALCULATION WORKSHEET

Date: _____

Development Name: _____ APN: _____

Applicant/Resident Name (Last, First (MI)): _____

Last 4 digits of SS# for referred individual: _____ _____ _____ _____   Unit No: _____

Certification Type: ❑ Initial ❑ Recertification (Effective Date: _____) ❑ Interim (Effective Date: _____)

PART 1 – UNIT INFORMATION

1. Number of Bedrooms: _____   Monthly Payment Standard (from list below): $_____

Monthly Payment Standard (total approved rent for unit): Tier 4

BEDROOM SIZE	RENT AMT	BEDROOM SIZE	RENT AMT
SRO	$615	Two (2) Bedroom	$945
Efficiency	$785	Three (3) Bedroom	$1,035
One (1) Bedroom	$815	Four (4) Bedroom	$1,115

2. Household's Gross Annual Income (from Part 4 Line L of Tenant Income Certification): $_____

3. 50% Area Median Income Limit based on household size (found in RCRS): $_____

4. **At initial move-in only**, if income on line 2 is greater than line 3, **STOP HERE**.
   Household may not be eligible for Key Rental Assistance. Contact Kay Johnson (NC DHHS) at kay.r.johnson@dhhs.nc.gov.

   Properties with HUD SHP Capital or Operating Assistance or properties where all units are HOME should skip lines 5 & 6 and enter the tenant payment from the HUD calculation worksheet directly on line 7. All others should proceed to line 5.

5. Household's Gross Monthly Income (line 2 divided by 12): $_____

   Number of Household Members: _____   *Does the # of HH members above include a Live-In Aide?* ❑ Yes ❑ No

UNIT SIZE	HOUSEHOLD SIZE	PERCENT OF INCOME	
		RESIDENT PAYS ANY UTILITIES	OWNER PAYS ALL UTILITIES
SRO, Efficiency, One (1) Bedroom	1 person minimum	25%	30%
Two (2) Bedroom	2 people minimum*	20%	30%
Three (3) Bedroom	4 people minimum	15%	30%
Four (4) Bedroom	6 people minimum	10%	30%

*Single person households may rent two-bedroom units only at properties built without one-bedroom units. In these cases, the tenant rent share is 25% of income when the tenant pays utilities.

   If the household size is less than the minimum listed in the table above for the unit size on line 1, **STOP HERE.**
   Household may not be eligible for Key Rental Assistance. Contact Kay Johnson (NC DHHS) at kay.r.johnson@dhhs.nc.gov.

6. Insert Appropriate Percentage (from table above):   _____ %

7. **Tenant's Monthly Portion of Payment Standard** (line 5 x line 6): $_____
   This amount is the tenant rent inserted on the Key lease addendum. Round to nearest dollar.

8. **Monthly Unit Subsidy** (line 1– line 7): $_____
   List this amount on the monthly Payment Requisition.

KEY ASSISTANCE EFFECTIVE DATE:	