

KEY RENTAL ASSISTANCE: BASE – TIER 1 RENT AND SUBSIDY CALCULATION WORKSHEET

For use with Current State-Mandated
Set-Asides Income & Rent Limits

*Note: Standard form unless county is
specifically listed on Tiers 2-4.*

Date: _____

Development Name: _____

APN: _____

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

Last 4 digits of SS# for referred individual: _____

Unit No: _____

Certification Type: ☐ Initial ☐ Recertification ☐ Interim

PART 1 – UNIT INFORMATION

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

Monthly Payment Standard (total approved rent for unit): Base – Tier 1

BEDROOM SIZE	RENT AMT	BEDROOM SIZE	RENT AMT
SRO	\$365	Two (2) Bedroom	\$665
Efficiency	\$535	Three (3) Bedroom	\$755
One (1) Bedroom	\$565	Four (4) Bedroom	\$835

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 Detra Purcell (NC DHHS) at detra.l.purcell@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 <u>ANY UTILITIES</u>	OWNER PAYS <u>ALL UTILITIES</u>
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 Detra Purcell (NC DHHS) at detra.l.purcell@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: _____