Key Program PBRA: Rent and Subsidy Calculation Worksheet
for use with 2018 State-Mandated Set-Asides Income & Rent Limits

Date: _______ Unit Number: _______ Property Name: ____________________________ Agency # _______

Tenant Name (Last, First (MI)): _____________________________________________________________

Last 4 digits of SS# for tenant with Letter of Referral: _______ _______ _______ _______

1. Number of Bedrooms in Unit: _______ Monthly Payment Standard (from list below): $___________

   Monthly Payment Standard (approved rent for unit)
   SRO…………………..$320 Two (2) Bedroom…… $620
   Efficiency…………….$490 Three (3) Bedroom …$710
   One (1) Bedroom……..$520 Four (4) Bedroom ….$790

2. Household’s Gross Annual Income (from tenant income cert): $________________________

3. 50% Area Median Income Limit based on household size: $________________________

4. At initial move-in, if income on line 2 is greater than line 3, STOP HERE.
   Household may not be eligible for Key Assistance. (Contact LaShonda Bryant, NC DHHS, at 919-817-3075.)
   Properties with HUD SHP Capital or Operating Assistance or properties where all units are HOME
   should skip #5 & #6 and enter the tenant payment from the HUD calculation worksheet directly on #7.
   All others should proceed to #5.

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

   Number of Household Members: ………….*
   Does the number of household members above include a Live-In Aide? ___yes ___no

<table>
<thead>
<tr>
<th>Unit Size</th>
<th>Household Size</th>
<th>Percent of Income (Resident pays any utilities)</th>
<th>Percent of Income (Owner pays all utilities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO, Efficiency, One (1) Bedroom</td>
<td>minimum of 1 persons</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Two (2) Bedroom</td>
<td>minimum of 2 persons **</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Three (3) Bedroom</td>
<td>minimum of 4 persons</td>
<td>15%</td>
<td>30%</td>
</tr>
<tr>
<td>Four (4) Bedroom</td>
<td>minimum of 6 persons</td>
<td>10%</td>
<td>30%</td>
</tr>
</tbody>
</table>

   *If the number of household members is less than the minimum listed above, STOP HERE. Household may
   not be eligible for Key Assistance. (Contact LaShonda Bryant, NC DHHS, at 919-817-3075.)
   **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.

6. Insert Appropriate Percentage (from 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. Please round to nearest dollar.

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

Key Assistance Effective Date…………………………………………………………………………………

Form available at http://www.nchfa.com/rental-housing-partners/rental-owners-managers/forms-and-resources