

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

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

*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.....