

**Calculation Worksheet for Key Assisted Low HOME units  
(Property must be considered 100% HOME)**

**TOTAL GROSS ANNUAL INCOME:** (from Tenant Income Cert) \$ \_\_\_\_\_

**ALLOWANCES:**

1. **Number of Dependents** \_\_\_\_\_ x \$480 = \$( \_\_\_\_\_ )  
 (\$480 for each) Dependents include household members under the age of 18, elderly dependents, handicapped, disabled, or full-time students, but not the family head, spouse or foster children.
2. **Elderly or Disabled Family Member** This allowance is provided to any family whose head, spouse, or sole member is at least 62 years of age **OR** is handicapped/disabled. (*ONLY ONE DEDUCTION PER FAMILY/HOUSEHOLD PER YEAR*) \$( 400.00 )
3. **Reasonable Child Care Expenses** These are expenses anticipated during the year for children 12 years of age and under that enable a household member to work, seek employment, or to further education. Deductible expenses for childcare to enable a person to work shall not exceed the amount of income received from such work. Childcare cannot be paid to another member of the household. (*ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.*) \$( \_\_\_\_\_ )

*Please note that ONLY the total amount of these two allowances below; that exceeds 3% of the total Gross Annual Income can be deducted.*

**a) Expenses for Non-elderly Disabled Family Members** \$ \_\_\_\_\_  
 This allowance covers reasonable expenses anticipated during the period for attendant care (provided by a non-household member) and/or auxiliary apparatus for any disabled household member that enables that person or any other household member to work. (*ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.*)

**b) Medical Exp. for Any Elderly or Disabled Family Member** \$ \_\_\_\_\_  
 If deductions are taken on this line for medical expenses, the deduction on line 2 must also be taken. (*ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.*)

Total Expenses (a + b) \$ \_\_\_\_\_  
 Less 3% of Annual Income (Gross Income x .03) \$( \_\_\_\_\_ )

4. **Allowable Medical Expense Deduction** \$( \_\_\_\_\_ )  
 If 3% amount is less than total expenses enter the difference here →  
 If 3% amount is greater than total expenses, there is no deduction.

**ADJUSTED INCOME**

1. **Gross Annual Income** (from Tenant Income Cert) \$ \_\_\_\_\_
2. **Total Allowances/Expenses** (sum of lines 1, 2, 3 & 4) \$( \_\_\_\_\_ )
3. **Annual Adjusted Income** (line 1 – line 2) \$ \_\_\_\_\_
4. **Monthly Adjusted Income** (line 3 divided by 12) \$ \_\_\_\_\_

**TENANT RENT CALCULATION**

**Gross Rent** (monthly Adjusted Income x .30) \$ \_\_\_\_\_  
 Less Utility Allowance (if tenant paid) \$( \_\_\_\_\_ )

**Tenants Monthly Rent** (to be entered on line 7 on page 1) \$ \_\_\_\_\_