

**SHELTER+CARE RENTAL CALCULATION FORM**

TENANT NAME: \_\_\_\_\_

<b>EFFECTIVE DATE:</b>	<b>DATE HOUSEHOLD FIRST HOUSED:</b>
<b>HOUSEHOLD ADDRESS:</b>	<b>ACTION PROCESSED:</b> <input type="checkbox"/> MOVE IN CERT <input type="checkbox"/> UNIT TRANSER <input type="checkbox"/> ANNUAL RECERT <input type="checkbox"/> INTERIM RECERT <input type="checkbox"/> GROSS RENT CHANGE
<b>CHECK APPLICABLE GRANT:</b> <input type="checkbox"/> ME 1 <input type="checkbox"/> ME 2 ST <input type="checkbox"/> ME2 PEN <input type="checkbox"/> ME12 <input type="checkbox"/> ME13 <input type="checkbox"/> ME15 <input type="checkbox"/> ME16 <input type="checkbox"/> ME17 <input type="checkbox"/> ME19 <input type="checkbox"/> ME20 <input type="checkbox"/> LEW 1 <input type="checkbox"/> PENOB 1 <input type="checkbox"/> PENOB 2 <input type="checkbox"/> PENOB 3 <input type="checkbox"/> PENOB 4 <input type="checkbox"/> PENOB 5 <input type="checkbox"/> PENOB 6 <input type="checkbox"/> OTHER: _____	<b>CIRCLE UNIT SIZE</b> (WRITE IN AS NEEDED) SRO   EFF   1BR   2BR   3BR   4BR   _____  <b>HOUSEHOLD SIZE:</b> _____  <u><b>LANDLORD NAME/ADDRESS:</b></u>

INCOME:	EMPLOYMENT (USE WORKSHEET)	SSI/SSDI	TANF	STATE SUPP.	ASSETS (USE WORKSHEET)	OTHER (LIST)	TOTAL
MONTHLY							

17	TOTAL ANNUAL INCOME	
18	3% OF ANNUAL INCOME	
19	ANNUAL MEDICAL EXPENSES (USE WORKSHEET)	
20	ALLOWANCE FOR MEDICAL EXPENSES	
21	DISABILITY ALLOWANCE	
22	ALLOWANCE FOR DEPENDENTS (\$480/DEPDNT)	
23	CHILD CARE ALLOWANCE	
24	TOTAL ALLOWANCES	
25	ADJUSTED ANNUAL INCOME	
26	ADJUSTED MONTHLY INCOME	
27	30% OF ADJUSTED MONTHLY INCOME	
28	10% OF MONTHLY INCOME	
29	TOTAL HOUSEHOLD PAYMENT	
30	CONTRACT RENT	
31	UTILITY ALLOWANCE (SEE ATTACHED SHEET)	
32	TOTAL RENT	
33	TENANT RENT TO LANDLORD	
34	ASSISTANCE PAYMENT TO UTILITY COMPANY	
35	ASSISTANCE PAYMENT TO LANDLORD	
36	DATE NEXT ANNUAL RECERTIFICATION	

Tenant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Rep Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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**37. HOUSEHOLD COMPOSITION:**

Household Member Name	Relationship to Applicant	Food Stamps	MaineCare	Medicare	Other Assistance Source(s)
	<b>SELF</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TENANT'S CERTIFICATION: I/We certify that the information contained on this Rental Calculation Form is true and complete to the best of my/our knowledge and belief. Failure to furnish true, accurate, and complete information, now or in the future, will result in one or more of the following: termination from program, eviction, formal investigation, legal action. Intentionally submitting false or incomplete information, including but not limited to submitting false household income and/or composition, is a crime.

\_\_\_\_\_  
TENANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SHELTER PLUS CARE REPRESENTATIVE

\_\_\_\_\_  
DATE