

Tenant _____ Date _____
 Address _____ Development Account _____
 _____ Annual Income Review Quarter _____
 _____ ONE YEAR LEASE EFFECTIVE DATE (L.E.D.) _____
 _____ APARTMENT SIZE _____
 _____ RENT NOTICE # _____

Dear Tenant:
NYCHA is sending you this Lease Addendum / Rent Notice after it completed a review of your family composition and household income. As a result of this review, NYCHA has determined your rent. NYCHA has updated its records of your family composition and income information, as indicated in this Notice.

* Your new rent plus recurring charges beginning _____ is.....\$
(See detail below)

I. FAMILY COMPOSITION AND OCCUPANCY NOTICE

The following are the names of each authorized member of your household. If any of the persons listed has a child newly born to him or her, legally adopts a child, or is declared by a court to be the guardian of a child, the child may permanently reside in the household if you report the child to the Housing Manager. No other person is permitted to reside permanently in the household unless the Housing Manager grants you WRITTEN PERMISSION to add that person to your household.

NAME	SOCIAL SECURITY LAST 4 DIGITS	DATE OF BIRTH
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II. RENT NOTICE

[Your old rent plus recurring charges was.....\$

* Your new rent plus recurring charges beginning _____ is.....\$
Your rent _____ after NYCHA completed an _____ income review.

III. CHOICE OF RENT CALCULATION

Federal regulations permit the Housing Authority to calculate your rent in one of two ways, either: INCOME BASED RENT OR FLAT RENT and gives you the right to choose which method you prefer. Since NYCHA assumes that you will always want to pay the lower amount of rent, we automatically charge you the lower amount. Compare the following two types of rent. Your NEW RENT listed above is based on the LESSER of these two amounts:

. RENT BASED ON INCOME: 30% of adjusted gross income less allowable deductions OR the Welfare Shelter allowance, less any utility allowance if you pay a utility bill directly to the utility company, plus additional recurring charges is \$

. RENT BASED ON A FLAT RENT: Based on rent charged for similar sized apartment in a private building, plus additional recurring charges is.....\$

If you wish to pay the higher amount or have questions about rent, you may request a meeting with your Housing Assistant.

For a detail of recurring charges, such as parking or air conditioner fees, see attached page.

Notice of Rights: You may request a meeting with your Housing Assistant to review the above information. If at the meeting you think that some information is wrong or that your rent was calculated incorrectly, you may request a grievance hearing with the Housing Manager. A copy of the grievance procedure is available at the Management Office.

Prepared by Housing Assistant

Approved and Signed by Housing Manager

INFORMATION ONLY

Date

Date

CALCULATION OF RENT FEDERAL PROJECT – STATUTORY TENANT

Account Number: _____ Date _____ RN# _____

PROJECTED ANNUAL GROSS INCOME

- 1. **HEAD OF HOUSEHOLD:** \$
- 2. **OTHER HOUSEHOLD MEMBERS 18 OR OLDER:** \$
- 3. **TOTAL PROJECTED ANNUAL GROSS INCOME:** \$

PROJECTED ANNUAL DEDUCTIONS

- 4. **DEPENDENTS:** _____ dependents * _____ each = \$
- 5. **CHILD CARE ALLOWANCE:** You verified \$ _____ of expenses for care of _____ children under 13, to allow family members to work where no family member was available to care for the children. The maximum deduction allowed for _____ children is \$ _____. Your Deduction is \$
- 6. **HANDICAP ASSISTANCE EXPENSES:** You verified \$ _____ of handicap-related expenses paid either to enable a handicapped family member to work or to care for a handicapped family member while other family members work. We subtract 3% of line 3, \$ _____. Your deduction is \$
- 7. **ELDERLY:** _____ persons 62 or older * \$ _____ \$
- 8. **MEDICAL EXPENSES WHERE HEAD OF HOUSEHOLD OR SPOUSE IS ELDERLY, HANDICAPPED OR DISABLED:** You verified \$ _____ of family medical expenses. We subtract 3% of line 3, \$ _____. Your deduction is \$
- 9. **PUBLIC BENEFIT EMPLOYMENT:** You verified \$ _____ of public benefit employment income, of which a maximum of \$ _____ is deductible. Your deduction is \$
- 10. **MISC. DEDUCTIONS (Brooke/Housing Authority)**..... \$
- 11. **TOTAL PROJECTED ANNUAL DEDUCTIONS:** \$

MONTHLY RENT

- 12. **PROJECTED ANNUAL NET INCOME (line 3 minus line 11):**..... \$
- 13. **BASE MONTHLY RENT:** \$
- 14. **ADDITIONAL MONTHLY RENT FOR AMENITIES:** \$
- TOTAL** \$
- 15. **MONTHLY UTILITIES CREDIT:** \$
- 16. **YOUR TOTAL MONTHLY RENT, EFFECTIVE** \$