

Calculation Summary
Helen cha (t0088618)
8/25/2021

Program: **Section 8 Voucher**
 Date Modified: **08/25/2021**
 Tenant Phone:
 Unit Address:

Project Number:
 Caseworker: **Jonathan Sanchez**
 Mailing Address: **5580 TANGERINE AVE.**
Sacramento, CA 95823

Calculations Based On:

Action Type: **1**
 Effective Date: **08/25/2021**
 Next Re-exam due: **08/01/2022**
 Status: **Future**

Admit Date: **08/25/2021**
 Date Waitlisted: **01/16/2018**
 Zip Code at Admission: **95823**
 Move-In Date:

Family Members:

#	Last Name	First Name	Birth date	Age	Sex	Relation	Citizen	Disabled	Race	Ethnicity	SS#
1	cha	Helen		0							--
2	Yang	Gino Y.		0							--
3	Yang	Kaiyu		0							--
4	Yang	Lovely N.		0							--
5	Yang	Tristan X.		0							--
6	Yang	Aaron K.		0							--

Assets:

Family Member	Type of asset	Description	Cash value of asset	Anticipated Income
Helen cha	Checking	F&M Bank	\$ 7	\$ 0
Totals:			\$ 7	\$ 0
Passbook Rate:	0.00		Imputed Income:	\$ 0
			Final Asset Income:	\$ 0

Income:

Family Member	Income code	Description	Dollars per year	Income Excluded	Income after Exclusion	Deduction Type	Dollars per Year
Helen cha	W	MACYS	\$ 17,656	\$ 0	\$ 17,656		\$ 0
Helen cha	T	CalWORKS	\$ 11,148	\$ 0	\$ 11,148		\$ 0
Total Annual Income:			\$ 28,804			Total Deduction:	\$ 0

Allowances:

Medical/disability Threshold:	\$ 0
Allowable disability assistance expense:	\$ 0
Total out of pocket medical expenses:	\$ 0
Total disability/ medical expenses:	\$ 0
Medical/disability assistance allowance:	\$ 0
Elderly/disability allowance:	\$ 0
Number of dependents:	5
Allowance per dependent:	x \$ 480
Dependent allowance:	\$ 2,400
Yearly child care cost:	\$ 0
Total Permissible Deductions:	\$ 0
Total Allowances:	\$ 2,400

TTP Calculation:

Total Annual Income:	\$ 28,804
Allowances:	\$ 2,400
Adjusted annual income:	\$ 26,404
Total Monthly Income:	\$ 2,400
10% of Total Monthly Income:	\$ 240 *
Adjusted Monthly Income:	\$ 2,200
% of Adjusted Monthly Income:	30
30% of Adjusted Monthly Income:	660 *
Welfare Rent:	\$ 0 *
Minimum TTP:	\$ 0 *
TTP:	\$ 660 * Highest value

Calculation Summary for Helen cha**Voucher Calculation:**

Bedrooms on Voucher:		4
Payment Standard:		\$ 1,101
Contract Rent to Owner:	\$ 709	
Utility Allowance:	\$ 90	
Gross Rent:		\$ 799
Lower of Pmt Standard & Gross Rent:		\$ 799
40% of AMI:		\$ 880

Lower of Pmt Standard & Gross Rent:	\$ 799	
TTP: -	\$ 660	
Total HAP:		\$ 139
Contract Rent to Owner:	\$ 709	
HAP to Owner: -	\$ 139	
Tenant Rent:		\$ 570
Utility Reimbursement:		\$ 0

First Month Proration:

From:	08/25/2021	
To:	08/31/2021	
Partial Month HAP:		\$31.00
Partial Month Tenant Rent:		\$129.00

In order to insure that you qualify for the house that you select, your income must be correct as HUD will not allow a family to qualify for a household that exceeds 40% of their adjusted annual income. By signing below, you are certifying that the above income is correct for your entire household. If SHRA finds that you did not correctly disclose your income, your assistance may be terminated.

(WARNING: Section 1001 of the Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. or to any matter within its Jurisdiction.) Any deliberate false statement may result in my disqualification for housing assistance.

I/We certify that the information given to the Housing Authority of the County of Sacramento on net family assets is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information, and/or misrepresentations are punishable under federal law (Section 1001, Title 18, U.S. Code). I/We also understand that incomplete, incorrect, or false information will make me/us liable for reimbursement to the Housing Authority for payment made on my/our behalf in excess of authorized amounts, and are grounds for denial or termination of housing assistance and termination of tenancy in accordance with federal regulations.

DocuSigned by:



8/26/2021

Signature: _____ **Date:** _____
 C3A6AE4994184E3...
 Head of Household

Signature: _____ **Date:** _____
 Spouse/Co-head