

Public Housing and Community Development Miami-Dade Housing Choice Voucher Program

P.O. Box 521750 Miami, FL 33152-1750

TTD/TTY Florida Relay Service: 1-800-955-8771 or Dial 771 Customer Service Number: 305-403-3222/ Fax: 786-358-5893 Si necesita ayuda con este formulario, llame al 305-403-3222 Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

NOTICE ISSUING NEW OR UPDATED RENT BURDEN WORKSHEET

Kenneth Wilkins 1537 REDLAND RD FLORIDA CITY, FL 33034

Entity ID: 001151543

Date: 04/13/2022

Dear family,

The Miami-Dade Housing Choice Voucher (MDHCV) program has issued you a voucher effective:

04/13/2022

The Voucher has an initial expiration date of 06/12/2022.

Attached to this notice you will find your Rent Burden Worksheet. This outlines your estimated maximum rents allowed under the program based on your family size and income. Once you identify a unit, you or the owner must submit a Request for Tenancy Approval prior to the expiration date of your voucher. New owners that have never participated must also submit a New Vendor Packet. Both of these documents were provided to you at briefing but are also available online at www.miamidade.gov/housing or by contacting us at 305-403-3222.

NOTICE OF LIMITED FUNDS

In accordance with federal regulations and section 2.A of the Voucher that you signed, MDHCV is under no obligation to you, to any owner, or to any other person, to approve a tenancy. MDHCV does not have any liability to any party by the issuance of the voucher. Therefore, MDHCV reserves the right to suspend this voucher at any time if it determines that funds may not be available to enter into a HAP contract.

MDHCV USE ONLY

| Family Data Used in Estimates | | | | | | | | |
|-------------------------------|-------------------------|------------------------------|-------------------------------|----------------------------|-----------------------------|--|--|--|
| Voucher Size | Payment Standard | Adjusted Income | TTP | Max Family Contribution | 30-40% | | | |
| 1 | \$1,305 | \$1 | \$50 | \$50 | \$0 | | | |
| Utility Allowance Estimates | | | | | | | | |
| House Electric Only | House Electric + WST | Duplex/Town Electric Only | Duplex/Town Electric + WST | Apartment Electric Only | Apartment Electric + WST | | | |
| \$87 | \$140 | \$76 | \$121 | \$69 | \$114 | | | |

If you have any questions regarding this notice, you may call (305) 403-3222 Monday thru Friday 8am-5pm.

Issued by: mballadares

Form: Rent Burden Worksheet

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 305-403-3222; TDD/TTY 1-800-955-8771, between 8:00am and 5:00pm, Monday through Friday.

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Form: Rent Burden Worksheet

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RENT BURDEN WORKSHEET

Name: Kenneth Wilkins Client #: 001151543 Worksheet Date: 04/13/2022 Voucher Size: 1 Bedrooms.

Voucher Issued Date: **04/13/2022** Voucher Expiration Date: **06/12/2022**

This worksheet is designed to help you and your potential owner decide whether the unit you have found is **affordable.** A family will always pay at least 30% of their monthly adjusted income or \$50, whichever is greater, towards the cost of the unit. However, program regulations set a maximum initial rent burden of 40% of the family's monthly adjusted income if the gross rent (rent plus utilities) exceed the payment standard. The following information is based on the family's income, voucher size, payment standard, and estimated utility costs.

The family may find a unit that is larger or smaller than your voucher size. However, the subsidy level will be based on the lessor of the actual unit size or the voucher size. The estimate below is subject to change with or without notice and is based on you finding a unit that is equal to or greater than your approved unit size.

| For move-ins on or after: March 01, 2020 | MAX SHOPPING RANGE & ESTIMATED PAYMENTS AT MAX LEVELS | | | | | |
|---|---|-------------------|--|--------------------------|--|--|
| Property Type | You Pay: Electricity Only | | You Pay: Electricity, Water, Sewer, and Trash | | | |
| Single Family Dwelling (House) | \$1,218 | | \$1,165 | | | |
| | HAP: \$1,218 | Tenant Share: \$0 | HAP: \$1,165 | Tenant Share: \$0 | | |
| Duplex, Town House | | \$1,229 | | \$1,184 | | |
| (Includes Apts 1-4 Floors) | HAP: \$1,229 | Tenant Share: \$0 | HAP: \$1,184 | Tenant Share: \$0 | | |
| High Rise (5+ floors) | | \$1,236 | | \$1,191 | | |
| | HAP: \$1,236 | Tenant Share: \$0 | HAP: \$1,191 | Tenant Share: \$0 | | |

IMPORTANT INFORMATION WHILE SEARCHING

- 1. You must remain lease compliant. Program regulations allow us to disclose your current owner's information to your prespective owner for the purposes of screening your suitability for tenancy. Families who breach a federally assisted lease (including Public Housing and Moderate Rehabiliation) while securing a voucher may be subject to termination.
- 2. You must find a unit prior to your expiration date. Having a voucher does not provide you with any rights to partcipate in the program. Many rights and protections are activated once we enter into a HAP contract.
- 3. **Specific units needed as a reasonable accomodation.** MDHCV and/or HUD may approve a higher payment standard if you require a specific unit in order to meet the needs of a disabled family member. However, consideration may not be granted ahead of time. First, you must search and identify the specific unit that meets the needs of the disabled family member. Second, you must complete the Request for Tenancy Approval and notify a MDHCV staff member, orally or in writing, of your request for a reasonable accomodation to the raise the payment standard. All requests are evaluated by an American's with Disabilities Act (ADA) Coordinator and you may be required to provide additional information. Please refer to your briefing packet for additional information on the program.

Contact us at 305-403-3222 if you have any questions or concerns regarding this notice.

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