

**DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES
COMMUNITY - BASED HOUSING ALLOWANCE PROGRAM
APPLICATION**

* Use for Individuals in Supported Living (SLH);

Region: _____ Contact Person: _____ Date: 20-Dec-07

Applicant: _____ Applicant's ID #: _____

Residence: _____ City: _____ ZIP: _____

Date of Occupancy _____ Number of Bedrooms _____ Monthly Rent \$: _____

Total # of Occupants _____

Lease Required Yes No Leasee: _____ Security Deposit Amt. _____

Applicant's Portion _____ Source of Deposit: _____

Allowance Amount - Calculated the initial allowance based on current income

Earned Income:

1. Monthly Wages (gross Past 6 months)	\$0.00
2. X 80% = Total Earned Income	\$0.00

Unearned Income:

3. SSDI/SSA	\$0.00
4. + SSI	\$0.00
5. + VA / Other	\$0.00
6. Total Unearned Income	\$0.00
7. + Earned Income (Line #2)	\$0.00
8. Total Applied Income	\$0.00
9. X 43% Recipient Share	\$0.00

Monthly Expenses:

(Based Upon the Individual's Share of Costs)

10. + Monthly Rent / Lease Cost	\$0.00
11. + Utilities *	\$0.00
12. + Other Costs (specify)	\$0.00
13. = Housing Costs	\$0.00
14. * * HUD Fair Market Cost	\$0.00
(See Chart)	
15. Recipient Share Housing Costs (Line 9)	\$0.00
16. = Monthly Allowance Amount:	
Line #13 is Less than HUD Fair Market Costs	\$0.00
Line #13 is greater than HUD Fair Market Costs:	\$0.00

#10 = Monthly Rent / Lease costs divided by number of individuals in the home
 #11 = Monthly Utilities divided by number of individuals in the home
 #12 = Other Monthly Costs divided by number of individuals in the home

Applicant: _____ Date: _____

Support Coordinator: _____ Date: _____

Regional Director: _____ Date: _____

Comments: