


Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT**

Mitt Romney, Governor ♦ Kerry Healey, Lt. Governor ♦ Jane Wallis Gumble, Director

MEMORANDUM

TO: All Local Housing Agencies (LHA's) Administering the Alternative Housing Voucher Program (AHVP)

FROM: Donna Goguen, Director, State Rental Assistance Programs 

SUBJECT: Revised AHVP Waiver Calculation Sheet

DATE: March 13, 2003

As you know, effective June 1, 2002 the Department implemented a number of AHVP Cost Saving Policy Initiatives. Among them was a "no rent increase" policy, freezing all Contract Rents at the level they were at on June 1, 2002 (see DHCD memo dated 5/15/02). This policy change meant that Contract Rents could only be adjusted if the Participant agreed to pay the increase, in which case, a waiver from DHCD would be necessary.

It has come to our attention that this Contract Rent freeze has caused some confusion for LHA's when determining the additional dollar amount a Participant would have to pay to his/her landlord, especially if the Department had granted a prior waiver. Therefore, in response to LHA suggestions we have made minor revisions to the Calculation sheet and have enclosed a copy with this mailing. The highlights of the changes are the following:

- ① Unlike the previous waiver calculation sheet that was mailed to you AFTER a waiver was approved, the new calculation sheet is for your use - to determine the Participant's TOTAL TENANT RENT SHARE (see Line 10) - prior to the submission of a waiver request to DHCD.
- ② The sheet itself is the same as the previous waiver calculation sheet with the exception of Line 7. Under the current "no rent increase" policy, Line 7 is no longer simply the "Applicable Ceiling Rent". Depending upon the Participant's particular leasing, the LHA must now choose **ONE** of the options outlined - Line 7a, 7b, or 7c - and as indicated on the calculation sheet, enter the appropriate rent figure for the chosen option.
- ③ The rest of the calculation sheet remains the same as it was prior to the "no rent increase" policy.

I hope that you find the changes helpful. If you have any questions regarding the new worksheet, please contact Ms. Ann Cwartkowski at (617)-727-7130, extension 634.

Enclosure

ahvp/waivercalcmemo

AHVP VOUCHER AMOUNT WORKSHEET (continued)
for Waiver Requests under Cost Savings Policy Initiatives

(6) NEW REQUESTED CONTRACT RENT

(6) _____ → (6) _____



CHOOSE ONE - a, b, or c

(7a) **New Unit:**

Ceiling Rent effective June 1, 2002 (7a) _____
OR



(7b) **OLD Unit- No previous waivers:**

Current (Frozen) Contract Rent (7b) _____
OR

(7c) **OLD Unit- Previous
DHCD-approved waiver(s):**

Ceiling Rent effective November 1, 2001 (7c) _____



(8) Additional Tenant Share
(Line 6 minus Line 7a, 7b, or 7c)

(8) _____

(9) TENANT SHARE
(from Line 5)

(9) _____



(10) **TOTAL TENANT RENT SHARE**
(Line 8 plus Line 9)

(10) _____ → (10) _____

(11) **VOUCHER AMOUNT (LHA Share)**
(Line 6 minus Line 10)

(11) _____

Checked By _____ Rental Assistance Coordinator _____ Date _____

**AHVP VOUCHER AMOUNT WORKSHEET
for Waiver Requests under Cost Savings Policy Initiatives**

Name _____ Address, Apt. No. _____ Voucher # _____

Landlord _____ Address _____

Rent Region: # _____

Ceiling Rent: \$ _____ Contract Rent: \$ _____ Term of Lease: _____

Date Processed: _____ By: _____ Effective Date: _____

Voucher Size: _____ Bedroom Size of Unit: _____

Family Composition:	No. of Males	No. of Females	*Do not double count members.
Adults	_____	_____	Full-time student definition
FTS*	_____	_____	in regulation.
Minors	_____	_____	

Welfare to Work	Employer _____	HH member _____
Income Exclusion:	Exclusion start date _____	end date _____
Eligible Ineligible/Used	start date _____	end date _____

GROSS ANNUAL INCOME

a. Wages/Earned Income/Self-Employed	a. _____
b. SS	b. _____
c. SSI	c. _____
d. Welfare	d. _____
e. Pension, Annuities, Retirement Inc.	e. _____
f. Support Payments, Alimony (including foster care)	f. _____
g. Unemployment	g. _____
h. Veterans benefits due to service related disability up to \$1800	h. _____
i. Veteran's benefits	i. _____
j. Interest, Dividends	j. _____
k. Inheritance	k. _____
l. Lottery Winnings	l. _____
m. Worker's Comp., Disability	m. _____
n. Other (explain)	n. _____
TOTAL	(1) _____

DEDUCTIONS

a. \$400 elderly or handicapped head	a. _____
b. \$300 per eligible member	b. _____
c. Medical expenses in excess of 3% gross income including medical insurance costs	c. _____
d. Work related day care costs	d. _____
e. Support payments	e. _____
f. Homemaking expenses for handicapped individuals	f. _____
g. Travel expenses for handicapped individuals who cannot use public transportation	g. _____
h. Annual Heat deduction (if applicable)	h. _____
TOTAL	(2) _____

(3) NET ANNUAL INCOME (Line 1 minus Line 2) (3) _____

(4) MONTHLY NET INCOME (Line 3 divided by 12) (4) _____

(5) TENANT SHARE either:
25% of Monthly Net Income if SOME/NO utilities included
30% of Monthly Net income if ALL utilities included (5) _____

(OVER, please)