



### RENTAL SCHEDULE

EFFECTIVE DATE

Development \_\_\_\_\_

IHDA No. \_\_\_\_\_

Location \_\_\_\_\_

HUD or FHA No. \_\_\_\_\_

IHDA Tax Credits # \_\_\_\_\_

PIS Date \_\_\_\_\_

MSA \_\_\_\_\_

- HOME \_\_\_\_\_
- Trust Fund Bond \_\_\_\_\_
- HPP/FAF \_\_\_\_\_
- Risk Sharing/Ambac \_\_\_\_\_
- Tax Exempt (80/20) \_\_\_\_\_
- HTF \_\_\_\_\_

# of TC units  
 Family  Elderly

Handicap

SCHEDULE REFLECTS CHANGE IN:

- RENTS \_\_\_\_\_
- INCOME LIMITS 3/6/2015
- UTILITY ALLOWANCES \_\_\_\_\_
- UA REVIEW DATE \_\_\_\_\_
- ALLOCATION \_\_\_\_\_
- INITIAL SCHEDULE \_\_\_\_\_
- OTHER \_\_\_\_\_

TOTAL NO. OF UNITS	UNIT SIZE	*RENTS					UTILITY ALLOWANCE	UNIT ALLOCATION					COMMENTS
		RESTRICTED RENTS						RESTRICTED UNITS					
		VERY VERY LOW 30%	VERY VERY LOW 40%	VERY LOW 50%	LOW INCOME 60%	MARKET		VERY VERY LOW 30%	VERY VERY LOW 40%	VERY LOW 50%	LOW INCOME 60%	MARKET	
0		TOTAL						0	0	0	0	0	

\*Does not include utility allowance

**INCOME LIMITS**  
(by Family Size)

**GPI = \$0**

County:	1	2	3	4	5	6	7	8
<input type="checkbox"/> 50% (Very Low)	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 60% (Low)	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 80% (Low)	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 40% (VVL)	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Other ( )	_____	_____	_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Program Administration Officer Date

\_\_\_\_\_  
Assistant Director Date

\_\_\_\_\_  
Director, AMS Date