



Annual Rent Approval

Effective: _____

HOME Investment Partnership Program (HOME)
National Housing Trust Fund (NHTF)

The 2013 HOME Final Rule requires Participating Jurisdictions (PJ's) to review and approve rents annually for all multi-family HOME & NHTF assisted properties during their affordability period. **To comply with 24 CFR 92.252 & 24 CFR 93.302 (c) (2), HOME & NHTF funded projects must submit this completed form, a copy of the newly published HOME Rent and Income Limits, and a copy of the current utility allowance (UA) form within 30 days of the release of the HOME Rent Limits each year.** HUD published HOME Rent Limits may be accessed at: [https:// www.hudexchange.info/manage-a-program/home-rent-limits/](https://www.hudexchange.info/manage-a-program/home-rent-limits/). You may submit this information by emailing it to: HOMERA@OhioHome.org.

Project Name: _____ HOME/HTF Funding #: _____
 Project Address: _____ Project #: _____
 County: _____ Total # of Assisted Units: _____

Directions: (A) Enter the number of units for each bedroom size indicating Low or High HOME (B) Enter total rent charged to tenants (C) Enter current utility allowance. (D) Enter TBA amount, if any. The "Gross Rent" columns will auto-calculate if completed electronically. **If you are not requesting a rent increase, please certify that by duplicating the "Current Rent Structure" in the "Proposed Rent Structure" column.** Please provide the unit information for each HOME unit in the project (if additional items are needed please attach a separate page).

PBA

TBA

Current Rent Structure

Owner Paid Utilities

Proposed Rent Structure

BR Size	# of Low HOME Units (50%) (A)	# of High HOME Units (80%) (A)	Rent (B)	UA (C)	Gross Rent (B+C)	BR Size	# of Low HOME Units (50%) (A)	# of High HOME Units (80%) (A)	Rent (B)	UA (C)	TBA (D)	** Gross Rent (B+C+D)
0						0						
0						0						
1						1						
1						1						
2						2						
2						2						
3						3						
3						3						
4						4						
4						4						

*If additional information is needed, please attach a separate page.

** Maximum \$25/month increase allowed for existing tenants.

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Please provide the unit information for each HOME unit in the project (if additional information is needed please attach a separate page).

Unit #	High/Low	# of HH Members	Household Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I certify the information submitted on this form is true and correct for the project listed above and I am aware of the following:

- OHFA reserves the right to request additional information to support the need for rent increases.
- Any and all rent increases require a Forty-Five (45) day written notice to tenants.
- Failure to receive OHFA approval and/or provide tenants with proper notice of rent increases may require a reduction in rent and restitution paid to affected tenants.
- Recipients who fail to submit this form will be reported to OHFA's Office of Development. Allocation of funding for new projects may be impacted.

I understand OHFA may request additional information to substantiate rents requested. I understand that any false statement on this form may subject me to criminal prosecution.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone: _____ Email: _____

OHFA Staff Use Only:



PROPOSED RENT STRUCTURE APPROVED



PROPOSED RENT STRUCTURE DENIED

Reviewed By: _____

Date: _____

Comments: _____
