**HOME/SCHTF/NHTF Rent Schedule**

**Changes in rent**: An Owner/Manager may be able to increase HOME, SC Housing Trust Fund (SCHTF), and National Housing Trust Fund (NHTF) rents, depending on the annual changes in the HUD-published HOME/HTF/NHTF rent limits, changes in the utility allowances in use, or changes in the tenant’s income. SC Housing must approve all rents for projects with HOME, SCHTF, or NHTF assisted units annually in accordance with the approval process prescribed by SC Housing. Owners have 45 days to implement revised income limits after they are published by HUD.

In order to comply with the requirements, this HOME/SCHTF/NHTF Rent Approval Worksheet and any required documentation as listed on page 2 must be uploaded to the **Miscellaneous** section of the **Upload Files** in the **Certification Portal**. Send an email to ComplianceDepartment@schousing.com when the upload is complete. DO NOT send any documentation with Personally Identifiable Information (PII) by email.

**Section 1 - General Information**

|  |  |
| --- | --- |
| Date:       | Year of Rent Limits:       |
| Project Name:       |
| Owner Entity Name:       |  |
| HOME Project #:      | LIHTC Project # (If applicable):       |
| NHTF Project #:      | HTF Project #:       |
| Physical Street Address:       |
| City: |       | Zip Code: |       | County:       |
| This is also an **RD** Project [ ]  Yes [ ]  No | This is also a **Section 8** Project [ ]  Yes [ ]  No |

|  |
| --- |
| Request submitted by:       |
| Contact Phone:       | Email:       |

|  |  |
| --- | --- |
| Total Number of units in project |       |
| Total Number of **required** Low HOME assisted units |       |
| Total Number of **required** High HOME assisted units |       |
| Total Number of **required** SCHTF assisted units |       |
| Total Number of **required** NHTF assisted units |       |
| Date of previous approved rent adjustment at the project |       |
| Proposed implementation date of new rents **MUST BE NO LESS THAN 30 DAYS FROM DATE OF REQUEST** |       |

|  |  |
| --- | --- |
| [ ]  | I am reporting that rents will remain unchanged with the publication of the current HOME/NHTF/HTF rent limits.  |
| [ ]  | I am reporting that rents will decrease with the publication of the current HOME/SCHTF/NHTF rent limits |
| [ ]  | I am reporting rents which were approved by **Rural Development** (**RD), Project Based Section 8, or Project Based Voucher Program** (must attach approved rent schedule) |
| [ ]  | I am requesting an increase in rents with the publication of current HOME/SCHTF/NHTF rent limits |
| Project Name:       | HOME Project #:      |

**Section 2 – Proposed Rent Structure**

The deadline for submission of this document is 45 calendar days of publication of the new limits. Failure to submit this document by that date may result in the denial of any proposed rent increase.

The following items must be submitted to SC Housing with this worksheet when requesting a HOME/SCHTF/NHTF Rent Approval:

[ ]  Copy of the HUD HOME, SCHTF, and/or NHTF Rent Limits to be utilized for the property

[ ]  Current utility allowance chart or schedule in use. UA Chart(s) must be less than 12 months old or

information from the source provided as to why they have not been updated.

* If using “Green Discount” utility schedule, provide a copy of the documentation certification as performed by the appropriate third-party rater submitted with the Placed In Service application

[ ]  Current M-51 Unit Status Compliance Report (HOME) and/or SRDP-21 Unit Status Compliance

Report (SCHTF/NHTF)

[ ]  Current copy of Certificate of Property Insurance

**SC Housing reserves the right to request additional information to support a proposed rent increase.**

Please complete the following table for proposed rents for the upcoming year. Use the HOME/SCHTF/NHTF addendum document (next page) as needed.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bedroom Size | Unit Designation  | Maximum HOME Gross Rent Limit | MaximumSCHTF Gross Rent Limit | Maximum NHTF Gross Rent Limit | Amount of Utility Allowance (UA) in Use | Proposed Contract Rent | Proposed GrossRent(UA + Contract Rent) |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |

**Section 3 - Signature of Owner/Representative**

I certify that I am authorized to sign on behalf of the Project Owner and the above information is true and correct. If a rent increase has been requested, I hereby certify that I have notified current tenants, in writing, of rent increase.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name/Title: \_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **SCSHFDA Use Only** | Name of Reviewer: |       |
| **Approved** | **Denied** | Signature: |  |
| [ ]  | [ ]  | Date: |  |

**HOME/SCHTF/NHTF Addendum Document**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bedroom Size | Unit Designation  | Maximum HOME Gross Rent Limit | MaximumSCHTF Gross Rent Limit | Maximum NHTF Gross Rent Limit | Amount of Utility Allowance (UA) in Use | Proposed Contract Rent | Proposed GrossRent(UA + Contract Rent) |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |
|  |  |       |       |       |       |       |       |