

EXHIBIT 7-L RENT SCHEDULE FORM

Project Name and Address: _____

Name of HOME Grantee: _____

Name of Owner: _____

Effective Date of Proposed Schedule:

Name and Phone Number of Schedule Preparer

Utility Allowances:

Do tenants pay for utilities at the project? Yes No

If Yes, attach Section 8 Utility Schedule identifying the tenant paid utilities

HOME Unit Mix:

Indicate the number of total HOME-assisted units by bedroom size for the project. **For projects with 5 or more HOME units, at least 20% of the units by each bedroom size must be designated as Low-HOME units.**

	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed	6 Bed
Total Number of HOME Units							
Number of Low-HOME Units							

Maximum HOME Rent Limits

Provide the HOME Program rent limits for your project area using the table below

Effective Date of HOME Rent Schedule: _____

HOME Rent Limits							
HOME	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed	6 Bed
Low HOME Rent							
High HOME Rent							

Does this property receive project based assistance? Yes No

****Skip this section if you do not have Project Based units in your project ****

Through which Program does your project receive assistance:

RD Section 515 RD Section 538 Project Based Section 8
 Other (please specify): _____

Attach a copy of the letter or rent schedule you received from Rural Development or HUD with the approved rent rates and effective dates for this property.

Maximum Low Income Housing Tax Credit Rent Limits (if applicable)

**** Skip this section if you do not have LIHTC units in your project ****

Provide the Low Income Housing Tax Credit rent limits for your project area:

Effective Date of LIHTC rent schedule: _____

LIHTC Rent Limits							
LIHTC	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed	6 Bed
30%							
40%							
50%							
60%							

Rent Structure

Provide the final rent structure for your property

Rent Structure for [NAME OF PROJECT]							
	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed	6 Bed

ACCEPTED BY:

_____ Date
 Grantee Chief Executive Officer or Elected Official

_____ Date
 Property Manager/Owner (If Applicable)

APPROVED BY:

_____ Date
 HOME Program Officer