



LEXINGTON

**Division of Grants and Special Programs
HOME Rent and Utility Allowance
Cover Sheet and Check List**

Property Name: _____

Address: _____

Contact Person(s): _____

Property Management: _____

Office Phone: _____ **Cell Phone:** _____

Fax Number: _____ **E-mail:** _____

Tax Credit Property **Yes** **No** **Number of HOME units:** _____

Effective Date of Proposed Rent Increase (if applicable): _____

Effective Date of Utility Allowance: _____

Submit the following with the Request for HOME Rent and Utility Allowance:

Check List

1. Cover sheet is completed.
2. Request form is completed.
3. Completed utility allowance schedules for each bedroom size on the property.
4. Copies of completed utility allowance schedules for each bedroom size on the property.

If additional information is needed, the assignee has agreed to obtain the information to comply with the terms set forth in the agreement. Any questions regarding the HOME Program Rent and Utility Allowance Policy should be directed to Stacey Granville or Kimberly Jackson at (859) 258-3070.

Request for HOME Rent and Utility Allowance

HOME Rent Limit: _____ High HOME _____ Low HOME

\$ _____ SRO _____ One Br _____ Two Br _____ Three Br _____ Four Br

\$ _____ Specify Other (Br Size _____)

Method Used to Determine Utility Allowance**:

_____ Actual Consumption Method _____ HUD Utility Schedule Model

Proposed Utility Allowance* per bedroom size:

\$ _____ SRO _____ One Br _____ Two Br _____ Three Br _____ Four Br _____ Specify Other

**Attach UA schedule

Please check if any of the utilities below are included in the monthly rent:

Electric Heat

Gas Heat

Central Air

Sewer

Electric Oven

Gas Oven

Water

Total Proposed Monthly Maximum Rent per bedroom size:

Current Rent:

\$ _____ SRO _____ One Br _____ Two Br _____ Three Br _____ Four Br _____ Specify Other

Proposed Rent:

\$ _____ SRO _____ One Br _____ Two Br _____ Three Br _____ Four Br _____ Specify Other

I, _____, CERTIFY THAT THE INFORMATION ABOVE IS TRUE, ACCURATE AND COMPLETE.
(Printed Name)

Property Manager Signature

Date

Printed Name

Contact Phone

Email