**HOME Program – Annual Rent Approval Cover Page**

The 2013 HOME Final Rule requires Participating Jurisdictions (PJ’s) to review and approve rents annually for all multi­family HOME assisted properties during their affordability period. **To comply with 24 CFR 92.252, you must submit this completed form, along with a copy of the current utility allowance chart within 30 days of the release of the HOME Rent Limits each year.** The City of Seattle Office of Housing (OH) must review and approve the rent selection. HUD published HOME Rent Limits may be accessed at: [https://www.hudexchange.info/manage­a-program/home-rent-limits/](https://www.hudexchange.info/manage-a-program/home-rent-limits/). You may submit this information by emailing it to your assigned OH Asset Manager (Lacey.Barker@seattle.gov; Jamie.Wood@seattle.gov; Andrea.Smith@seattle.gov). Owners who fail to submit the Annual Rent Approval Form(s) may be subject to the Seattle Housing Levy Administrative & Financial Plan “Good Standing” Policy (allocation of funding for new projects may be impacted), and/or other remedies.

**Year of Rent Limits:** **Effective Date of HOME Rent limits:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **# of City-funded HOME units:** \_\_\_\_\_\_\_\_\_\_\_

**Project Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ownership Representative:** \_ **Contact Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Email:**

**Management Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Phone:** \_\_\_\_\_\_\_\_\_\_

**Management Representative:** \_\_\_\_\_\_\_\_\_\_**Contact Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:**

To be completed by authorized ownership or management company representative:

* For City HOME-funded units, I will charge up to but will not exceed current HOME rents limits. I have completed and attached the **HOME Program – Annual Rent Approval Form** with my proposed rent structure.

* This project has \_\_\_\_\_ *[insert number]* of City HOME-funded units that are Low HOME units with a Federal or State project-based rental subsidy (e.g. Project-Based Section 8, Project-Based HUD-VASH, McKinney SHP etc.) where the very low-income family pays as a contribution toward rent not more than 30 percent of the family’s adjusted monthly income, in accordance with CFR §92.252(b)(2).The project will continue to charge not more than 30 percent of adjusted monthly income to families occupying these units.

*I certify that to the best of my knowledge, the documentation provided in this submission is true and correct regarding the project listed above. I understand the City of Seattle Office of Housing (OH) may request additional information as needed.* ***I understand that any false statement on this form may subject me to criminal prosecution.***

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

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Seattle Office of Housing Staff Use Only:*

*☐APPROVED ☐NO INCREASE ☐DENIED*

*Reviewed By (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*Comments:*