RENT CALCULATION OPTION CERTIFICATION

I,(Head	of Household), hereby select th	ne following rent calculation option fo
the term of the Lease Agreement to whic	h this document is attached.	I/We further certify that I/we fully
understand the rent calculation options that a	are available to me/us.	
I/We understand that by electing the Percent in the household income or composition no I will be subject to complete the annual re-exa	later than the 21 st day of the m	
I/We understand that by electing the Flat Remmy/our income or household composition du Rent option I/we will be required to complamount may be changed by the Housing Author	uring the applicable term. I/We lete a full re-examination ever	understand that if I/we select the Fla
I/We further understand the I/we may chang certification date, or at any time for the follow		culation methods at my/our annual re
 The family's income has decreased; The family's circumstances have charmage. Other circumstances creating a harmage financially feasible for the family. 	= -	for child care, medical care, etc. the formula method would be more
I/We select the following rent calculation opt	ion:	
Percentage of Income		
Flat Rent		
By signing below I/we certify that I/we have r rent calculation options, and that based upor calculation option.		
Tenant	Date	
Member 18 & Older	Date	
Member 18 & Older	Date	