



compliance worksheet

capital magnet fund

Head of Household Name	Unit Number
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- To be completed by the owner/management agent.
- See page 3 for additional information regarding deductions and expenses.
- This document is for CMF compliance purposes only. Do not use it to complete the LIHTC or CHFA loan program Tenant Income Certification form.

hh mbr	full name	relationship to head of household (hoh)	date of birth	disability?	full-time student?
1		HoH		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

disability assistance expense and medical expense calculation

line	description	amount
A	Total annual unreimbursed medical expense (per CMF Resident Questionnaire)	\$
B	Total annual unreimbursed disability assistance expense (per CMF Resident Questionnaire)	\$
C	Total annual household income (from Tenant Income Certification, pg. 1, Box K)	\$
D	3% of total annual household income (.03 x Line C)	\$
E	Total Disability Assistance Expense and Medical Expense Deduction (Line A + Line B) – (Line D)	\$

deduction calculation

line	deduction type	deduction amount
F	Dependent deduction (\$480 per child under 18 yrs, person with disabilities, or full-time student) (do not count foster children or foster adults)	\$
G	Elderly/Disability deduction [\$400 total if head, co-head, or spouse is (i) at least 62 years or (ii) a person with disabilities]	\$
H	Total disability assistance expense and medical expense deduction (Input amount from Line E above if the amount is greater than \$0)	\$
I	Total annual childcare expense for children under 13 yrs (per CMF Resident Questionnaire)	\$
J	Total Deductions (The sum of Lines F, G, H, and I)	\$

adjusted income calculation

line	deduction type	amount
K	Total annual household income (from Tenant Income Certification, pg. 1, Box K)	\$
L	Total deductions (from Deduction Calculation – Line J above)	\$
M	Adjusted Annual Income (Line K – Line L)	\$

signatures

Prepared by (Signature of Owner/Representative)

Date

additional information regarding deductions and expenses

HUD Handbook 4350.3, Sections 5-9 and 5-10

Three types of deductions available to any assisted family:

- **Dependents** - \$480 for each family member (except foster children and foster adults) who is:
 - Under 18 years of age
 - Person with a disability
 - Full-time student of any age
- **Childcare expenses** – anticipated expenses for children under age 13 may deduct from annual income if all the following are true:
 - Care is necessary to enable a family member to work, seek employment, or further education
 - Family has determined there is no adult family member capable of providing care during the hours needed
 - Expenses are not paid to a family member living in the unit
 - Amount deducted reflects reasonable charges for care
 - Expense is not reimbursed by an agency or individual outside the family
 - Expenses incurred must not exceed the amount earned by the family member made available to work
 - Childcare attributable to the work of an adult full-time student (except head, co-head, or spouse) is limited to not more than \$480.
- **Disability assistance expenses (unreimbursed)** – Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and auxiliary apparatus for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any family member 18 years of age or older who may or may not be the member who is a person with disabilities to be employed.
 - The amount that may be deducted is the portion of combined disability assistance medical expenses that exceeds 3 percent of annual household income.

Two types of deductions only for families in which the head, co-head, or spouse is elderly or a person with disabilities

- **Elderly/disabled family** – is a family in which the head, co-head or spouse is at least 62 years of age or a person with disabilities. Each elderly/disabled family receives a \$400 family deduction. Each family receives only one deduction, even if both head and spouse are elderly or a person with disabilities.
- **Medical expenses (unreimbursed)** – permitted only for families in which the head, co-head, or spouse is at least 62 years old or is a person with disabilities
 - Only include unreimbursed medical expenses for all family members living in the family
 - Includes all unreimbursed medical expenses the family anticipates incurring during the 12 months following the certification effective date
 - The amount that may be deducted is the portion of combined disability assistance medical expenses that exceeds 3 percent of annual household income.