RENT CALCULATION 360

PRACTICUM BOOKLET

2026

QUADEL
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Quadel.com
@ConsultQuadel

Table of Contents

CHAPTER 1
VERIFYING INCOME and ALLOWANCES
GUIDED ASSESSMENT

HOUSING CHOICE VOUCHER ONLY

Welcome to Quadel Housing Authority! Please review the attached information supplied by the Thomas Family and determine the family's total annual income.

*Pro Tip: Income exclusions may apply.

Member Name: _____				
Source	Type	Amount	Frequency	Total

Member Name: _____				
Source	Type	Amount	Frequency	Total

Member Name: _____				
Source	Type	Amount	Frequency	Total

Total Annual Income: _____

Household Composition

Codes: Relationship -- Head, Spouse, Other Adult, Child, Grandchild, Foster Child, Live-in Aid **Race -- W=White, H=Hispanic, B=Black, AI=American Indian/Alaska Native, AS=Asian/Pacific Islander					
#1	**Last Name & Sr. Jr. etc**	**First Name,**	**Middle**	**Age**	**Social Security #**
	Thomas	Lauren	Kate	32	988-62-8844
Race	**Birth Place: City, St/Country**	**Relationship**	**Disabled *YIN***	**Sex**	**Immigration #**
	Albany, New York, US	**HEAD OF HOUSEHOLD**	N	F	
#2	**Last Name & Sr. Jr. etc**	**First Name, Middle Initial**	**Middle**	**Age**	**Social Security #**
	Thomas	Phil	James	35	800-48-6255
Race	**Birth Place: City, St/Country**	**Relationship**	**Disabled *YIN***	**Sex**	**Immigration #**
	Kansas, Missouri, US	Spouse	N	M	
#3	**Last Name & Sr. Jr. etc**	**First Name, Middle Initial**	**Middle**	**Age**	**Social Security #**
	Thomas	James	Paul	17	578-45-6325
Race	**Birth Place: City, St/Country**	**Relationship**	**Disabled *YIN***	**Sex**	**Immigration #**
	Indianapolis, Indiana	Son	N	M	
#4	**Last Name & Sr. Jr. etc**	**First Name, Middle Initial**	**Middle**	**Age**	**Social Security #**
	Thomas	Frank	Liam	3	875-22-6502
Race	**Birth Place: City, St/Country**	**Relationship**	**Disabled *YIN***	**Sex**	**Immigration #**
	Indianapolis, Indiana	Son	Y	M	

Family Income

EMPLOYMENT INCOME: List all current employers

Employee Name	Employer	Employer Address	Employer Phone #
James Thomas	Sonic Drive In	66 S. Raceway Indianapolis, IN 46231	317-272-4379
Pay Frequency (Weekly, Biweekly, etc.)	Average Hours Worked Per week	Hourly Rate	Start Date
Bi-Weekly	10	8.5	8/22/2025
Employee Name	**Employer**	**Employer Address**	**Employer Phone #**
Lauren Thomas	Indiana University		317-955-2144
Pay Frequency (Weekly, Biweekly, etc.)	Average Hours Worked Per week	Hourly Rate	Start Date
Biweekly	40	20	
Employee Name	**Employer**	**Employer Address**	**Employer Phone #**
Pay Frequency (Weekly, Biweekly, etc.)	Average Hours Worked Per week	Hourly Rate	Start Date

SELF-EMPLOYMENT INCOME:

Owner Name	Business Type	Monthly Gross Earnings (Average)	Monthly Expenses
Phil Thomas	HVAC Repair	$2,500	$500
Business Formation Certificate?	Annual Tax Return?	Business Bank Account?	Start Date
Yes	Yes	Yes	8/1/2020

PUBLIC HOUSING ONLY

Welcome to Quadel Housing Authority! Please review the attached information supplied by the Fields Family and determine the family's total annual income.

*Pro Tip: Income exclusions may apply.

Member Name: _____				
Source	Type	Amount	Frequency	Total

Member Name: _____				
Source	Type	Amount	Frequency	Total

Member Name: _____				
Source	Type	Amount	Frequency	Total

Total Annual Income: _____

Household Composition

Codes: Relationship -- Head, Spouse, Other Adult, Child, Grandchild, Foster Child, Live-in Aid **Race** -- W=White, H=Hispanic, B=Black, AI=American Indian/Alaska Native, AS=Asian/Pacific Islander					
#1	**Last Name & Sr. Jr. etc**	**First Name,**	**Middle**	**Age**	**Social Security #**
	Fields	Payton	Luke	67	587-22-1485
Race	**Birth Place: City, St/Country**	**Relationship**	**Disabled *YIN***	**Sex**	**Immigration #**
	Indianapolis, Indiana	**HEAD OF HOUSEHOLD**	Y	M	
#2	**Last Name & Sr. Jr. etc**	**First Name, Middle Initial**	**Middle**	**Age**	**Social Security #**
	Fields	Julie	Ann	48	855-77-2014
Race	**Birth Place: City, St/Country**	**Relationship**	**Disabled *YIN***	**Sex**	**Immigration #**
	Indianapolis, Indiana	Other Adult	N	F	
#3	**Last Name & Sr. Jr. etc**	**First Name, Middle Initial**	**Middle**	**Age**	**Social Security #**
	Davis	Nicholas	Ivan	25	477-85-4652
Race	**Birth Place: City, St/Country**	**Relationship**	**Disabled *YIN***	**Sex**	**Immigration #**
	Indianapolis, Indiana	Live In Aide	N	M	
#4	**Last Name & Sr. Jr. etc**	**First Name, Middle Initial**	**Middle**	**Age**	**Social Security #**
	Davis Jr.	Nicholas	Ivan	4	265-77-8469
Race	**Birth Place: City, St/Country**	**Relationship**	**Disabled *YIN***	**Sex**	**Immigration #**
	Indianapolis, Indiana	Live In Aide	N	M	

Family Income

EMPLOYMENT INCOME: List all current employers

Employee Name	Employer	Employer Address	Employer Phone #
Julie Fields	Indiana Hospital	700 S. Raceway Indianapolis, IN 46231	317-844-6528
Pay Frequency (Weekly, Biweekly, etc.)	Average Hours Worked Per week	Hourly Rate	Start Date
Bi-Weekly	40	26	8/22/2025
Employee Name	**Employer**	**Employer Address**	**Employer Phone #**
Nicholas Davis	Indiana Home Health		317-955-2144
Pay Frequency (Weekly, Biweekly, etc.)	Average Hours Worked Per week	Hourly Rate	Start Date
Semi-monthly	40	12.5	
Employee Name	**Employer**	**Employer Address**	**Employer Phone #**
Pay Frequency (Weekly, Biweekly, etc.)	Average Hours Worked Per week	Hourly Rate	Start Date

SOCIAL SECURITY BENEFITS: (SSI, SSDI, SS, etc)

Family Member	Income Type	$ Amount Per Month
Payton Fields	Social Security	$974.00
Payton Fields	SSDI	$325.00

CHAPTER 1
Adjusted Income
Guided Assessment

HOUSING CHOICE VOUCHER ONLY

Welcome to Quadel Housing Authority! Please review the attached information supplied by the Thomas Family and determine the family's adjusted annual income.

*Pro Tip: Total Annual Income-Deductions/Allowances =Adjusted Annual Income

Total Annual Income: _____

Family Expense Information				
Member Name	Type	Amount	Frequency	Total

Adjusted Annual Income: _____

CHILDCARE EXPENSE (for children ages 12 and under)			
Child Name	Child Care Provider	Child Care Address	Child Care Phone #
Frank Thomas	Loving Hands Childcare	4855 Buckner Ave.	317-988-4766
Family Out of Pocket Cost	Pay Frequency	School Schedule or Year Round	Start Date
200	weekly	Year Round	

MEDICAL EXPENSES: (for qualifying households) Qualifying household includes a disabled or 65+ head of household, spouse, or cohead			
Household Member Name	Expense Type	Source	Address
Lauren Thomas	Prescriptions	Kroger	
Frequency (Weekly, Biweekly, etc.)	Source Phone Number	Annual Expense	Receipts Available (Y/N)
Monthly		2,788.00	Y
Household Member Name	Expense Type	Source	Address
Frequency (Weekly, Biweekly, etc.)	Source Phone Number	Annual Expense	Receipts Available (Y/N)
Household Member Name	Expense Type	Source	Address
Frequency (Weekly, Biweekly, etc.)	Source Phone Number	Annual Expense	Receipts Available (Y/N)

PUBLIC HOUSING ONLY

Welcome to Quadel Housing Authority! Please review the attached information supplied by the Fields Family and determine the family's adjusted annual income.

*Pro Tip: Total Annual Income-Deductions/Allowances =Adjusted Annual Income

Total Annual Income: _____

Family Expense Information				
Member Name	Type	Amount	Frequency	Total

Adjusted Annual Income: _____

CHILDCARE EXPENSE (for children ages 12 and under)			
Child Name	Child Care Provider	Child Care Address	Child Care Phone #
Nicholas Davis Jr.	Loving Hands Childcare	4855 Buckner Ave.	317-988-4766
Family Out of Pocket Cost	Pay Frequency	School Schedule or Year Round	Start Date
200	weekly	Year Round	

MEDICAL EXPENSES: (for qualifying households) Qualifying household includes a disabled or 65+ head of household, spouse, or cohead			
Household Member Name	Expense Type	Source	Address
Payton Fields	Prescriptions	CVS	
Frequency (Weekly, Biweekly, etc.)	Source Phone Number	Annual Expense	Receipts Available (Y/N)
Monthly		1,800.00	Y
Household Member Name	Expense Type	Source	Address
Payton Fields	Dr. Appts	Dr. Lola Phan	
Frequency (Weekly, Biweekly, etc.)	Source Phone Number	Annual Expense	Receipts Available (Y/N)
Monthly		1,050.00	Y
Household Member Name	Expense Type	Source	Address
Payton Fields	Transportation	Medical Transport	
Frequency (Weekly, Biweekly, etc.)	Source Phone Number	Annual Expense	Receipts Available (Y/N)
Monthly		$1,200.00	Y

CHAPTER 1
TTP & Tenant Rent Guided Assessment

HOUSING CHOICE VOUCHER ONLY

Determine the Thomas Family's TTP by using the formulas listed below.

Total Annual Income: _____

Adjusted Annual Income: _____

TTP Calculation	
30% of monthly adjusted income Type	_____=adjusted annual income _____=adjusted annual income/ 12 months (adjusted monthly income) **_____=adjusted monthly income * 30%**
10% of monthly income	_____=total annual income _____=total annual income/ 12 months (monthly income) **_____=total monthly income * 10%**
QHA Minimum Rent	**____$50_____**

Total Tenant Payment (TTP): _____

*Highest of the 3 values above

PUBLIC HOUSING ONLY

Determine the Fields Family's Tenant Rent by using the formulas listed below.

Total Annual Income: _____

Adjusted Annual Income: _____

TTP Calculation	
30% of monthly adjusted income Type	_____=adjusted annual income _____=adjusted annual income/ 12 months (adjusted monthly income) **_____=adjusted monthly income * 30%**
10% of monthly income	_____=total annual income _____=total annual income/ 12 months (monthly income) **_____=total monthly income * 10%**
QHA Minimum Rent	**____$50_____**

Tenant Rent: _____

*Highest of the 3 values above

CHAPTER 2
SUBSIDY CALCULATION GUIDED ASSESSMENT

HOUSING CHOICE VOUCHER ONLY

Thomas Family Adjusted Monthly Income: _____

Rent Burden Worksheet Fill in the information below and complete the calculations to determine if the unit is affordable.		
1.	Voucher Size	**2**
2.	Payment Standard	**$1850**
3.	Estimated TTP (Copy from page 14)	
4.	Maximum Subsidy (Payment Standard-TTP)	
5.	40% of Adjusted Monthly Income (Adjusted Monthly Income *40%)	
6.	Max Allowable Gross Rent (Max Subsidy+40% of Adjusted Monthly Income)	
7.	Utility Allowance	**$150**
8.	Unit Rent	**$1650**
9.	Gross Rent (Unit Rent+Utility Allowance)	
10.	Family Share (Amount gross rent exceeds payment standard +TTP) *If the gross rent doesn't exceed the payment standard use 0+TTP	
11.	Percentage of Adjust Income (Family Share/Adjust Monthly Income)	
Is the unit affordable? _____		

PUBLIC HOUSING ONLY

The Fields Family will be responsible for utilities. Calculate their utility allowance using the utility schedule on the page 19. Then calculate the tenant rent.

Tenant Rent Worksheet Fill in the information below and complete the calculations to determine if the unit is affordable.		
1.	Unit Size	**3**
2.	Heating (Electric)	
3.	Cooking (Electric)	
4.	Other Electric	
5.	Air Contioning	
6.	Water Heating (Electric)	
7.	Water	
8.	Unit Allowance Total	
Final Tenant Rent (Tenant Rent-Utility Allowance) _____		

Utility Allowance Schedule

See Public Reporting and Instructions on back.

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA	Unit Type	Date (mm/dd/yyyy)
Quadel Housing Authority	Row or Townhouse	January 1

Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	18	21	25	17	31	33
	Bottled Gas	11	12	14	15	19	19
	Electric	20	22	23	27	27	34
	Electric – Heat Pump	21	24	28	30	32	35
	Fuel Oil	19	22	26	29	34	37
	Other						
Cooking	Natural Gas	7	11	15	14	27	35
	Bottled Gas	9	11	13	15	20	24
	Electric	6	11	12	13	24	33
	Other						
Other Electric		23	25	29	32	33	36
Air Conditioning		25	28	34	40	46	52
Water Heating	Natural Gas	11	14	18	20	22	27
	Bottled Gas	12	15	18	20	25	30
	Electric	12	17	20	23	25	32
	Electric – Heat Pump	10	15	26	28	32	38
	Fuel Oil	13	15	25	30	33	40
Water		9	11	14	16	21	23
Sewer		9	14	15	15	19	24
Trash Collection		14	14	14	14	14	14
Other – specify							
Range/Microwave		6	6	6	6	6	6
Refrigerator		4	4	4	4	4	4

Actual Family Allowances – May be used by the family to compute allowance while searching for a unit.

Head of Household Name

Unit Address

Number of Bedrooms

Utility/Service/Appliance	Allowance
Heating	
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Other	
Range/Microwave	
Refrigerator	
Total	

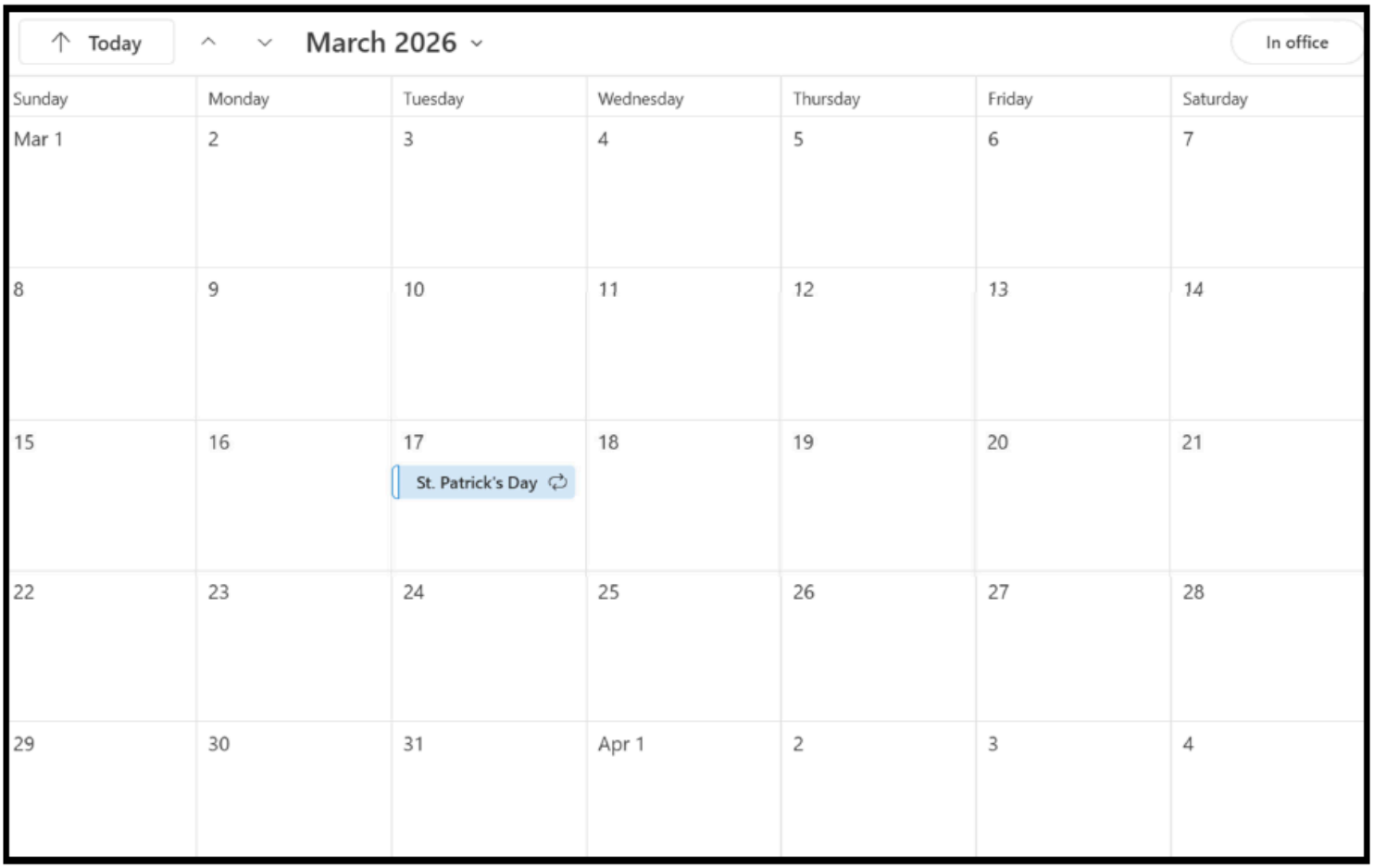
CHAPTER 3
ANNUAL and ON-GOING ACTIVITIES
GUIDED ASSESSMENT

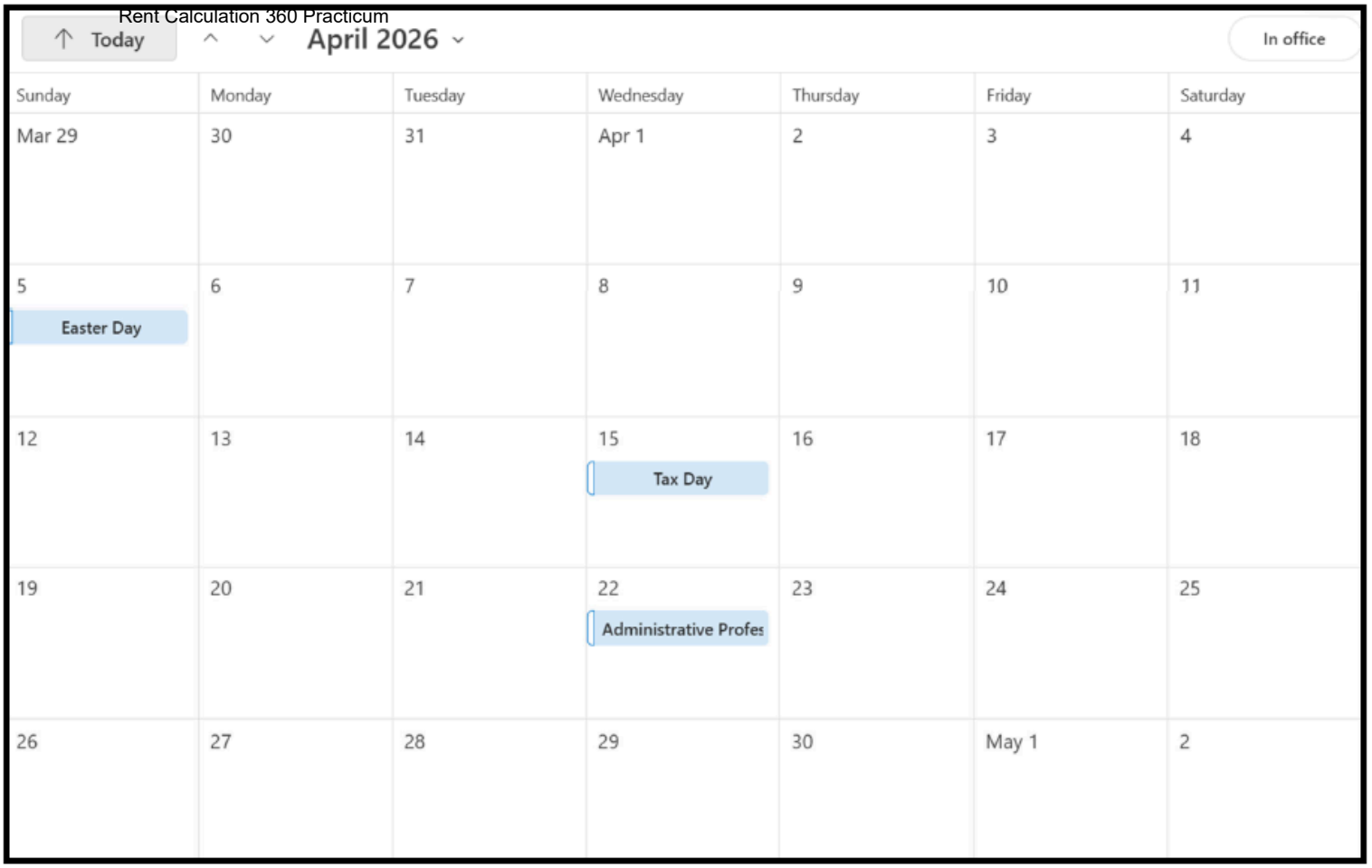
Establishing a Recertification Timeline

A year has passed, and it is time to recertify some of the families in your caseload. The Thomas and Fields families are due for recertification on July 1st. You know how important it is to establish and stick to a timeline when it comes to annual recertifications, so you pull out your calendar.

On the calendars below, start filling in your recertification timeline. Start with when the recert is due, and work your way back to determine when initial contact should be made as well as follow-up contact, and ultimately, when a proposed termination should be sent if needed.

Remember, QHA's policy states that families will be given 10 business days to respond to requests from the Housing Authority.

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Easter Day
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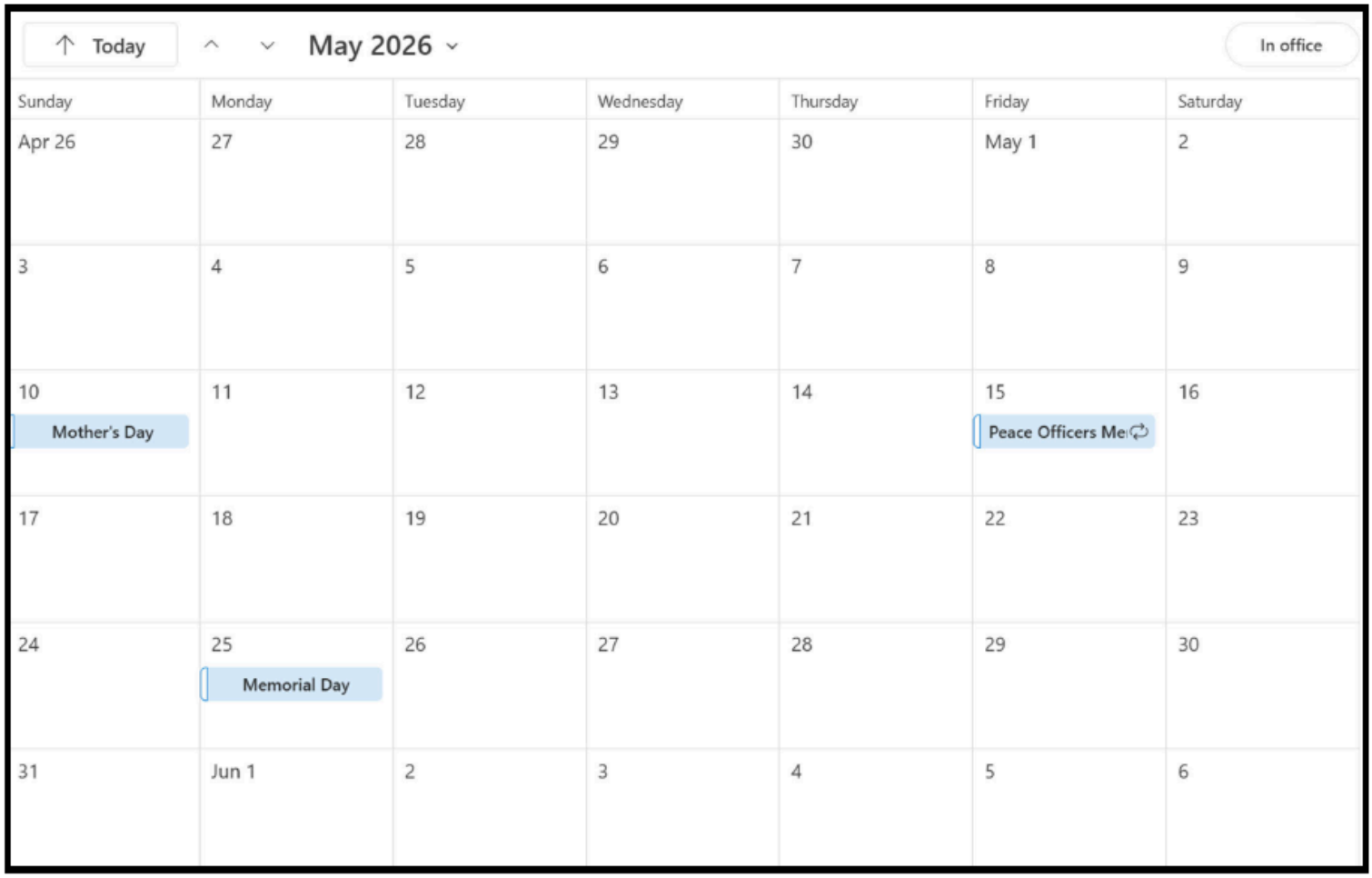
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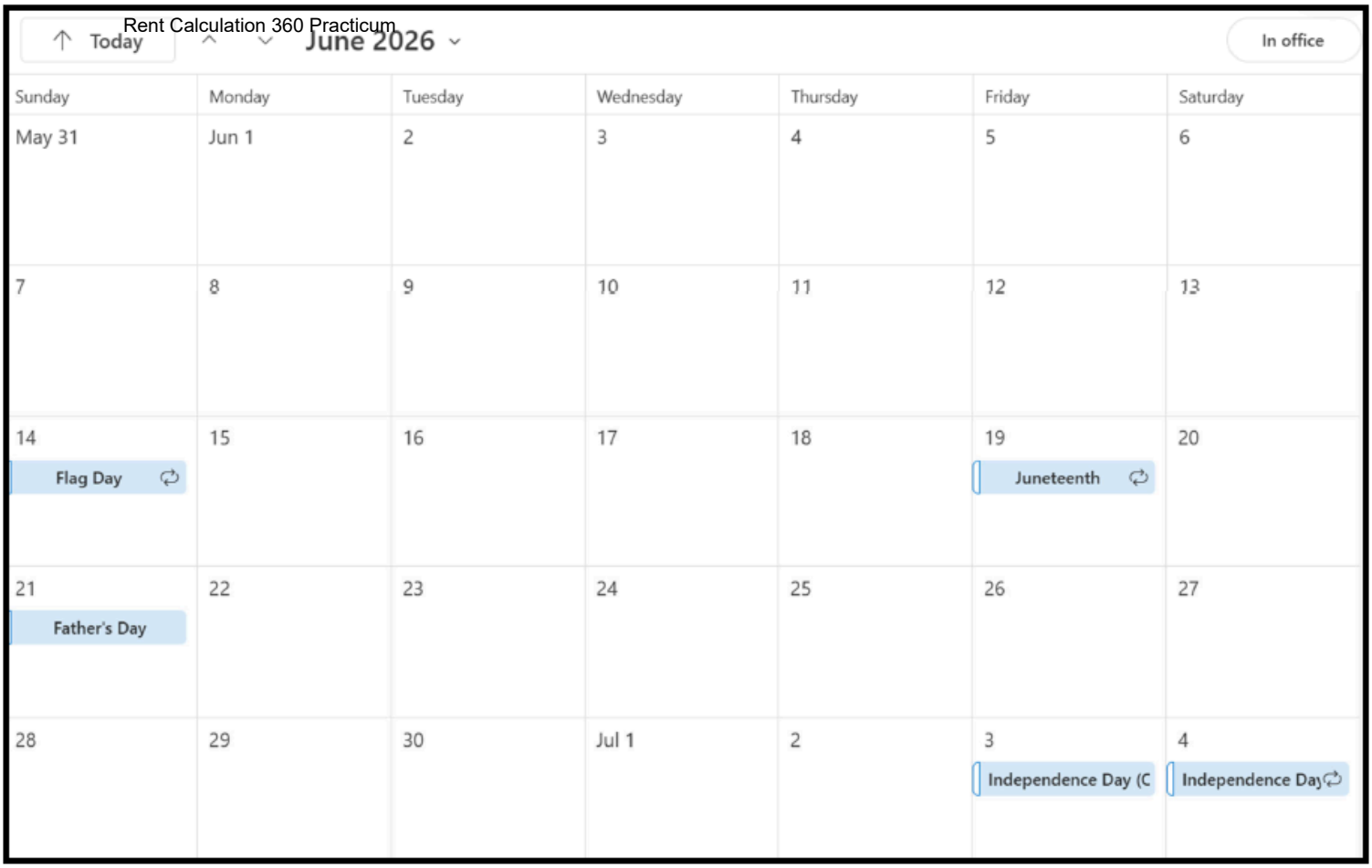
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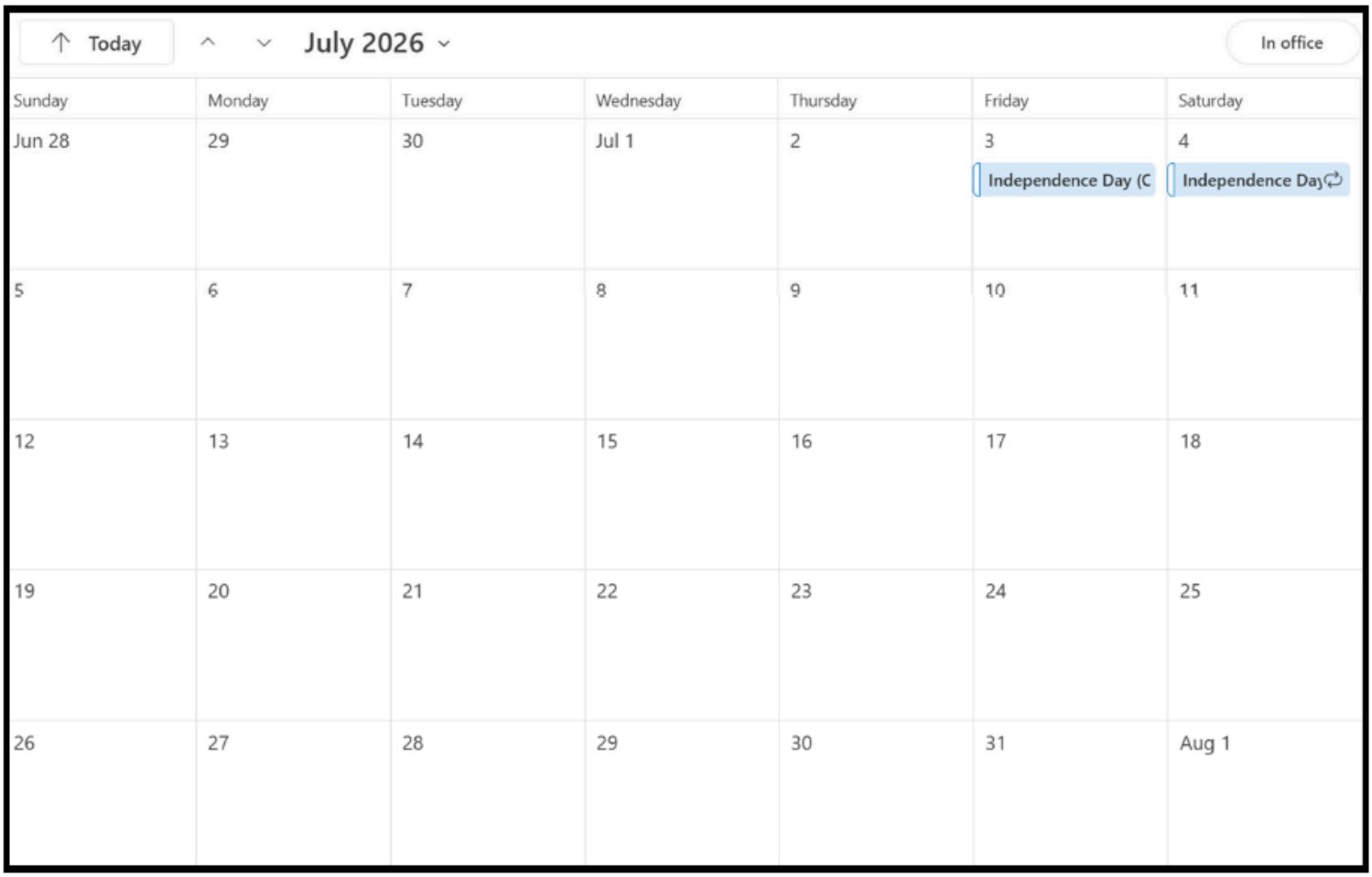
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CHAPTER 3
EIV Review
Guided Assessment

Reviewing EIV

You have sent out the initial reexamination notification to your caseload and now you are waiting for responses. While you wait, you log into the Enterprise Income Verification site and pull income report for the Fields family.

Review the EIVs for the Fields family on the following pages, and make note of anything you think will be important for the recertification.

Notes

Unemployment Benefits

EIV received no benefit data.

Social Security Benefits

Verification Data

Payment Status Code: U - Active uninsured status
Date of Current Entitlement:
Net Monthly Benefit if Payable: $994.00
Payee Name and Address: Payton Fields
56 Hampton Ave
Indianapolis,
IN

Payment History of Net Benefits Paid

Date	Federal Amount	Type of Payment
01/01/2026	$994.00	Recurring Payment
01/01/2025	$974.00	Recurring Payment
01/01/2024	$935.00	Recurring Payment
01/01/2023	$908.00	Recurring Payment
01/01/2022	$847.00	Recurring Payment
01/01/2021	$823.00	Recurring Payment
01/01/2020	$756.00	Recurring Payment
01/01/2019	$704.00	Recurring Payment

Lump Sum

Date	Amount
12/01/2025	$0.00

Dual Entitlement

EIV received no benefit data.

Medicare Data

Date Received by EIV: 12/04/2025

Supplemental Security Income Benefits

Verification Data

Payment Status Code: C01 - Current Pay
Alien Indicator: C
SSI Monthly Assistance Amount (Current): $344.00
State Supplement Amount (Current):
Payee Name and Address: Payton Fields

Date Received by EIV: 12/04/2025

Payment History of Net Benefits Paid

Date	Federal Amount	Type of Payment
01/01/2026	$344.00	Recurring Payment
01/01/2025	$325.00	Recurring Payment
01/01/2024	$286.00	Recurring Payment
01/01/2023	$273.00	Recurring Payment
01/01/2022	$246.00	Recurring Payment
01/01/2021	$225.00	Recurring Payment
01/01/2020	$198.00	Recurring Payment
01/01/2019	$142.00	Recurring Payment

Disability

Disability: Yes **On-set Date:**

Date Received by EIV: 12/04/2025

Report Date: 01/22/2025

Report Generated By - MXXXX *Quadel HA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Confidential. Privacy Act Data. Civil and criminal penalties apply to misuse of this data.

Print

Summary Report | Certification Page | Income Report

Print

Income Report for Household of Payton Fields

PHA Code:	IN000	**Program Type:**	T
PHA Name:	IN000 QHA	**Project:**	
Annual Reexamination Date:	07/01/2026	**Form 50058 as of:**	09/01/2022
Address:	56 Hampton Ave		
Most Recent Type of Action:	7-Unit Change	**Effective Date:**	07/01/2025

Head of Household: Payton Fields

Social Security Number:	***-**-****	**Date of Birth:**	XX/XX/XXXX

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
Report Generated By - MXXXX *Quadel HA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Print Household Member Information

Household Member:	Payton Fields	SSN:	***-**-****
Date of Birth:	XX/XX/XXXX	Relationship:	Head
Date Verified	03/30/2026	Verification Status/Code	Verified

Employment Information

EIV received no Employment (W4) data.

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
Report Generated By - MXXXX *Quadel HA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Wages

EIV received no income data.

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
Report Generated By - MXXXX *Quadel HA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Reviewing EIV

You have sent out the initial reexamination notification to your caseload and now you are waiting for responses. While you wait, you log into the Enterprise Income Verification site and pull income report for the Thomas family.

Review the EIVs for the Thomas family on the following pages, and make note of anything you think will be important for the recertification.

Notes

Print

Summary Report | Certification Page | Income Report

Print

Income Report for Household of Lauren Thomas

PHA Code:	IN000	**Program Type:**	T
PHA Name:	IN000 QHA	**Project:**	
Annual Reexamination Date:	03/01/2026	**Form 50058 as of:**	03/06/2025
Address:			
Most Recent Type of Action:	3-Interim Reexamination	**Effective Date:**	03/01/2025

Head of Household: Lauren Thomas

Social Security Number:	***-**-****	**Date of Birth:**	XX/XX/XXXX

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Report Generated By - MXXX *QUADEL HA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Household Member:	Frank Thomas	SSN:	***_**_****
Date of Birth:	XX/XX/XXXX	Relationship:	Other youth under 18
Date Verified	12/04/2025	Verification Status/Code	Verified

EIV received no income or benefits data.

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Report Generated By - MXXX *QUADEL HA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Social Security Benefits

Verification Data

Payment Status Code: N - Disallowed claim
Date of Current Entitlement:
Net Monthly Benefit if Payable: $0.00
Payee Name and Address:

Benefit History

Date	Gross Benefit

Date Received by EIV: 12/04/2025

Lump Sum

Date	Amount
11/01/2024	$0.00

Dual Entitlement

EIV received no benefit data.

Medicare Data

EIV received no benefit data.

Supplemental Security Income Benefits

EIV received no benefit data.

Disability

Disability: No **On-set Date:**

Date Received by EIV: 12/04/2025

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Report Generated By - MXXX *QUADEL HA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Supplemental Security Income Benefits

EIV received no benefit data.

Disability

Disability: No **On-set Date:**

Date Received by EIV: 12/04/2025

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Report Generated By - MXXX *Quadel HA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Household Member:	**James Thomas**	**SSN:**	***-**-****
Date of Birth:	**XX/XX/XXXX**	**Relationship:**	**Other Adult**
Date Verified	**12/04/2024**	**Verification Status/Code**	**Verified**

Employment Information

Hire Date	Hire State	FEIN	Employer Name and Address	Date Received by EIV
01/17/2024		00-101010	SONIC DRIVE IN 66 S RACEWAY INDIANAPOLIS, IN	02/14/2024

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Report Generated By - MXXX *QUADEL HA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Wages

Pay Period	Amount	FEIN	Employer Name and Address	Date Received by EIV
Q4 of 2025	$1,080.00	00-101010	SONIC DRIVE IN 66 S RACEWAY INDIANAPOLIS, IN	01/15/2026
Q3 of 2025	$1,080.00	00-101010	SONIC DRIVE IN 66 S RACEWAY INDIANAPOLIS, IN	11/19/2025
Q2 of 2025	$161.00	00-101010	SONIC DRIVE IN 66 S RACEWAY INDIANAPOLIS, IN	08/16/2025
Q1 of 2025	$1,540.00	00-101010	SONIC DRIVE IN 66 S RACEWAY INDIANAPOLIS, IN	05/16/2025
Q4 of 2024	$4,362.00	00-101010	SONIC DRIVE IN 66 S RACEWAY INDIANAPOLIS, IN	02/15/2025
Q3 of 2024	$4,037.00	00-101010	SONIC DRIVE IN 66 S RACEWAY INDIANAPOLIS, IN	11/19/2024
Q2 of 2024	$3,894.00	00-101010	SONIC DRIVE IN 66 S RACEWAY INDIANAPOLIS, IN	08/23/2024

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

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* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Household Member:	**Phil Thomas**	**SSN:**	***_**_****
Date of Birth:	**XX/XX/XXXX**	**Relationship:**	**Spouse**
Date Verified	**12/04/2025**	**Verification Status/Code**	**Verified**

Employment Information

Hire Date	Hire State	FEIN	Employer Name and Address	Date Received by EIV
07/11/2014		61-123456	PIEOLOGY BROKAW COMMON LLC 30342 MCDONALD RD INDIANAPOLIS, IN	08/26/2014

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* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Wages

Pay Period	Amount	FEIN	Employer Name and Address	Date Received by EIV
Q4 of 2014	$140.00	61-123456	PIEOLOGY BROKAW COMMON LLC 30342 MCDONALD RD INDIANAPOLIS, IN	05/22/2015
Q3 of 2014	$2,728.00	61-123456	PIEOLOGY BROKAW COMMON LLC 30342 MCDONALD RD INDIANAPOLIS, IN	02/20/2015

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Unemployment Benefits

Pay Period	Amount	Date Received by EIV
Q3 of 2024	$0.00	11/13/2024
Q4 of 2021	$3,173.00	02/10/2022
Q3 of 2021	$1,670.00	11/10/2021
Q2 of 2021	$1,670.00	08/12/2021
Q3 of 2020	$0.00	11/19/2020

Social Security Benefits

Verification Data

Payment Status Code: N - Disallowed claim
Date of Current Entitlement:
Net Monthly Benefit if Payable: $0.00
Payee Name and Address: Phil Thomas

Benefit History

Date	Gross Benefit

Date Received by EIV: 12/04/2024

Lump Sum

Date	Amount
10/01/2024	$0.00

Dual Entitlement

EIV received no benefit data.

Medicare Data

EIV received no benefit data.

Social Security Benefits
EIV received no benefit data

Dual Entitlement
EIV received no benefit data.

Medicare Data
EIV received no benefit data.

Supplemental Security Income Benefits
EIV received no benefit data.

Disability

Disability:	No	**On-set Date:**

Date Received by EIV: 12/04/2024

Report Date: 03/13/2025

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
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* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Household Member:	Lauren Thomas	SSN:	***_**_****
Date of Birth:	XX/XX/XXXX	Relationship:	Head
Date Verified	12/04/2025	Verification Status/Code	Verified

Employment Information

Hire Date	Hire State	FEIN	Employer Name and Address	Date Received by EIV
06/25/2021		94-654321	INDIANA HEALTH CENTER 1333 MERIDIAN AVE, Indianapolis, IN	07/18/2021

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
Report Generated By - MXXX *QHA*

* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Wages

Pay Period	Amount	FEIN	Employer Name and Address	Date Received by EIV
Q4 of 2025	$16,081.00	94-654321	INDIANA HEALTH CENTER MERIDIAN AVE	05/11/2025
Q3 of 2025	$19,510.00	94-654321	INDIANA HEALTH CENTER MERIDIAN AVE	02/16/2025
Q2 of 2025	$16,837.00	94-654321	INDIANA HEALTH CENTER MERIDIAN AVE	11/15/2025
Q1 of 2023	$15,455.00	94-654321	INDIANA HEALTH CENTER MERIDIAN AVE	08/15/2023
Q4 of 2022	$21,042.00	94-654321	INDIANA HEALTH CENTER MERIDIAN AVE	05/30/2023
Q3 of 2022	$15,935.00	94-654321	INDIANA HEALTH CENTER MERIDIAN AVE	02/13/2023
Q2 of 2022	$14,576.00	94-654321	INDIANA HEALTH CENTER MERIDIAN AVE	11/12/2022

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
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* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

Unemployment Benefits

Pay Period	Amount	Date Received by EIV
Q3 of 2005	$0.00	12/04/2005
Q4 of 2003	$1,205.00	10/16/2005

CHAPTER 3
Interim Reexamination Policies
Guided Assessment

Interim Reexamination Policies

PHAs can have very different policies when it comes to processing interims. So let's shift gears, and talk about YOUR housing authority's policies rather than QHA's policies.

Please answer each of the questions below regarding your PHA's interim reexamination policies. If you are unsure about any of the questions, try reviewing your Admin Plan.

1. Is an EIV required when processing an interim?

2. Do you process income decreases?

3. When are income decreases made effective?

4. When are income increases made effective?

5. How soon are families required to report changes to the PHA?

6. Are there other important policies to note when processing interims?