



CHAPTER 1

VERIFYING INCOME and ALLOWANCES

GUIDED ASSESSMENT

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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

© Quadel 2026 **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 Y/N	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 Y/N	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 Y/N	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 Y/N	Sex	Immigration #
	Indianapolis, Indiana	Son	Y	M	

Family Income

<u>EMPLOYMENT INCOME: List all current employers</u>			
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

<u>SELF-EMPLOYMENT INCOME:</u>			
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

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 Y/N	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 Y/N	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 Y/N	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 Y/N	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