



HOME Investment Partnership Program Annual Rent Approval Form 2025

The 2013 HOME Final Rule requires Participating Jurisdictions (PJs) to review and approve rents annually for all multi-family HOME-assisted properties during their affordability period. **To comply with 24 CFR 92.252, projects must submit this completed form with the current approved utility allowance chart and current HOME published rent limits within 30 days of the release of the HOME Rent Limits each year.** Access HUD’s published [HOME Rent Limits](#). Review the [KHC Utility Allowance Rules](#) for LIHTC-, HOME-, and NHTF-funded projects.

Completed Rent Approval packet (Rent Approval Form, HUD Published Limits, Current Utility Allowance Chart or KHC UA approval letter) should be emailed to multifamilycompliance@kyhousing.org. If the requested documents are not included in the Rent Approval packet, the project will be considered out of compliance per regulations.

Project Name: _____ Award # (TDCS): _____

Project Address: _____

Project Completion Date: _____ County: _____

Home Funding Agreement Date: _____ Effective Date of 2024 Limits: _____

Directions: (A) Enter bedroom size and choose whether the unit is Low or High HOME (B) Enter total rent charged (C) Enter current utility allowance. The “Gross Rent” columns will auto-calculate if completed electronically. If you are not requesting a rent increase, please certify that by duplicating the “Current Rent Structure” in the “Proposed Rent Structure” column. (D) HUD’s published rent limit for unit size.

Current Rent Structure						Proposed Rent Structure						HOME Rent
BR Size (A)	Low HOME (50%)	High HOME (60%)	Current Rent (B)	U/A (C)	Gross Rent (B+C)	BR Size (A)	Low HOME (50%)	High HOME (60%)	Proposed Rent (B)	U/A (C)	Gross Rent (B+C)	Published Rent Limit (D)
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Provide the following information:

Total # of HOME units at project: _____ # of Low HOME: _____ # of High HOME: _____

HOME units are: Fixed Floating

Does project have Project-Based Rental Assistance? Yes No

Owners of HOME-assisted projects are required to fully recertify HOME-assisted tenants every sixth year of the affordability period (24 CFR §92.252(h)). List the next full recert year: _____

By signing below, I certify that the information submitted on this form is true and correct and that I am aware of the following:

- KHC reserves the right to request additional information to support the need for rent increases.
- All rent increases require thirty (30) days' written notice to tenants. **Best practice suggests no rent increases over \$50.00 per unit to prevent undue hardship on residents.**
- Failure to receive KHC approval and/or provide tenants with proper notice of rental increases may require a reduction in rent and restitution paid to affected tenants.
- Owners who fail to submit the Annual Rent Approval Form are subject to a finding and/or being placed on [KHC's Suspension and Debarment List](#).

Comments: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone: _____ Email: _____

KHC Staff Use Only:

Approved Increase Approved No Increase DENIED

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Comments: _____