

HOME & HTF Rent Update Form

Email completed form to homerentupdate@ihcda.in.gov.

Property Name _____

Award # _____

_____ This property intends to change the charged rent amounts.

County _____

_____ This property has one of the following funding in addition to HOME

UA Method _____

_____ RHTC
 _____ Section 8 (Housing Choice Vouchers)
 _____ Other _____

_____ Rural Development
 _____ Project Based Section 8

_____ This property does NOT intend to change rent amounts.

FILL OUT BELOW CHART

Set-Aside	30% 0BR	30% 1BR	30% 2BR	30% 3BR	30% 4BR	40% 0BR	40% 1BR	40% 2BR	40% 3BR	40% 4BR
Current Rent										
Proposed Rent										
Utility Allowance										
Total										
Set-Aside	50% 0BR	50% 1BR	50% 2BR	50% 3BR	50% 4BR	60% 0BR	60% 1BR	60% 2BR	60% 3BR	60% 4BR
Current Rent										
Proposed Rent										
Utility Allowance										
Total										

Name _____

Title _____

Signature _____

Date _____

Email Address _____

THIS SECTION TO BE COMPLETED BY IHCD

_____ Approved _____ Denied

Name _____

Title _____

Signature _____ Date _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

