

# Household Analysis

When unable to obtain a 50058 or Family Summary from your local PHA or KHC,  
Then this form may be used in their place for move-in purposes.

You must attach a copy of the Housing Choice Voucher for this form to be valid.

1. Effective Date: \_\_\_\_\_ 4. Entry Date: \_\_\_\_\_  
 2. Property Name: \_\_\_\_\_ 5. Bedroom Size: \_\_\_\_\_  
 3. Apartment #: \_\_\_\_\_ 6. Subsidy Code: # 6 Voucher

7. Social Security #	8. Household Member Name	9. Sex	10. Date of Birth	11. M/D/F	12. E/D/H
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: Item 11 (M/D/F = Minor, Disabled, or Full-time Student) is completed only when household member is **not** the Head or Co-Head of the Household.  
 Note: Item 12 (E/D/H = Elderly, Disabled, Handicapped) is completed only when household member **is** the Head or Co-Head of the Household.

13. Resident's Rent Portion \$ \_\_\_\_\_  
 divided by • 3 \_\_\_\_\_  
 multiply by 12 \_\_\_\_\_  
 equals (round to nearest dollar) \_\_\_\_\_  
 plus \$480 for each dependent \_\_\_\_\_  
 plus \$400 if elderly status \_\_\_\_\_  
 Reasonably Estimated Annual Gross Income \_\_\_\_\_

14. Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_