

Rent Approval Form

Per HOME regulations 24 CFR 92.252(d)(2) and (f)(2), HOME-assisted property owners must annually submit their proposed changes to the HOME unit rents for the coming year. The City of Boulder must review and approve the proposed rents before they become effective. The City has adopted this HOME rule for all permanently affordable rental housing. The City must receive this completed form no later than 45 days after the HUD-published rents take effect. Current rent and income limits are available on the Publications & Reporting page of the City of Boulder website, at <https://bouldercolorado.gov/services/investment-and-grant-compliance>

Owners who fail to submit the Rent Approval Form will receive a high-risk designation and become subject to on-site monitoring with tenant files reviewed. In addition, funding applications for new projects will not be accepted.

Year of Rent Limits: _____ Effective Date of Rent Limits: _____

AMI	1 BR	2 BR	3 BR	4 BR
30%				
40%				
50%				
60%				
Other				

Property Name: _____

Property Address: _____

Property Owner: _____ Contact Phone: _____

Contact Person: _____ Contact Email: _____

Owner Address: _____

Management Company: _____ Contact Phone: _____

Contact Person: _____ Contact Email: _____

As an Owner/Manager of Permanently Affordable Rental Housing: (check one)

- The proposed rents and utility allowances are in compliance with the maximum rent limits, and are indicated on the attached schedule (attach rent schedule)
- The rents are dictated by a federal- or state-project-based voucher program (attach rent schedule and rent approval from project-based voucher issuer)

I certify that to the best of my knowledge, the documentation provided in this submission is true and correct regarding the project listed above. I understand the Colorado Division of Housing may request additional information to substantiate a request to use a rent limit other than published HOME limits. I understand that any false statement on this form may subject me to criminal prosecution.

Signature _____

Name _____

Date _____

Office Use Only:

Review Date: _____ Staff Initials: _____

☐ Approved ☐ Denied Reason: _____