**Housing Authority of the**

**Town of Harrison**

**Flat Rent Policy**

**Adopted: \_\_\_\_\_**

**Resolution: \_\_\_\_\_**

1. **Introduction**

The Housing Authority of the Town of Harrison (“Housing Authority”) has adopted this Flat Rent Policy, which incorporates all applicable Federal, State, and local laws and regulations governing flat rent. This Policy applies to the Housing Authority’s Public Housing program.

1. **General Requirements**

The Housing Authority shall establish a flat rent for each public housing unit that is no less than 80% of the applicable Fair Market Rent (“FMR”).[[1]](#footnote-1) For units where utilities are tenant-paid, the Housing Authority shall adjust the flat rent downward by the amount of the utility allowance.[[2]](#footnote-2)

The Housing Authority shall review HUD’s annual FMR publications to ensure that the flat rents do not fall below the 80% threshold. If necessary, the Housing Authority shall update its flat rents within ninety (90) days of HUD’s FMR publication.[[3]](#footnote-3) Updated flat rents shall be phased in to ensure that no family suffers a rent increase of more than 35%.[[4]](#footnote-4)

Once a year, the Housing Authority shall give each family the opportunity to choose between flat rent and income-based rent.[[5]](#footnote-5) To ensure the family makes an informed choice, the Housing Authority shall provide information on its policies for switching the rent type due to financial hardship and the dollar amount of the rent under each rent type.[[6]](#footnote-6)

Generally, the Housing Authority shall conduct a recertification at least every year if income-based rent is chosen and at least every three (3) years if flat rent is chosen.[[7]](#footnote-7)

1. **Amendments and Revisions**

This Policy may be amended or revised from time to time by the Housing Authority’s Board of Commissioners. The Housing Authority will notify residents of all proposed amendments and/or revisions to the Policy in accordance with 24 C.F.R. 966.5.

**RECEIPT OF FLAT RENT POLICY**

I hereby acknowledge that I have received a copy of the **Housing Authority of the Town of Harrison’s Flat Rent Policy**. I hereby acknowledge that I have read and understand the terms of the Flat Rent Policy.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. 24 C.F.R. 960.253(b)(1). [↑](#footnote-ref-1)
2. 24 C.F.R. 960.253(b)(4). [↑](#footnote-ref-2)
3. 24 C.F.R. 960.253(b)(5). [↑](#footnote-ref-3)
4. 24 C.F.R. 960.253(b)(6). [↑](#footnote-ref-4)
5. 24 C.F.R. 960.253(a)(1). [↑](#footnote-ref-5)
6. 24 C.F.R. 960.253(e). [↑](#footnote-ref-6)
7. 24 C.F.R. 960.253(f). [↑](#footnote-ref-7)