

Project Identification				
Reviewed by:		Type of Review:	<input type="checkbox"/> Applicant Rejection <input type="checkbox"/> Tenant MI <input type="checkbox"/> Tenant MO <input type="checkbox"/> Certification/Recertification	
Unit #:		Family Name:		Move-In Date:
If this is a certification/recertification review, check the certification type:		<input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Interim <input type="checkbox"/> Correction <input type="checkbox"/> Other:		BR Size:

A. Household Information

	YES	NO	N/A	Comments
1. Is the application complete, including the date and time received by the O/A?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is there a form HUD-92006, "Supplement to application for federally assisted housing" in the files of tenants who applied after 12/14/09? <i>Tenant completion of the form is optional.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are the EIV Existing Tenant Search results in the file for all household members along with contacts made as a result of the search? <i>Applicable to move-ins after 1/31/10.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are the household members identified correctly? (Head, spouse, dependent, foster, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is the unit size appropriate for the household?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Was this household income eligible at MI? <i>This question only applies to a tenant file MI review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the file contain racial and ethnic data certification as provided to the O/A?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is there a current 9887/9887A consent form signed and dated by the head of household, spouse, co-head regardless of age and family members at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Is there an acknowledgement or signed document in the file as required indicating receipt by the tenant for:				
Lead Based Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resident Rights & Responsibilities brochure	<input type="checkbox"/>	<input type="checkbox"/>		
EIV & You brochure	<input type="checkbox"/>	<input type="checkbox"/>		
Fact Sheet on "How Your Rent is Determined"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Eligibility Verification

Have the following items been properly verified and documented?

	YES	NO	N/A	Comments
1. SSN (Except for those exempted by 24 CFR 5.216)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. EIV Summary Report in file to validate SSNs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Exemption from SSN disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Criminal and Drug Screening	<input type="checkbox"/>	<input type="checkbox"/>		
5. State Lifetime Sex Offender Registration check in each state where household members have reported they have resided, and/or background checks conducted using a database that checks against all state registries.	<input type="checkbox"/>	<input type="checkbox"/>		
6. Verification of disability status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Verification of student status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Verification of ages of occupants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Lease

	YES	NO	N/A	Comments
1. Is the correct HUD model lease used?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is the original lease and subsequent leases or addenda signed and dated by the O/A, head, spouse, co-head, and all other adult members of the household?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are applicable attachments attached to the lease, e.g., house rules, pet rules, unit inspection report, etc.	<input type="checkbox"/>	<input type="checkbox"/>		
4. If a security deposit was required, was it in the correct amount? If required, enter amount: \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If a pet deposit was required, was it in the correct amount? If required, enter amount: \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If a pet deposit was paid in installments, was the payment schedule in accordance with the pet regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are there inspections in the file:				
Move-In (dated and signed by O/A and Tenant)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annual unit inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. Certification/Recertification Activities

	YES	NO	N/A	Comments
1. Are recertification notices provided within the required timeframes?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are recertifications completed on time?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the certification signed and dated by the appropriate parties?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has a 30-day notice of increase in rent been provided to the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3rd Party Verification?

Income Information	YES	NO	N/A	Amount reported on 50059	Are all reported income and deductions verified and calculated correctly? If no, comment.
5. Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	

6. Social Security/SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
7. Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
8. Welfare/Public Assistance/TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
9. Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
10. Pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
11. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Income from Assets	YES	NO	N/A	Cash Value	Annual Income from Asset	
12. Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
13. Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
14. Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
15. 401k/Keough/IRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
16. Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
17. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
18. Imputed Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
Allowances/Expenses	YES	NO	N/A	Amount reported on 50059		
19. Dependent Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
20. Elderly/Disabled Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
21. Medical Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
22. Disability Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
23. Childcare Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
				YES	NO	N/A
24. Are all expenses and allowances that are claimed eligible under the HH 4350.3, R1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25. Has the household certified whether or not they have disposed of assets during the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

25. Enter the reviewer verified amounts for the following: Contract rent \$ <hr/> Utility Allowance \$ <hr/> Gross Rent \$ <hr/> Total Tenant Payment \$ <hr/> Tenant Rent \$ <hr/> Utility Reimbursement \$ <hr/> Assistance Payment \$	Amount reported on 50059			Did income information on the 50059 agree with verified file information? If not, comment on any discrepancies identified.
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

	YES	NO	N/A	Comments
27. Is the tenant paying minimum rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was a hardship exemption granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Were income discrepancies reported on the EIV Income Discrepancy Report investigated and the file documented with solution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Has the tenant entered into a written repayment agreement for monies due to the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, does the plan contain the required information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Does the file contain a recertification as a result of new employment reported on the EIV New Hires Report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the new employment income included in the reported annual income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. Billing Activities

	YES	NO	N/A	Comments
1. Does the assistance payment requested on the monthly billing (HUD-52670-A, Part 1) agree with the assistance payment on the applicable form HUD-50059?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If required, have adjustments been made to the monthly billing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F. Move-Out File Review Only

	YES	NO	N/A	Comments
1. Is there a MO notice from tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, date of notice: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Move-Out date: _____				

2.	Is there a MO inspection? If yes, enter the date of inspection: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Was the security deposit refunded to the tenant within 21 days, or in accordance with state and local laws, whichever is shorter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Was an itemized list of damages and charges provided to the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Does the tenant MO date on the voucher match the date the tenant vacated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Applicant Rejection Review Only					
		YES	NO	N/A	Comments
1.	Was the reason the applicant was denied admittance in accordance with the TSP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Was the reason for rejection provided in specific terms and plain language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Was the reason for rejection provided within 5 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Did the rejection letter provide the applicant the right to appeal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Was DHS notified of the reason for rejection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Was the appeal processed and applicant notified of the appeal decision within 5 days of the meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INCOME		ASSETS	
Source and verification method	Calculation:	Source and verification method	Calculation:
3% of Gross Income:		Imputed Asset Income: (assets >\$5,000)	
ALLOWANCES/DEDUCTIONS		EXPENSES (Medical/Disability/Childcare)	
Type and verification method		Type and verification method	
Calculation of TTP:		TTP: _____	
		10% of Monthly Gross Income: _____	