

MANAGEMENT & OCCUPANCY REVIEW**Enterprise Income Verification (EIV)
Requirements Review**

Property Name: _____ Date _____

1. List all authorized Coordinators, Users, and the designated Security Officer (or equivalent) and their assigned roles:

Roles

EIV Security Officer(s): _____

EIV Coordinator(s): _____

EIV Users: _____

2. List others who have access to EIV information but do not have access to the EIV system (Must have signed *Rules of Behavior* form for all)

3. Describe the EIV Security Training the owner/agent has provided to staff. Include training date(s):

(over)

4. Describe the security measures in place to ensure EIV data is secure i.e., access to tenant files and the EIV system. (Note: If EIV reports are saved as separate files outside of the EIV System and/or sent to others via e-mail, include security measures in place for protecting that information and limiting access.)

5. Provide a copy of the owner/agent's EIV Policies and Procedures to APHA staff.

Owner/Agent Signature

Date

Printed Name of Person Signing Form