

Tenant File Review Worksheet

(for owners/agents)

<p>Instructions: Review the move-in documents, the last Annual Recertification and any Interims effective after the last full certification. You will need additional Verification and TTP Calculation forms for the Interim reviews. Review the Move-In Certification or Initial Certification if the tenant is new to the property or to the Section 8 Program.</p>		
<p>Name of Reviewer:</p>		
<p>Family Name:</p>	<p>Unit Number:</p>	<p>Move-in Date:</p>
<p>Bedroom Size: <input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom</p>		
A. HOUSEHOLD INFORMATION		Comments
<p>1. Is the application complete, including the date and time received by the owner/agent?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>2. If tenant applied after 12/14/2009, is there a form HUD-92006, "Supplement to Application for Federally Assisted Housing" in the file?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. If the tenant moved-in after January 31, 2010, are the EIV Existing Tenant Search results in the file along with contacts made as a result of the search?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>4. Are the household members identified correctly? (head, spouse, dependent, co-head, other adult(s), live-in aide)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>5. Is the unit size appropriate for household?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>6. If a Live-In Aide in the household, does file contain verification by physician, psychiatrist or other medical practitioner or health care provider that aide is "essential to the care and well-being of the tenant"?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>7. Was household income eligible at move-in? (Question applies only to a move-in file review)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Over income? <input type="checkbox"/> Low income? <input type="checkbox"/> Very low income? <input type="checkbox"/> Extremely low income? <input type="checkbox"/></p>
<p>8. If household was not income eligible at move-in, was an exception or waiver granted?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>9. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>10. Have the HUD-9887/9887-A Consent Forms been signed by head, spouse, co-head regardless of age and family members at least 18 years of age?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>11. Is the lead-based paint acknowledgement in the file? (For properties built before 1978. Must be provided at lease signing, one time.)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>12. Is there an acknowledgement and/or signed document in the file indicating the tenant received the following items? (must be provided at AR)</p> <p>Resident Rights and Responsibilities</p> <p>EIV & You Brochure</p> <p>Fact Sheet – How Your Rent is Determined</p> <p>HUD 9887 Fact Sheet</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

13. Does the tenant file indicate that the owner/agent has taken necessary steps to address any EIV reported receipt of multiple subsidies?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
14. Does the file contain documentation to verify discrepant personal identifiers, and/or subsidy paid, as reported on the EIV Deceased Tenant Report?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
B. VERIFICATION		
Have the following items been properly verified and documented?		Comments
1. Social security numbers for all family members. EIV Summary Report in file to validate SSNs? (Should be filed with birth cert and other personal docs. Print one time – when SSNs validated) Exemption from SSN disclosure? (62 and older as of 1/31/2010 & whose eligibility determination began before then are exempt from requirement.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
2. If SS documentation is not original SS card, does the file include tenant certification that document provided is complete and accurate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Eligible immigrant status or citizenship	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Criminal and drug screening (1998)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. State Lifetime Sex Offender registration check in each state where household members reported they have resided, and/or background checks conducted using a database that checks against all state registries (ex: Dru Sjodin @ www.nsopw.gov)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Other screening as disclosed in Tenant Selection Plan (indicate <i>unknown</i> if TSP has been revised since tenant move-in)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Disability (if a 202 property, disability must be verified independent of social security)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8. Student status for all family members 18 years and older, at move-in, annual and/or initial certification.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Ages of occupants	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
C. LEASE		Comments
1. Is the correct HUD model lease used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Is the original lease and subsequent leases or addenda signed by the owner/agent, head, spouse, co-head, and all other adult members of the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Are applicable attachments attached to the lease, e.g., VAWA Lease Addendum, House Rules, Pet Rules, Move-In Inspection Report?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Is there a copy of the CURRENT House Rules and Pet Rules (if applicable) in the file?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Is there documentation to show the tenant received a copy of the current House Rules and Pet rules (if applicable)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

6. If security deposit is required, was it correct? If required, enter amount here:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. If pet deposit required, was it correct? If required, enter amount here:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8. If pet deposit was paid in installments, was the payment schedule in accordance with the pet regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
9. Is the move-in inspection form dated and signed by tenant and owner/agent? Does the form state the "unit is in decent, safe, and sanitary condition"? If cleaning or repair were required, did the o/a specify on the inspection form the date by which the work would be completed? (No more than 30 days after lease date)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
10. Are Annual inspections documented in file? (last 3 years) The inspection form must be complete. Be prepared to provide work orders executed as a result of the inspection.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. CERTIFICATION/RECERTIFICATION ACTIVITIES		Comments
1. Were recertification notices provided within the required timeframes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Initial Notice (required) <input type="checkbox"/> 120 days prior to AR anniversary date (required) <input type="checkbox"/> At least 90 days before anniversary date (if needed) <input type="checkbox"/> At least 60 days before anniversary date (if needed)
2. Were recertifications completed on time? (signature dates before effective date)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Is the certification (50059) signed and dated by the appropriate parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Was a 30-day rent increase notice provided to tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Is the EIV Income Report in the file? Was income appropriately verified or discrepancies resolved?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
6. Is the EIV Income Discrepancy Report in the file? Is there documentation of efforts undertaken to resolve discrepancies?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
7. Are all expenses/allowances claimed eligible under the HUD Handbook 4350.3 REV-1?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Did the household certify whether or not they disposed of assets during the past two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Was the correct unit rent used for rent determination?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Are income limits correct on the 50059?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Is the tenant paying minimum rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

12. Has a hardship exception been granted for paying minimum rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
13. If applicable, has tenant entered into a written payment plan for monies due to the project? (Be prepared to provide copy of the Repayment Agreement, payment receipts, tenant ledger card, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. Does the file contain a recertification as a result of new employment reported on the EIV New Hires Report? If Yes, is the new employment income included in the reported annual income?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
E. BILLING		Comment
1. Does the assistance payment requested on the monthly billing (HUD-52670-A, Part 1) agree with the assistance payment on the 50059 data requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
2. If required, have adjustments been made to the monthly billing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
F. MOVE-OUT FILE REVIEW ONLY		Comment
1. Was there a move-out notice from tenant? If Yes, Date of Notice: Move-Out Date:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Was there a move-out inspection? Date of inspection:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Is the move-out inspection dated and signed by the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Was the security deposit refunded to tenant within 14 business days per the AZ Residential Landlord & Tenant Act?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Is there documentation of the refund e.g., a copy of the refund check issued to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
6. Was an itemized list of the damages and charges provided to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
7. Were any additional charges paid by tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8. Are damage charges and cleaning fees substantiated by the move-out inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Does the tenant move-out date on voucher match the date the tenant vacated unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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VERIFICATIONS AND TTP CALCULATION					
	Reported on 50059		Should be on 50059		
1. INCOME			Verifications within 120 days of 50059 tenant signature date Yes / No		
Wages			Use pay stubs or 3 rd party verification		
Social Security			Use EIV / may use 3 rd party if info not in EIV		
Other (List)			Use appropriate verifications		
Total	\$	\$			
2. ASSETS (6-Month Average for Checking Acct & Actual Balance for Savings Acct) Describe Assets			Verifications timely Yes / No		
Total Assets	\$	\$			
Total INCOME from Assets	\$	\$			
Use greater: <input type="checkbox"/> Actual Income from assets <input type="checkbox"/> Imputed income (.02) when assets greater than \$5,000			NOTES / COMMENTS		
3. TOTAL ANNUAL INCOME (1. + 2.)	\$	\$			
4. ALLOWANCES					
Dependent Allowance (\$480 X ___)	\$	\$			
Childcare	\$	\$			
Disability Expenses	\$	\$			
Elderly Disabled (\$400)	\$	\$			
Medical Expenses Total ME: _____ Minus Allowance = 3% of Total Annual Income: _____ Enter result at right ⇨	\$	\$			
Total Allowances	\$	\$			
5. TTP / HAP CALCULATION					
a. Total Adjusted Income (3. minus 4.)	\$	\$			
b. Monthly Adjusted Income (5.a / 12)	\$	\$			
c. Total Tenant Payment (TTP) (5.b x 30%)	\$	\$			
d. Contract Rent	\$	\$			
e. Utility Allowance	\$	\$			
f. Tenant Rent (5.c minus 5.e)	\$	\$			
g. Utility Reimbursement	\$	\$			
h. Assistance Payment (HAP) (5.d minus 5.f)	\$	\$			