Tenant File Review Worksheet

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| Instructions: Review the appropriate number of tenant files and complete a copy of this worksheet for each file reviewed. Indicate the initial move-in date in the appropriate box. Indicate by marking the appropriate box (Yes, No, or N/A) for each document available in the tenant file. For move-out and applicant rejections files, reviewer should only complete the pertinent sections. | | |
| Name of Reviewer:  Type of Review:  Applicant Rejection  Tenant Move-In  Tenant Move-Out  Certification/Recertification  Effective date of certification(s) reviewed:  If this is a Certification or Recertification, check the certification type:  Certification Type:  Initial  Annual  Interim  Corrections  Other | | |
| Family Name: | Unit Number: | Move-in Date: |
| Bedroom Size:  0 Bedroom  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom  5 or more Bedrooms | | |

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| A. HOUSEHOLD INFORMATION | | |
| 1. Is the application complete, including the date and time received by the owner/agent? | **Yes  No** |  |
| 2. Is there a form HUD-92006, “Supplement to Application for Federally Assisted Housing” in the files of tenants who applied after 12/14/2009?  **Tenant completion of this form is optional.** | **Yes  No  N/A** |  |
| 3. Are the EIV Existing Tenant Search results in the file along with contacts made as a result of the search?  **Applicable to move-ins after January 31, 2010** | **Yes  No  N/A** |  |
| 4. Are the household members identified correctly? ( as head, spouse, dependent, co-head, other adult(s), live-in aide, foster child and foster adult) | **Yes  No** |  |
| 5. Is the unit size appropriate for household? | **Yes  No** |  |
| 6. Was this household’s income eligible at move-in?  **This question applies only to a tenant file move-in review.** | **Yes  No  N/A** | Over income?  Low income?  Very low income?  Extremely low income? |
| 7. If household was not income eligible at move-in, was an exception granted or waiver granted? | **Yes  No  N/A** | Comments: |
| 8. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent? | **Yes  No** |  |
| 9. Is there current HUD 9887/9887A Consent Form signed and dated by head, spouse, co-head regardless of age, and family members at least 18 years of age? | **Yes  No** |  |
| 10. Is there an acknowledgement and/or signed document as required in the file indicating receipt by the tenant?   * Lead based paint * Resident Rights and Responsibilities Brochure * *EIV & You* Brochure * Fact Sheet on How Your Rent is Determined | **Yes  No  N/A**  **Yes  No**  **Yes  No**  **Yes  No** |  |
| 11. Does the tenant file indicate that the owner/agent has taken necessary steps to address any EIV reported receipt of multiple subsidies? | **Yes  No  N/A** |  |
| 12. Does the file contain documentation to verify discrepant personal identifiers, and/or subsidy paid, as reported on:  EIV Multiple Subsidy report?  EIV Deceased Tenant Report? | **Yes  No  N/A**  **Yes  No  N/A** |  |
| **B. VERIFICATION**  **Have the following items been properly verified and documented?** | | |
| 1. Social Security numbers (except for those exempted by 24 CFR 5.216)?  EIV Summary Report in file to validate SSNs?  Exemption from SSN disclosure? | **Yes  No**  **Yes  No  N/A**  **Yes  No  N/A** |  |
| 2. Eligible immigrant status or citizenship status? | **Yes  No  N/A** |  |
| 3. Criminal and drug screening? | **Yes  No** |  |
| 4. 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? | **Yes  No** |  |
| 5. Other screening as disclosed in Tenant Selection Plan? | **Yes  No  N/A** |  |
| 6. Verification of:   * Disability status? * Student status? * Ages of occupants? | **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A** |  |
| C. LEASE |  |  |
| 1. Is the correct HUD model lease used? | **Yes  No** |  |
| 2. Is the original lease and subsequent leases or addenda signed and dated by the owner/agent, head, spouse, co-head, and all other adult members of the household? | **Yes  No** |  |
| 3. Are applicable attachments attached to the lease, e.g., house rules, pet rules, unit inspection report? | **Yes  No** |  |
| 4. If security deposit is required, is it in the correct amount?  If required, enter the amount here: $ | **Yes  No  N/A** |  |
| 5. If pet deposit required, is it in the correct amount?  If required, enter the amount here: $ | **Yes  No  N/A** |  |
| 6. If a pet deposit was paid in installments, was the payment schedule in accordance with the pet regulations? | **Yes  No  N/A** |  |
| 7. Are there inspections in the file:  Move-in (dated and signed by tenant and owner/agent)?  Annual unit inspections? | **Yes  No**  **Yes  No  N/A** |  |
| D. CERTIFICATION/RECERTIFICATION ACTIVITIES | | |
| 1. Are re-certification notices provided within the required timeframes? | **Yes  No** |  |
| 2. Are re-certifications completed on time? | **Yes  No** |  |
| 3. Is the certification signed and dated by the appropriate parties? | **Yes  No** |  |
| 4. Has a 30-day notice of increase in rent been provided to the tenant? | **Yes  No  N/A** |  |
| **NOTE: If necessary, use additional sheets to complete applicable income information.** | | |

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| **All reported income and deductions verified and calculated correctly?** | | **3rd Party Verification?** | | **Amount Reported on 50059** | | **Did income information on the 50059 agree with verified file information? If no, comment on discrepancies identified** | |
| 5. Wages | | **EIV Income Report**  **Traditional 3rd Party**  **Other**  **Not verified**  **N/A** |  | $ | |  | |
| 6. Social Security benefits | | **EIV Income Report**  **Traditional 3rd Party**  **Other**  **Not verified**  **N/A** |  | $ | |  | |
| 7. Unemployment benefits | | **EIV Income Report**  **Traditional 3rd Party**  **Other**  **Not verified**  **N/A** |  | $ | |  | |
| 8. **Other income**  Welfare/Public Assistance/TANF  Child Support  Pensions  Other \_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A** | | $  $  $  $ | |  | |
| 9. **Actual Income from Assets**  Checking Account  Savings Account  Certificates of Deposit  401K/Keogh/Retirement Accounts  Real Estate  Other \_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_ | | **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A** | | $  $  $  $  $  $ | | **Cash Value**  $  $  $  $  $  $ |  |
| 10. Imputed income when assets are greater than $5,000 | | **Yes  No** | | $ | |  | |
| 11. **Allowances/Expenses**  Dependent Allowance  Elderly/Disabled Household Allowance  Medical Expenses  Disability Expenses  Childcare Expenses | | **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A**  **Yes  No  N/A** | | $  $  $  $  $ | |  | |
| 12. Are all expenses and allowances that are claimed eligible under the HUD Handbook 4350.3 REV-1? | | **Yes  No  N/A** | |  | | | |
| 13. Has the household certified whether or not they disposed of assets during the past two years? | | **Yes  No  N/A** | |  | | | |
| 14. Is the correct unit rent being used for subsidy determination? | | **Yes  No** | |  | | | |
| **Enter the reviewer verified amounts for the following:** | | **Amount Reported on the 50059** | | | **Did income information on the 50059 agree with verified file information? If no, comment on any discrepancies identified.** | | |
| 15. Contract Rent  Utility Allowance  Gross Rent  Total Tenant Payment  Tenant Rent  Utility Reimbursement  Assistance Payment | **$**  **$**  **$**  **$**  **$**  **$**  **$** | **$**  **$**  **$**  **$**  **$**  **$**  **$** | | |  | | |
| 16. Is the tenant paying minimum rent?  If yes, was a hardship exception granted? | | **Yes  No  N/A**  **Yes  No  N/A** | | |  | | |
| 17. Were income discrepancies reported on the EIV Income Discrepancy Report investigated, and the file documented with the resolution? | | **Yes  No  N/A** | | |  | | |
| 18. Has tenant entered into a written repayment agreement for monies due to the project?  If yes, does the plan contain the required information? | | **Yes  No  N/A**  **Yes  No  N/A** | | |  | | |
| 19. Does file contain a re-certification 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  No  N/A**  **Yes  No  N/A** | | |  | | |
| **E. BILLING** | |  | | |  | | |
| 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? | | **Yes  No  N/A** | | |  | | |
| 2. If required, have adjustments been made to the monthly billing? | | **Yes  No  N/A** | | |  | | |
| **F. MOVE-OUT FILE REVIEW ONLY** | |  | | |  | | |
| 1. Is there a move-out notice from tenant?  If yes, Date of Notice \_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_  Move-out date \_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_ | | **Yes  No** | | |  | | |
| 2. Is there a move-out inspection?  If yes, enter the date of inspection \_\_\_\_     \_\_\_\_\_\_\_ | | **Yes  No** | | |  | | |
| 3. Was the security deposit refunded to the tenant within 30 days, or in accordance with state or local laws, whichever is shorter? | | **Yes  No  N/A** | | |  | | |
| 4. Was an itemized list of the damages and charges provided to the tenant? | | **Yes  No  N/A** | | |  | | |
| 5. Were any additional charges paid by tenant? | | **Yes  No  N/A** | | |  | | |
| 6. Does the tenant move-out date on the voucher match the date the tenant vacated? | | **Yes  No** | | |  | | |
| **G. APPLICANT REJECTION REVIEW ONLY** | | | | | | | |
| 1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan? | | **Yes  No** | | |  | | |
| 2. Was the reason for rejection provided in specific terms and in plain language? | | **Yes  No  N/A** | | |  | | |
| 3. Did the rejection letter provide the applicant the right to appeal? | | **Yes  No** | | |  | | |
| 4. If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision? | | **Yes  No  N/A** | | |  | | |
| 5. Was the appeal processed and applicant notified of the appeal decision within five days of the meeting? | | **Yes  No  N/A** | | |  | | |