

Tenant File Review Worksheet

Instructions: Review the appropriate number of tenant files and complete 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 Certification/Recertification, indicate certification type:

Certification Type: Initial Annual Interim Other

Family Name:	Unit Number:	Move-in Date:
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 <input type="checkbox"/> 5 or more Bedrooms		

A. HOUSEHOLD INFORMATION

1. Is the application complete, including the date and time received by the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Are the household members identified correctly? (head, spouse, dependent, co-head, other adult(s), live-in aide)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Is the unit size appropriate for household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Was household income eligible at move-in? (This question applies only to a tenant file move-in review.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: Over income? <input type="checkbox"/> Low income? <input type="checkbox"/> Very low income? <input type="checkbox"/> Extremely low income? <input type="checkbox"/>
5. If household was not income eligible at move-in, was an exception granted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
6. Is the lead-based paint acknowledgement in the file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
8. 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
9. Was the HUD-9887 Fact Sheet provided to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
10. Does the file contain the Resident Rights and Responsibilities acknowledgement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

B. VERIFICATION		
Have the following items been properly verified and documented?		
1. Social security numbers for all family members at least 6 years of age and older or certification, if no SSN	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Eligible immigrant status or citizenship	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Criminal and drug screening; sex offender registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Other screening as disclosed in Tenant Selection Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
5. Disability	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
6. Student status	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Age	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
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"/> N/A <input type="checkbox"/>	Comments:
C. LEASE		
1. Is the correct HUD model lease used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Is the original lease and subsequent leases or addendums 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"/>	Comments:
3. Are applicable attachments attached to the lease, e.g., house rules, pet rules, unit inspection report?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. If security deposit is required, was it correct? If required, enter amount here:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
5. 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"/>	Comments:
6. If pet deposit was paid in installments, was payment in accordance with the pet regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Is the move-in inspection dated and signed by tenant and owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
8. Are Annual inspections documented in file?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
D. CERTIFICATION/RECERTIFICATION ACTIVITIES		
1. Were recertification notices provided within the required timeframes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Were recertifications completed on time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Is the certification signed and dated by the appropriate parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

ADDENDUM A

OMB Approval No. 2502-0178

Exp. 11/30/2011

All reported income and deductions verified and calculated correctly?	3 rd Party Verification?	Amount Reported on 50059	Did income information on the 50059 agree with verified file information? If no, comment on discrepancies identified
4. Wages	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
5. Social Security Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
6. Welfare/Public Assistance/TANF	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
7. Other income	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
8. Actual Income from Assets	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
9. Imputed income when assets are greater than \$5,000	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
10. Dependent Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
11. Medical Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
12. Disability Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
13. Childcare Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
14. Elderly/disabled household allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
15. Are all expenses/allowances claimed eligible under the HUD Handbook 4350.3 REV-1?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
16. Was the correct unit rent used for rent determination?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
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 Discrepancies Identified.	
17. Total Tenant Payment \$	\$	Comments:	
18. Tenant Rent \$	\$	Comments:	
19. Utility Reimbursement \$	\$	Comments:	
20. Assistance Payment \$	\$	Comments:	
21. Is the tenant paying minimum rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	
22. Has a hardship exception been granted for paying minimum rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	
23. Was a 30-day rent increase notice provided to tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	
24. If applicable, has tenant entered into a written payment plan for monies due to the project?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	

E. BILLING		
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"/>	Comments:
2. If required, have adjustments been made to the monthly billing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
F. MOVE-OUT FILE REVIEW ONLY		
1. Was there a move-out notice from tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Was there a move-out inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. If there is a move-out inspection, is it dated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Was the security deposit refunded to tenant within 30 days or in accordance with state/local laws whichever is shorter?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
5. 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"/>	Comments:
6. Were any additional charges paid by tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Does the tenant move-out date on voucher match the date the tenant vacated unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
G. APPLICANT REJECTION REVIEW ONLY		
1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Did the rejection letter provide the applicant the right to appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
4. Was the appeal processed and applicant notified of appeal decision within five days of the meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments: