

811PRA Monitoring – Tenant File Review

Project Identification							
Reviewed by:		Type of Review:	Rejection	Tenant M/I Certification/Recertification	Tenant M/O		
Unit #:		Family Name:		Move-In Date:			
For certification/recertification, circle type:	Initial	Annual	Interim	Correction	BR Size:		

A. Household Information				
	Yes	No	N/A	Comments
1. Application complete, including date & time received by Property Manager (PM)?				
2. HUD-92006, "Supplement to App" in file – for tenants who applied after 12/14/09? <i>Tenant completion of form is optional.</i>				
3. EIV results in file for all household members & contacts made as a result of search? Applicable to move-ins after 1/31/10.				
4. Household members identified correctly? (Head/Spouse/Dependent/Foster/etc.)				
5. Unit size appropriate for household?				
6. Household income-eligible?				
7. File contains racial and ethnic data certification?				
8. Current 9887/9887A form signed & dated by all necessary household members?				
9. Acknowledgement or signed document in file indicating tenant receipt of:				
Lead-Based Paint				
Resident Rights & Responsibilities Brochure				
EIV & You Brochure				
How Your Rent is Determined Brochure				
B. Eligibility Verification				
Have the following items been properly verified and documented?				
	Yes	No	N/A	Comments
1. SSN (Except for those exempted by 24CFR 5.216)?				
2. EIV Summary Report to validate SSNs?				
3. Exemption from SSN disclosure?				
4. Criminal and Drug Screening?				
5. Where household members have reported they have resided, each state checked for State Lifetime Sex Offender Registration and/or background checks conducted using a database that checks against all state registries?				
6. Verification of disability status?				
7. Verification of student status?				

8. Verification of ages of occupants?									
C. Lease									
						Yes	No	N/A	Comments
1. 811PRA Model Lease used?									
2. Original lease and subsequent leases/addenda signed & dated by all adult household members?									
3. Applicable attachments attached to lease: house/pet rules, unit inspection report, etc.?									
4. If security deposit was required, was it in the correct amount? If required, enter amount: \$									
5. If pet deposit was required, was it in the correct amount? If required, enter amount: \$									
6. If pet deposit was paid in installments, was payment schedule in accordance with the pet regulations?									
7. Inspections in the file:									
Move-In (dated and signed by tenant)?									
Annual unit inspections?									
D. Certification/Recertification Activities									
						Yes	No	N/A	Comments
1. Recertification notices provided within required timeframes?									
2. Recertifications completed on time?									
3. Certification signed and dated by appropriate parties?									
4. 30-day notice of rent increase provided to tenant?									
						3rd Party Verification			
Income Information		YES	NO	N/A	Amount reported on 50059	All reported income & deductions verified & calculated correctly? If no, comment:			
5. Wages									
6. SS/SSI									
7. Unemployment									
8. Welfare/Public Assistance/TANF									
9. Child Support									
10. Pensions									
11. Other									
Income from Assets		YES	NO	N/A	Cash Value	Annual Income from Asset			
12. Checking Account									
13. Savings Account									
14. Certificate of Deposit									
15. 401k/Keogh/IRA									
16. Real Estate									
17. Other									
18. Imputed Assets									

Allowances/Expenses	YES	NO	N/A	Amount reported on 50059			Comments
				YES	NO	N/A	
19. Dependent Allowance							
20. Elderly/Disabled Allowance							
21. Medical Expenses							
22. Disability Expenses							
23. Childcare Expenses							
				YES	NO	N/A	
24. Are all expenses & allowances claimed, eligible under the HH 4350.3, R1?							
25. Household certified whether or not they have disposed of assets during the past two years?							
26. Enter reviewer verified amounts for the following:				Amount reported on 50059			Does 50059 info agree with verified file info? If not, comment:
Contract rent \$			\$				
Utility Allowance \$			\$				
Gross Rent \$			\$				
Total Tenant Payment \$			\$				
Tenant Rent \$			\$				
Utility Reimbursement \$			\$				
Assistance Payment \$			\$				
				YES	NO	N/A	Comments
27. Tenant paying minimum rent?							
If yes, was hardship exemption granted?							
28. Income discrepancies reported on EIV Income Discrepancy Report, investigated & file documented with solution?							
29. Tenant entered into written repayment agreement/plan for monies due?							
If yes, does plan contain required info?							
30. File contain recertification as result of new employment reported on EIV New Hires Report?							
If yes, is new employment income included in reported annual income?							
E. Billing Activities							
				YES	NO	N/A	Comments
1. Does assistance payment requested on monthly billing (HUD-52670-A, Part 1)							

agree with assistance payment on applicable form HUD-50059?				
2. If required, have adjustments been made to monthly billing?				
F. Move-Out (M/O) File Review Only				
	YES	NO	N/A	Comments
1. Is there a M/O notice from tenant? If yes, date of notice: _____ Actual move-out date: _____				
2. Is there a M/O inspection? If yes, enter date of inspection: _____				
3. Was security deposit refunded to tenant within 21 days, or in accordance with state & local laws, whichever is shorter?				
4. Was itemized list of damages & charges provided to tenant?				
5. Does tenant M/O date on voucher match date tenant actually vacated?				
G. Applicant Rejection Review Only				
	YES	NO	N/A	Comments
1. Was reason applicant was denied admittance in accordance with TSP?				
2. Was reason for rejection provided in specific terms & plain language?				
3. Was reason for rejection provided within 5 days?				
4. Did rejection letter provide applicant right to appeal?				
5. Was MSHDA & MDHHS notified of reason for rejection?				
6. If applicant appealed, was appeal reviewed by someone other than person who made original decision?				
7. Was appeal processed and applicant notified of appeal decision within 5 days of the meeting?				

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