

Tenant File Review Worksheet (Revised References 5/17/19)

Tenant File Review Worksheet

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

A. HOUSEHOLD INFORMATION	Comments
1. Is the application complete, including the date and time received by the owner/agent? 4350.3 4-16A	Yes <input type="checkbox"/> No <input type="checkbox"/> Upon receipt of the application, the owner must date and time stamp the receipt of the application or write and initial the date and time received.
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. 4350.3 4-14D	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> The application must include as an attachment,
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 4350.3 ETS 9-12A	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> EIV Existing Tenant Search must be accessed, printed and reviewed for all household members when processing the application. If applicant is an existing tenant at another Section 8 property or has a voucher, the prospective O/M must follow up with the applicant, owner of PHA to coordinate/record MO & MI dates.
4. Are the household members identified correctly? (as head, spouse, dependent, co-head, other adult(s), live-in aide, foster child and foster adult) 65726"3-6E	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is the unit size appropriate for household? 65726"5/45."G.HI	Yes <input type="checkbox"/> No <input type="checkbox"/> i.e. 1 person household should not be in a 2BR unless documented/verified need. If under-utilized must be on transfer list if appropriate unit size at property
6. Was this household's income eligible at move-in? This question applies only to a tenant file move-in review.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> ELI=30% VLI=50% LI=80% Pre-81 HAP typically 80% Post-81 HAP typically 50% Over income? <input type="checkbox"/> Low income? <input type="checkbox"/> Very low income? <input type="checkbox"/> Extremely low income? <input type="checkbox"/>
7. If household was not income eligible at move-in, was an exception or waiver granted? J WF 4350.3 3-7 D,E,F	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> It is suggested that a copy of the exception/waiver documentation be placed in the tenant file for audit purposes.
8. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent? HUD 27061	Yes <input type="checkbox"/> No <input type="checkbox"/> One form must be completed for each household member unless refused and check marked. If refused, the file should be documented.
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 <input type="checkbox"/> No <input type="checkbox"/> Must be signed by each adult, 18 or older, household member, Valid from the signature date for 15 months. Top blocks must be completed. There is room on the HUD 9887 for more than one signature, but only room for one signature on the HUD 9887A. HUD 4350.3 5-15B. Valid 15 months.

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<p>10. Is there an acknowledgement and/or signed document in the file indicating receipt by the tenant?</p> <ul style="list-style-type: none"> Lead based paint Resident Rights and Responsibilities Brochure EIV & You Brochure Fact Sheet on How Your Rent is Determined 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Lead paint - required only at move-in RR&R - move-in and annual EIV & You - move-in and annual Fact Sheet - move-in and annual Required in Elderly property only if there is a child under the age of 6 in the household. HUD 4350.3 5-15C</p>
<p>11. Does the tenant file indicate that the owner /agent has taken necessary steps to address any EIV reported receipt of multiple subsidies?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Must be accessed, printed and reviewed quarterly. It must be kept in the master EIV file, and supporting documentation, for 3 years. If it is a tenant specific, then it must also be kept in the tenant file with supporting documentation.</p>
<p>12. Does the file contain documentation to verify discrepant personal identifiers, and/or subsidy paid, as reported on:</p> <p>EIV Multiple Subsidy report? EIV Deceased Tenant Report?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>See above for both reports.</p>
<p>B. VERIFICATION Have the following items been properly verified and documented?</p>		<p>Comments</p>
<p>1. Social Security numbers (except for those exempted by 24 CFR 5.216)?</p> <p>EIV Summary Report in file to validate SSNs? Exemption from SSN disclosure?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>2. Eligible immigration status or citizenship status?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>One form per household member. Parent or guardian may complete for a minor.</p>
<p>3. Criminal and drug screening?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Must be done at application processing and then, if not recent, again prior to move-in. <i>Federal Register Vol. No. 66, No. 101 May 24, 2001 effective 6/25/2001!</i></p>
<p>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? 4350.3 4-27A, 5-16, 5-16B</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Lifetime sex offender registration check initiated 6/25/2001. Also requires termination of tenancy of any person who was erroneously admitted after 6/25/2001 and is receiving housing assistance.</p>
<p>5. Other screening as disclosed in Tenant Selection Plan?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>i.e. credit check, rental history, housekeeping habits, and local resident if approved by HUD..</p>
<p>6. Verification of:</p> <ul style="list-style-type: none"> Disability status? Student status? Ages of occupants? 3-28C 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Disability-Documentation must be in the file for the head/co-head applicant under the age of 62 in an elderly/disabled property or for the resident in a family property to take \$400 elderly/disabled deduction or disability expenses to be able to work. Student Status - at move-in and recert. Age - at move-in for both family and elderly property. Verification of Disability per HUD requirements.</p>
<p>C. LEASE</p>		<p>Comments</p>
<p>1. Is the correct HUD model lease used? 6-5A Fig. 6-2 App 4</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Family, elderly and/or disabled, non 202/8 is HUD Form 90105 and for 202/8 is HUD form 90105b</p>
<p>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? 4350.3 6-5B2 Signature</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>HUD will allow modifications of the lease through a Lease Addendum but the modification must be approved by HUD or the Contract Administrator (MH).Head of Household, spouse, any individual listed as co-head and all adult members of the household must sign and date the lease.</p>
<p>3. Are applicable attachments attached to the lease, e.g. house rules, pet rules, unit inspection report? HUD 4350.3 6-5C2 Add must have HUD/CA approval</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>HUD 50059, MI Inspection, House Rules, Lead-based paint disclosure form, Pet Rules (if applicable), Live-In Aide Addendum, Owner's Police or Security Personnel Addendum, VAWA Lease Addendum.</p>
<p>4. If security deposit is required, is it in the</p>		

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correct amount? If required, enter the amount here: \$ __HUD 4350.3 Ch.7	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Depending on the program, SD needs to be equal to one month's rent TTP at time of move-in or \$50. Not all programs require the collection of SD. See HUD 4350.3 for additional information.
5. If pet deposit is required, is it in the correct amount? HUD 4350.3 Exhibit 6-4 If required, enter the amount here: \$	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Check House Rules or Pet Rules to ensure that the pet deposit is the same for each household. It can't exceed \$300. Payment plan needs to be an option.
6. If a pet deposit was paid in installments, was the payment schedule in accordance with the pet regulations? HUD 4350.3 Exhibit 6-4	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	The initial deposit can't exceed \$50 at the time the pet is brought onto the premises. The pet rules must provide for gradual accumulation of the remaining pet deposit.
7. Are there inspections in the file: Move-in (dated and signed by tenant and owner/agent)? Annual unit inspections?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Before executing a lease, the owner/manager and the tenant must jointly inspect the unit but prior to move-in. It must include the statement "the unit is in decent, safe and sanitary condition". HUD 4350.3 6-29 A3.

D. CERTIFICATION/RECERTIFICATION ACTIVITIES		Comments
1. Are re-certification notices provided within the required timeframes? HUD 4350.3 7-7	Yes <input type="checkbox"/> No <input type="checkbox"/>	MI = Initial Annual Certification only. The annual re-certification is 120 days/ 90 days/ 60 days until the tenant responds and provides the information.
2. Are re-certifications completed on time? HUD 4350.3 7-5	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fill in N/A if a move-in file.If no, must be documented as to the cause.
3. Is the certification signed and dated by the appropriate parties? HUD 4350.3 7-4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Has a 30-day notice of increase in rent been provided to the tenant? HUD 4350.3 7-8B	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Check previous TTP to confirm an increase in rent.

NOTE: If necessary, use additional sheets to complete applicable income information.

All reported income and deductions verified and calculated correctly?	3rd Party Verification?	Comments	
		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 <input type="checkbox"/> Traditional 3 rd party <input type="checkbox"/> Other <input type="checkbox"/> Not verified <input type="checkbox"/> N/A <input type="checkbox"/>	\$	Must check N/A if not a wage income.
6. Social Security benefits 4350.3 App. 7 D4	EIV Income Report <input type="checkbox"/> Traditional 3 rd party <input type="checkbox"/> Other <input type="checkbox"/> Not verified <input type="checkbox"/> N/A <input type="checkbox"/>	\$	Identify source - comment if wrong source code
7. Unemployment benefits	EIV Income Report <input type="checkbox"/> Traditional 3 rd party <input type="checkbox"/> Other <input type="checkbox"/> Not verified <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
8. Other Income Welfare/Public Assistance/TANF Child Support Pensions Other _____	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"/> 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"/>	\$ \$ \$ \$	State Supplement of \$120 should be recorded under Other.

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<p>9. Actual Income from Assets</p> <p>Checking Account Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$ \$</p> <p>Savings Account Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$ \$</p> <p>Certificates of Deposit Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$ \$</p> <p>401K/Keogh/Retirement Accounts Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$ \$</p> <p>Real Estate Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$ \$</p> <p>Other _____</p> <p>_____</p>					<p>Cash Value</p>		<p>Multiple accounts combine together. Note that this is income from the asset and not the amount of the asset. See HUD 4350.3 Ch. 5 for further clarification.</p>
<p>10. Imputed income when assets are greater than \$5,000. HUD 4350.3 5-7, G8</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>\$</p>				
<p>11. Allowances/Expenses</p> <p>Dependent Allowance Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$</p> <p>Elderly/Disabled Household Allowance Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$</p> <p>Medical Expenses Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$</p> <p>Disability Expenses Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$</p> <p>Childcare Expenses Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> \$</p>							
<p>12. Are all expenses and allowances that are claimed eligible under the HUD Handbook 4350.3 REV-1? HUD 4350.3 CH.5</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>					
<p>13. Has the household certified whether or not they disposed of assets during the past two years? HUD 4350.3, 5-7, G8</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>					
<p>14. Is the correct unit rent being used for subsidy determination? Check HDS TRACs</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>Enter the reviewer verified amounts for the following:</p>		<p>Amount Reported on the 50059</p>	<p>Did income information on the 50059 agree with the verified file information? If not, comment on any discrepancies identified.</p>				
<p>15. Contract Rent \$</p> <p>Utility Allowance \$</p> <p>Gross Rent \$</p> <p>Total Tenant Payment \$</p> <p>Tenant Rent \$</p> <p>Utility Reimbursement \$</p> <p>Assistance Payment \$</p>		<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>					
<p>16. Is the tenant paying minimum rent? If yes, was a hardship exception granted? HUD 4350.3 5-26D</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>					
<p>17. Were income discrepancies reported on the EIV Income Discrepancy Report investigated, resolved and file documented?</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>					
<p>18. Has tenant entered into a written repayment agreement for monies due to the project? If yes, does the plan contain the required information?</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>					

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<p>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?</p>	<p>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"/></p>	<p>Must access, print and review at least quarterly. O/M records results on the report and tenant file if appropriate.</p>
E. BILLING		Comments
<p>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?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Subsidy processing staff reconciles monthly billing with assistance payment on HUD 50059. Question answered yes unless contacted by subsidy processing staff regarding an issue.</p>
<p>2. If required, have adjustments been made to the monthly billing?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Should be N/A unless contacted by subsidy processing staff.</p>
F. MOVE-OUT FILE REVIEW ONLY		Comments
<p>1. Is there a move-out notice from tenant? If yes, Date of Notice _____ Move-out date _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>To terminate tenancy, the tenant must provide the owner a written 30 day notice to vacate the unit as required by the HUD lease. If there is no notice from tenant, ensure that they are only billed for their portion of the rent for the 30 days notice. If O/M discovers the unit is vacated, subsidy ends that day,</p>
<p>2. Is there a move-out inspection? If yes, enter the date of the inspection _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. Was the security deposit refunded to the tenant within 30 days, or in accordance with state or local laws, whichever is shorter?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Must have proof of the disposition of the SD. Should be copy of the letter, copy of the check, and back up documentation on the charges.</p>
<p>4. Was an itemized list of damages and charges provided to the tenant? HUD 4350.3 6-18C</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Refund the full SD plus accrued interest to a tenant who doesn't owe any amounts under the lease. Provide itemized list of unpaid rent, damages, estimated cost of repair with a statement of tenant's rights under State law.</p>
<p>5. Were any additional charges paid by tenant?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>6. Does the tenant move-out date on the voucher match the date the tenant vacated?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Generally the date on the move-out inspection, as evidenced by documentation in the move-out file showing when the O/M took possession of the unit.</p>
G. APPLICANT REJECTION REVIEW ONLY		Comments
<p>1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan? HUD 4350.3 4-9</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>2. Was the reason for rejection provided in specific terms and in plain language?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>3. Did the rejection letter provide the applicant the right to appeal? HUD 4350.3 4-9</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Letter must specify 14 days to appeal and include the disability rights language allowing applicant an accommodation to participate in the appeal process.</p>
<p>4. If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision? HUD 4350.3 4-9D</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>5. Was the appeal processed and applicant notified of the appeal decision within five days of the meeting? HUD 4350.3 4-9D</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	