

Tenant File Review Worksheet

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	
5. Is the unit size appropriate for household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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"/>	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?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Is there a 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"/>	

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 Exp. 04/30/2018

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10. Is there an acknowledgement and/or signed document in the file indicating receipt by the tenant?		
<ul style="list-style-type: none"> <input type="checkbox"/> Lead based paint <input type="checkbox"/> Resident Rights and Responsibilities Brochure <input type="checkbox"/> <i>EIV & You</i> Brochure <input type="checkbox"/> Fact Sheet on How Your Rent is Determined 		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Does the tenant file indicate that the owner/agent has taken the necessary steps to address any EIV reported receipt of multiple subsidies?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12. Does the file contain documentation to verify discrepant personal identifiers, and/or subsidy paid, as reported on:		
EIV Multiple Subsidy Report?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 (except for those exempted by 24 CFR 5.216)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
EIV Summary Report in file to validate SSNs?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Exemption from SSN disclosure?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2. Eligible immigrant status or citizenship status?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3. Criminal and drug screening?		Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
5. Other screening as disclosed in Tenant Selection Plan?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6. Verification of:		
<input type="checkbox"/> Disability status?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> Student status?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> 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 and dated 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., house rules, pet rules, unit inspection report?		Yes <input type="checkbox"/> No <input type="checkbox"/>

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4. If security deposit is required, is it in the correct amount? If required, enter the amount here: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. If pet deposit required, is it in the correct amount? If required, enter the amount here: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
6. 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"/>	
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"/>	

D. CERTIFICATION/RECERTIFICATION ACTIVITIES		Comments:
1. Are re-certification notices provided within the required timeframes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Are re-certifications completed on time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Is the certification signed and dated by the appropriate parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Has a 30-day notice of increase in rent been provided to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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

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 <input type="checkbox"/> Traditional 3rd Party <input type="checkbox"/> Other <input type="checkbox"/> Not Verified <input type="checkbox"/> N/A <input type="checkbox"/>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
6. Social Security benefits	EIV Income Report <input type="checkbox"/> Traditional 3rd Party <input type="checkbox"/> Other <input type="checkbox"/> Not Verified <input type="checkbox"/> N/A <input type="checkbox"/>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
7. Unemployment benefits	EIV Income Report <input type="checkbox"/> Traditional 3rd Party <input type="checkbox"/> Other <input type="checkbox"/> Not Verified <input type="checkbox"/> N/A <input type="checkbox"/>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	

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8. Other Income			
Welfare/Public Assistance/TANF	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Child Support	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Pensions	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
9. Actual Income from Assets		<u>Cash Value</u>	
Checking Account	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Savings Account	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Certificates of Deposit	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
401K/Keogh/Retirement Accounts	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Real Estate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
10. Imputed income when assets are greater than \$5,000	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
11. Allowances/Expenses			
Dependant Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Elderly/Disabled Household Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Medical Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Disability Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
Childcare Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	\$	
12. Are all expenses and allowances that are claimed eligible under the HUD Handbook 4350.3 REV-1?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
13. Has the household certified 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"/>		
14. Is the correct unit rent being used for subsidy determination?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Enter the reviewer verified amounts for the following:		Amount Reported on the 50059	Did income information on the 50059 agree with the verified file information? If not, comment on 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?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
If yes, was a hardship exception granted?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		

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17. Were income discrepancies reported on the EIV Income Discrepancy Report investigated, resolved and file documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
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 <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"/>	
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 <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"/>	
E. BILLING		Comments
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 <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		Comments
1. Is there a move-out notice from tenant? If yes, Date of Notice: _____ Move-out date: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Is there a move-out inspection? If yes, enter the date of the inspection: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Was the security deposit refunded to the tenant within 30 days, or in accordance with state or local laws, whichever is shorter?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
4. Was an itemized list of damages and charges provided to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Were any additional charges paid by tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
6. Does the tenant move-out date on the voucher match the date the tenant vacated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
G. APPLICANT REJECTION REVIEW ONLY		Comments
1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Was the reason for rejection provided in specific terms and in plain language?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
3. Did the rejection letter provide the applicant the right to appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. 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"/>	
5. Was the appeal processed and applicant notified of the appeal decision within five days of the meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	