

## Sample 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 and, if applicable, indicate the current recertification year. Indicate each document available in the tenant file by marking the appropriate corresponding box (Yes, No, or N/A).

Date: <b>4/20/03</b>	Reviewed by: <b>Daisy Smith</b>			
<b>Type of Review:</b> Applicant Rejection <input type="checkbox"/> Tenant Move-In <input checked="" type="checkbox"/> Tenant Move-Out <input type="checkbox"/> Certification/Recertification <input type="checkbox"/>				
<b>If Certification/Recertification, indicate certification type:</b> Certification type: Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Interim <input type="checkbox"/> N/A <input type="checkbox"/> :				
Project Name: <b>Pine Ridge Apartments</b>			<b>Type of Housing:</b> Elderly <input checked="" type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/>	
Project No.: <b>085-EH089</b> Contract No.: <b>WA04-T822-008</b>			<b>Type of Subsidy:</b> Section 8 <input checked="" type="checkbox"/> PRAC <input type="checkbox"/> Section 236 <input type="checkbox"/> PAC <input type="checkbox"/> 221(d)(3) BMIR <input type="checkbox"/> Rental Supplement <input type="checkbox"/>	
Family Name: <b>Martin, James and Anna</b>			Unit Number: <b>203</b>	
Bedroom Size: 0 Bedrooms <input type="checkbox"/> 1 Bedroom <input checked="" type="checkbox"/> 2 Bedrooms <input type="checkbox"/> 3 Bedrooms <input type="checkbox"/> 4 Bedrooms <input type="checkbox"/> 5 or more Bedrooms <input type="checkbox"/>			Effective date of certification(s) reviewed:	
<b>A. HOUSEHOLD INFORMATION</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
1. Application complete and stamped by owner for date and time received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Household members identified correctly? (head, spouse, dependent, live-in aide)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Unit size appropriate for household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Was household income eligible at move-in?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over income <input type="checkbox"/> Low income <input type="checkbox"/> Very low income <input checked="" type="checkbox"/> Extremely low income <input type="checkbox"/>
5. If household was not income eligible at move-in, was an exception granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Resident Rights and Responsibilities acknowledgement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Ethnicity and racial data certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. HUD-9887/9887-A Consent forms signed by head, spouse, co-head regardless of age and family members at least 18 years of age?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Lead-based paint acknowledgement, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Have the following items been properly verified and documented?</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
10. Social Security numbers for all family members or certification if no SSN?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Declaration of citizenship or eligible immigrant status?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>No family summary sheet</b>
12. Criminal and drug screening; sex offender registration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Other screening as disclosed in tenant selection plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Credit check; previous landlord</b>
14. Disability, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15. Student status, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Age, if applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ATTACHMENT 7. TENANT FILE REVIEW WORKSHEET

<b>B. LEASE</b>				
	Yes	No	N/A	Comments:
1. Correct HUD model lease used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Original lease and subsequent leases or addendums signed by management, head, spouse, co-head, and all other adult members of the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are applicable attachments attached to the lease, (e.g., house rules, pet rules, unit inspection report)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If security deposit is required, was it correct? If required, enter amount here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If pet deposit is required, was it correct? If required, enter amount here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. If pet deposit was paid in installments was payment in accordance with the pet regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Move-in inspection dated and signed by tenant and management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Annual inspections documented in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. CERTIFICATION/RECERTIFICATION ACTIVITIES</b>				
	Yes	No	N/A	Comments
1. Certification notices given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Certifications completed on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All reported income and deductions verified and calculated correctly?	Verified?		Reported on '59	Should have reported on '59
	Yes	No		
3. Wages	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
4. Social Security benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 12,312.00	\$
5. Welfare/public assistance/TANF	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
6. Other income	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 3,000	\$
<b>ASSETS: (Includes income from 7 or 8 below, whichever is greater)</b>				
7. Actual income from assets	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
8. Imputed income when assets greater than \$5,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 701.00	\$
<b>9. TOTAL ANNUAL INCOME (Total of Lines 3 through 6 plus applicable Line 7 or Line 8)</b>			\$ 16,013.00	\$
10. Dependent	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
11. Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1,720.00	\$
12. Disability expenses	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
13. Childcare	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
14. Elderly/disabled household	<input type="checkbox"/>	<input type="checkbox"/>	\$ 800.00	\$
<b>15. TOTAL DEDUCTIONS (Total of Lines 10 through 14)</b>			\$ 2520.00	\$
<b>16. TOTAL ADJUSTED INCOME (Line 9 – Line 15)</b>			\$ 13,493.00	\$
17. Is a HUD-approved Rent Schedule (HUD-92458) on file? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If yes, list and compare the rental charges.)				
Rent Types	Rent Used		Form HUD-92458-Rent Schedule	
18. Contract rent	\$		\$	
19. Gross rent	\$ 450.00		\$	
20. Basic rent	\$		\$	
21. Market rent	\$ 450.00		\$	
22. Was the correct unit rent used for rent determination? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Enter the amounts for the following:	Owner-calculated rent/assistance			Reviewer-calculated rent/assistance
23. Total tenant payment:	\$ 337.00			\$
24. Tenant rent:	\$ 337.00			\$
25. Utility reimbursement:	\$			\$
26. Assistance Payment:	\$ 113.00			\$
	Yes	No	N/A	Comments:
27. Tenant paying minimum rent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Has a hardship exception been granted for paying minimum rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
29. If applicable, was utility reimbursement distributed within five business days of receiving the housing assistance payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
30. If applicable, was a 30-day notice provided to tenant to inform them of rent increase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. If applicable, has tenant entered into a payment plan for monies due to the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D. BILLING</b>				
	Yes	No	N/A	Comments:
1. Does the assistance payment requested on the monthly billings (HUD-52670-A) agree with the assistance payment on the 59 data requirements printout?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If required, have adjustments been made to the monthly billing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>E. MOVE-OUT</b>				
	Yes	No	N/A	Comments:
1. Move-out notice from tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Move-out inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If move-out inspection, is it dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If move-out inspection, is it signed by the tenant and the owner/agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Was the security deposit returned to tenant within 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Was there an itemized list of the damages and charges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Were any additional charges paid by tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Was appropriate adjustment made on monthly billing (HUD-52670-A)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>F. APPLICANT REJECTION</b>				
	Yes	No	N/A	Comments:
1. Was the reason applicant denied admittance in accordance with the tenant selection plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did the rejection letter provide applicant the right to appeal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Was the appeal processed and applicant notified of appeal decision within five days of the meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	