

Appendix A

Tenant File Review Checklist
Rental Integrity Monitoring
Public Housing / Sec. 8 Housing Choice Voucher

PHA Name:

PHA No.:

HUD Reviewer:

Date of Review:

Last Name of Family Head:

SSN of Family Head:

A. Family Composition

	Last Name	First Name	Relation	Date of Birth	Sex	SSN	9886? √	Dis? √	C/EI? √
1.a.			Head						
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									

Recent Admission Family only:

2.a. Date of Admission:

	Yes	No	Unclear
b. Application materials complete and capture all information for eligibility, income and rent?			
c. Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?			
d. Family composition and characteristics identified? Verified & documented?			
e. SSNs disclosed, or certification if no SSN assigned? Verified & documented?			
f. Evidence of citizenship or eligible immigration status for all members? Verified & documented?			

Reexamination Family only:

3.a. Current Reexam Effective Date: Prior Reexam/Admission Effective Date:

b. Reexam Type: Annual Income & Composition Interim / Special / Other
 3-Year Income & Composition (PH only) Annual Composition (PH only)

	Yes	No	Unclear
c. All Sec. 8 HCV only: PHA conducts <u>annual</u> reexam of income & composition?			
d. All PH only: PHA conducts <u>annual</u> reexam of composition?			
e. PH income-based rent only: PHA conducts <u>annual</u> reexam of income?			
f. PH flat rent only: PHA conducts at least <u>3-year</u> reexam of income?			
g. Reexamination materials complete and capture all information for eligibility, income and rent?			
h. Family composition & characteristics identified, including new members? Verified & documented?			
i. Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?			
j. SSNs disclosed, or certification if no SSN assigned? Verified & documented?			
k. Evidence of citizenship / eligible immigration status for all members? Verified & documented?			

Shaded cells represent information which may be cross-referenced with HUD-50058

B. Annual Income and Assets

* For detailed calculations, refer to **B. Annual Income and Assets Worksheet** in Appendix C

1.	Final Asset Income (ref. HUD-50058, line 6j.):	PHA: * \$	HUD: * \$	
2.	PHA identifying assets for all family members? Verified & documented?	Yes	No	Unclear
3.	PHA accurately calculating net cash value of assets?	Yes	No	Unclear
4.	PHA accurately calculating anticipated actual income from assets?	Yes	No	Unclear
5.	Assets > \$5000: PHA accurately calculating imputed asset income, using correct passbook rate?	Yes	No	Unclear
6.	PHA accurately calculating final asset income, using larger of anticipated actual vs. imputed?	Yes	No	Unclear

7.	TOTAL ANNUAL INCOME (ref. HUD-50058, line 7i.):	PHA: * \$	HUD: * \$	
8.	Wages and earned income accurately calculated, verified & documented?	Yes	No	Unclear
9.	Earned income exclusion/disallowance accurately calculated?	Yes	No	Unclear
10.	PH: Where PHA uses Individual Savings Account (ISA), PHA deposits appropriate amount?	Yes	No	Unclear

11.	Welfare benefit income accurately calculated, verified & documented?	Yes	No	Unclear
12.	Where family member subject to "Specified Welfare Benefit Reduction", PHA uses <u>imputed</u> welfare income?	Yes	No	Unclear
13.	Family requested review of <u>imputed</u> welfare income calculation? If denied, PHA provided written notice?	Yes	No	Unclear

14.	SS/SSI/pension income accurately calculated, verified & documented?	Yes	No	Unclear
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15.	"Other" income accurately calculated, verified & documented?	Yes	No	Unclear
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16.	Total Annual Income accurately calculated, verified & documented?	Yes	No	Unclear
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	Family Member	Type of Income	Date and TYPE of Verification	Income Rate	Annualized Income	Income Excluded	Income After Exclusions	
1.a.				\$	\$	(\$)	\$	
b.				\$	\$	(\$)	\$	
c.				\$	\$	(\$)	\$	
d.				\$	\$	(\$)	\$	
e.				\$	\$	(\$)	\$	
f.				\$	\$	(\$)	\$	
g.				\$	\$	(\$)	\$	
h.				\$	\$	(\$)	\$	
i.				\$	\$	(\$)	\$	
j.				\$	\$	(\$)	\$	
k.				\$	\$	(\$)	\$	
2.	Total:						\$	
3.	Final Asset Income (from Asset Table):						\$	
4.	TOTAL ANNUAL INCOME:						\$	

*greater of EIV or tenant-provided (w/ \$200 monthly); EIV + 3rd party; 3rd party/no EIV w/explanation; Other, explain

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C. Dwelling Unit / Utility Allowance

** For detailed calculations, refer to C. Utility Allowance Worksheet in Appendix C

1.a. Unit Address: b. No. of Bedrooms:

2.a. PH only – Project Name: b. PH only – Project No.

3.a. Tenant family responsible for some or all utilities in unit?

Yes	No	Unclear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Total Utility Allowance (ref. HUD-50058, line 10e., 10r., 12m.): PHA: ** \$ HUD: ** \$

c. Correct Utility Allowance used, computed accurately?

Yes	No	Unclear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utility Allowance Table:

Utility	Type	Scheduled UA	Utility	Scheduled UA
Heating		\$	Trash	\$
Cooking		\$	Air Conditioning	\$
Water Heating		\$	Range	\$
Other Electric		\$	Refrigerator	\$
Water		\$	Other:	\$
Sewer		\$	Other:	\$
Total Utility Allowance for dwelling unit (if none, enter \$0):				\$

D. Adjusted Income

* For detailed calculations, refer to D. Adjusted Income Worksheet in Appendix C

1.a. Dependent Deduction (ref. HUD-50058, line 8r. and 8s.): PHA: * \$ HUD: * \$

b. Dependent Deduction accurately calculated; verified & documented by PHA?

Yes	No	Unclear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.a. Elderly / Disabled Family Deduction (ref. HUD-50058, line 8p.): PHA: * \$ HUD: * \$

b. Elderly/Disabled Family Deduction accurately calculated; verified & documented by PHA?

Yes	No	Unclear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Deduction:

1.a. Total number of dependents in Family:

b. Dependent Deduction (Total number of dependents X \$480): \$

Elderly / Disabled Family Deduction:

2.a. Family qualifies as "Elderly" or "Disabled" family?

Yes	No	Unclear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. If "Yes", enter \$400 Elderly / Disabled Family Deduction. If "No", enter \$0: \$

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3.a. **Medical/Disability Assistance Expenses Deduction:** PHA: * \$ HUD: * \$

(ref. HUD-50058, line 8n.)

b. Medical/Disability Assistance Exp. Deduction accurately calculated; verified & documented by PHA?

Medical Expenses

	Family Member	Medical Expense Description	Date of Verification	Annual Expense Amount
3.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
f.				\$
4.	Total Annual Medical Expense:			\$

Disability Assistance Expenses

	Family Member	Disability Assistance Expense Description	Date of Verification	Annual Expense Amount
5.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
6.	Total Annual Disability Assistance Expenses:			\$

Medical / Disability Assistance Expenses Deduction:

		Yes	No	Unclear
7.	Three (3) percent of Annual Income (Annual Income Table Line 4. x 0.03):	\$		
8.a.	Family includes both "disabled" family member(s) and employed family member(s)?			
b.	Family incurs disability assistance expenses to enable family member(s) to be employed?			
c.	Amount of disability assistance expenses that are unreimbursed & reasonable:	\$		
9.	Line 8.c. minus Line 7.:	\$		
	<ul style="list-style-type: none"> If result is a negative number and Line 2.a. is "Yes", copy amount from Line 8.c. If result is a negative number and Line 2.a. is "No", enter \$0 			
10.	Amount of employment income made possible by disability assistance expenses:	\$		
11.	The <u>lower</u> amount of Line 9. or Line 10.:	\$		
	<ul style="list-style-type: none"> If Line 8.c. is less than Line 7. and Line 2.a. is "Yes", copy amount from Line 9. 			
12.	If Line 2.a. is "Yes", amount of <u>unreimbursed</u> medical expenses for entire family:	\$		
13.	Sum of Line 11. and Line 12.:	\$		
14.	Medical / Disability Assistance Expenses Deduction:	\$		
	<ul style="list-style-type: none"> If Line 8.c. = \$0, subtract Line 7. from Line 13. If negative result, enter \$0 If Line 8.c. is less than Line 7., subtract Line 7. from Line 13. If negative result, enter \$0 If Line 8.c. is greater than or equal to Line 7. enter amount from Line 13. 			

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4.a.	Child Care Expenses Deduction (ref. HUD-50058, line 8t.):	PHA: * \$	HUD: * \$
b.	Child Care Expenses Deduction accurately calculated; verified & documented by PHA?		

Child Care Expenses

	Family Member	Child Care Expense Description	Date of Verification	Annual Expense Amount
15.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
16.	Total Annual Child Care Expenses:			\$
17.a.	Family includes member(s) under age 13?			
b.	Amount of unreimbursed, reasonable child care costs incurred by family:			\$
18.a.	Family has any member(s) employed?			
b.	Child care costs enable member(s) to be employed?			
c.	Amount of employment income enabled by child care costs:			\$
d.	Amount on Line 17.b. , not to exceed amount on Line 18.c.			\$
19.a.	Family has any member(s) furthering education?			
b.	Child care costs enable member(s) to further education?			
20.	Child Care Expenses Deduction:			\$

- Where both **Line 18.a.** and **Line 18.b.** are "Yes", enter amount from **Line 18.d.**
- Where **Line 18.a.** is "No", but **Lines 19.a.** and **19.b.** are "Yes", enter amount from **Line 17.b.**

6.a.	Total All Deductions (ref. HUD-50058, line 8x.):	PHA: * \$	HUD: * \$
b.	Total All Deductions accurately calculated; verified & documented by PHA?		
7.a.	TOTAL ADJUSTED INCOME (ref. HUD-50058, line 8y.):	PHA: * \$	HUD: * \$
b.	Total Adjusted Income accurately calculated; verified & documented by PHA?		

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Complete Section F. for a Section 8 Housing Choice Voucher family only.

F. Family Rent and HAP – Section 8 HCV only

* For detailed calculations, refer to **F. Section 8 HCV Rent and HAP Worksheet** in Appendix C

Total Tenant Payment (TTP)

1.	TTP (ref. HUD-50058, line 9j. or 12r.):	PHA: * \$	HUD: * \$				
2.				TTP accurately calculated?	Yes	No	Unclear
3.a.	Family qualified for Minimum Rent financial hardship exemption? Verified & documented?						
b.	Minimum Rent TTP suspended for long-term hardship and reinstated for temporary hardship?						

Total Tenant Payment (TTP)

1.a.	Monthly Income (Annual Income ÷ 12):	\$	
b.	10% of Monthly Income (Line 1.a. X 0.10):	\$	
c.	Monthly Adjusted Income (Adjusted Income ÷ 12):	\$	
d.	30% of Monthly Adjusted Income (Line 1.c. X 0.30):	\$	
e.	Welfare Rent (if applicable):	\$	
f.	Minimum Rent:	\$	
g.	“Enhanced Voucher” Minimum Rent (if applicable):		
2.	TOTAL TENANT PAYMENT (TTP)	\$	

• Highest of Line 1.b., 1.d., 1.e., 1.f. or 1.g.

Payment Standard

4.a	Payment Standard (ref. HUD-50058, line 12j.):	PHA: * \$	HUD: * \$				
b.				Correct Payment Standard used?	Yes	No	Unclear

Payment Standard

Recent Admission / Mover / Portability-In / Enhanced Voucher Family:

3.	Payment Standard :	\$
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Reexamination Family:

4.	Current Payment Std. based on:	a. actual unit size: \$	b. subsidy std.: \$			
5.	Prior Payment Std. based on:	a. actual unit size: \$	b. subsidy std.: \$			
6.a.	Based on actual unit size – current Pay. Std. <i>increased</i> or <i>remained the same</i> over prior Pay. Std.?					
b.	If “Yes”, record Current reexam Payment Std., based on actual unit size, from Line 4.a.	\$				
c.	If “No”, record Prior reexam Payment Std., based on actual unit size, from Line 5.a.	\$				
7.a.	Based on subsidy std. – current Pay. Std. <i>increased</i> or <i>remained the same</i> over prior Pay. Std.?					
b.	If “Yes”, record Current reexam Payment Std., based on subsidy std., from Line 4.b.	\$				
c.	If “No”, record Prior reexam Payment Std., based on subsidy std., from Line 5.b.	\$				
8.	Payment Standard :	\$				

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Gross Rent and Total HAP

5.	Gross Rent (ref. HUD-50058, line 12p.):	PHA: * \$	HUD: * \$			
6.	Total HAP (ref. HUD-50058, line 12s.):	PHA: * \$	HUD: * \$			
7.	Total HAP accurately calculated?			Yes	No	Unclear

Reexamination Family only:

8.a.	Reexamination has resulted in HAP of zero (\$0) dollars?			Yes	No	Unclear
b.	If "Yes", HAP contract remained in effect up to 6 months after reexam effective date?					

Gross Rent and Total HAP

9.	Rent to Owner:	\$	
10.	Utility Allowance:	\$	
11.	Gross Rent (Line 9. + Line 10.):	\$	
12.a.	Payment Standard (Line 3. or Line 8.) minus TTP (Line 2.):	\$	
b.	Gross Rent (Line 11.) minus TTP (Line 2.):	\$	
c.	Total Housing Assistance Payment (HAP) = Lowest of Line 12.a. or Line 12.b. :	\$	

Family Rent to Owner and HAP to Owner (Non-prorated, Non-mixed Family only)

9.	Total Family Share of Rent (ref. HUD-50058, line 12t.):	PHA: * \$	HUD: * \$			
10.	HAP to Owner (ref. HUD-50058, line 12u.):	PHA: * \$	HUD: * \$			
11.	Family Rent to Owner (ref. HUD-50058, line 12v.):	PHA: * \$	HUD: * \$			
12.	Utility Reimbursement (ref. HUD-50058, line 12w.):	PHA: * \$	HUD: * \$			
13.	Family Rent to Owner and HAP (Non-prorated) accurately calculated by PHA?			Yes	No	Unclear
14.	HAP agrees with HAP register?					

Family Rent to Owner and HAP to Owner (Non-prorated)

Recent Admission / Mover / Portability-In Family:

13.a.	40% of Monthly Adjusted Income (Line 1.c. x 0.40):	\$
b.	Total Family Share of Rent = (Line 11. minus Line 12.c.) <= Line 13.a.	\$

Reexamination / Enhanced Voucher Family:

14.	Total Family Share of Rent = Line 11. minus Line 12.c. :	\$
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15.	HAP to Owner (Lowest of Line 9. or Line 12.c.):	\$
16.	Family Rent to Owner (Line 9. minus Line 15.):	\$
17.	Utility Reimbursement = Line 12.c. minus Line 15., not to exceed Line 10. :	\$

Family Rent to Owner and HAP to Owner (Prorated, Mixed Family only)

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15.	Prorated Family Rent to Owner (ref. HUD-50058, line 12ai.):	PHA: * \$	HUD: * \$		
16.	Prorated HAP to Owner (ref. HUD-50058, line 12aj.):	PHA: * \$	HUD: * \$		
17.	Family Rent to Owner and HAP (Prorated) accurately calculated by PHA?			Yes	No
18.	HAP agrees with HAP register?			Unclear	

Family Rent to Owner and HAP to Owner (Prorated)

18.	Total Non-prorated HAP (Line 12.c.):	\$
19.a.	Total Number of family members:	
b.	Number of family members eligible for prorated rent subsidy	
20.	Total Prorated HAP = (Line 19.b. ÷ Line 19.a.) X Line 18.:	\$
21.	Prorated Family Share of Rent (Line 11. minus Line 20.):	\$
22.	Prorated Family Rent to Owner (Line 21. minus Line 10.):	\$
23.	Prorated HAP to Owner:	\$

- Line 9. minus Line 22., if Line 22. is positive
- Line 9., if Line 22. is negative

Shaded cells represent information which may be cross-referenced with HUD-50058