

RENT AND INCOME DETERMINATION QUALITY CONTROL MONITORING GUIDE FOR MULTIFAMILY HOUSING PROGRAMS



“The right benefits go to the right persons”

U.S. Department of Housing and Urban Development
Office of Multifamily Housing Programs

Assistant Secretary for Housing-Federal Housing Commissioner

Date

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LIST OF ACRONYMS

ACC	Annual Contributions Contract
APPS	Active Partners Performance System
CA	Contract Administrator
CAOM	Contract Administrator Oversight Monitor
CFR	Code of Federal Regulations
EIV	Enterprise Income Verification System
ETL	Error Tracking Log
FASS	Financial Assessment Subsystem
FMC	Financial Management Center
GPO	Government Printing Office
Guide	Rent and Income Determination Quality Control Monitoring Guide for Multifamily Housing Programs
HAP	Housing Assistance Payment
HQS	Housing Quality Standards
HUD	U.S. Department of Housing and Urban Development
HUD 4350.3	Occupancy Requirements of Subsidized Multifamily Housing Programs
REV-1	Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures
HUD-50059	Management Review for Multifamily Housing Projects
IG	Inspector General
IPA	Independent Public Accountant
iREMS	integrated Real Estate Management System
LDP	Limited Denial of Participation
MOR	Management and Occupancy Review
NDNH	National Directory of New Hires
O/A	Owner(s)/Agent(s)
OAHP	Office of Affordable Housing Preservation
OIG	Office of Inspector General
OPIIS	Online Property Integration Information Suite
PASS	Physical Assessment Subsystem
PBCA	Performance-Based Contract Administrator
PD&R	Office of Policy Development and Research
PIC	Public and Indian Housing Information Center
PRAC	Project Rental Assistance Contracts
RHIIP	Rental Housing Integrity Improvement Project
SS	Social Security
SSI	Supplemental Security Income
TCA	Traditional Contract Administrator
TPA	Transfer of Physical Assets
TRACS	Tenant Rental Assistance Certification System
TTP	Total Tenant Payment
2530 Flags	Flags from Previous Participation Certification Submission

PART I. INTRODUCTION AND PURPOSE

The *Rent and Income Determination Quality Control Monitoring Guide for Multifamily Housing Programs (Guide)* was developed as part of the HUD-wide Rental Housing Integrity Improvement Project (RHIIP) effort to reduce errors in income and rent determinations and to ensure that the right benefits go to the right persons.

This *Guide* provides guidance to contract administrators (CAs) in conducting on-site occupancy monitoring reviews of HUD's assisted multifamily (MF) housing. A CA may be HUD staff, a performance-based contract administrator (PBCA), or a traditional contract administrator (TCA). The primary objectives of the reviews described in this *Guide* are:

- To detect and reduce errors in income and rent determinations
- To reduce rent underpayments and/or overpayments by residents
- To maximize HUD's housing resources, thereby assuring maximum participation in HUD's housing programs by as many eligible families as possible

The *Guide* should be used in conjunction with the Leasing and Occupancy section of Form HUD-9834, Management Review for Multifamily Housing Projects. The purpose of this *Guide*, is to provide technical assistance to the CA to ensure that quality control monitoring of income and rent determinations during management and occupancy reviews (MORs) is adequate and effective.

This *Guide* provides technical guidance and tools designed to provide the reviewer with a systematic approach to monitoring income and rent determinations and ensuring that errors are corrected. This approach will allow HUD to assess the errors on a national basis and track the reduction in errors to ensure that HUD's goal to significantly reduce errors is accomplished.

Additional guidance pertaining to the management review process and occupancy requirements are addressed in HUD Handbooks 4350.1 REV-1, *Multifamily Asset Management and Project Servicing*; Handbook 4350.3 REV-1, *Occupancy Requirements of Multifamily Housing Programs*; and, the *Special Claims Processing Guide*.

Information regarding the extent, severity and costs of errors that exist in HUD's rental assistance programs are summarized in the Quality Control for Rental Assistance Subsidies Determination study reports and the Performance and Accountability Reports (PARs). These reports are posted at <http://www.huduser.org> and <http://www.hud.gov/offices/cfo/reports/cforept.cfm> respectively.

PART II. QUALITY CONTROL MONITORING OF RENT AND INCOME DETERMINATIONS

A. Components of a Review

A MOR involves:

1. Scheduling the Review

- a.** Schedule date for the on-site review with the owner/agent (O/A).

NOTE: When scheduling the date for the review the O/A should be asked whether data from the Enterprise Income Verification (EIV) system is being used when processing recertifications. This information is needed when preparing for the review (see Part II, Section D.3).

- b.** Secure Systems users must record the date for the scheduled review in the integrated Real Estate Management System (iREMS).

2. Confirming the Review in Writing

- a.** Confirm the scheduled review in writing at least two weeks prior to the date of the review.
- b.** Identify the documents that should be made available to the reviewer by the O/A during the review by completing and enclosing with the written confirmation the checklist in Addendum C of form HUD-9834 ([Attachment 7-C](#)).
- c.** Identify the O/A's staff members who should be present during the review.
- d.** Identify the date, time, and members of the review team.

3. Prior to the On-Site Review (Desk Review)

- a.** Review key in-office resources such as project files, prior reviews and audits, tenant complaints, systems reports, etc.
- b.** Review reference materials such as current income limits, rent schedules, and relevant HUD regulations, notices, manuals, guidebooks and handbooks.
- c.** Complete the relevant questions in the Desk Review section of form HUD-9834 ([Attachment 7](#)).

For more information on conducting the desk review, see Section D of this *Guide*.

4. Holding an On-Site Entrance Conference with Participating Project Staff

- a. Explain how the monitoring review will be conducted.
- b. Identify key staff that will be assisting in the review.
- c. Confirm activities and files that will be reviewed.
- d. Explain the process of CA reporting of findings that may be discovered during the review, and O/A resolution requirements.

5. Conducting the Review

- a. Use program statutes, regulations, handbooks, manuals and the Leasing and Occupancy portion of Form HUD-9834 ([Attachment 7](#)) as a guide.
- b. Review a sample of tenant files using the Tenant File Review Worksheet, Addendum A of form HUD-9834 ([Attachment 7-A](#)).
- c. Review O/A's policies and procedures.
- d. Document evidence that supports conclusions made during the review.
- e. Determine if errors or deficiencies are isolated incidences or repeated incidences.
- f. Interview O/A's staff responsible for performing specific duties and implementing policies.

6. Holding an Exit Conference with Participating Project Staff

- a. Communicate the results of the review. The results are summarized orally at the exit conference and followed up by a written report of concerns, errors, and findings.
- b. The conclusions may be:
 - 1) **Recognition**—there were achievements.
 - 2) **Observations**—there were concerns or errors that may become findings if not corrected.
 - 3) **Findings**—there were conditions that are not in compliance with regulation or statutory requirements.

- 4) **Calculation Errors** – there were errors discovered during the tenant file review resulting in incorrect subsidy payment.

7. Preparing the Written Report

Prepare a formal written report using form HUD-9834 ([Attachment 7](#)), recording deficiencies, findings and corrective actions.

8. Communicating the Review Report to the Owner

- a. The Reviewer will record deficiencies, findings and corrective actions. Findings must include the condition, criteria, cause, effect and required corrective action.
- **Condition** describes the problem or deficiency.
 - **Criteria** cite the statutory, regulatory or administrative requirements that were not met.
 - **Cause** explains why the condition occurred.
 - **Effect** describes what happened because of the condition.
 - **Corrective action** provides what the O/A must do to eliminate the deficiency. The corrective action must include a requirement that the O/A determine and correct not only the discovered errors and omissions, but also describe how and what systems, controls, policies and procedures were adjusted or changed to assure that the errors and omissions do not re-occur.

Complete the Summary Report as follows:

- 1) Based on the Report of Findings, the Reviewer will assess the overall performance for each applicable category. The Reviewer must indicate **A** (Acceptable) or **C** (Corrective action required) and include target completion dates (TCD) for all corrective action items. For those items not applicable, indicate “N/A” in the TCD column.
- 2) For each of the categories applicable to the occupancy portion of the review form (*A, B, C, D, E, F, or G*), rate each category by checking Superior, Above Average, Satisfactory, Below Average, or Unsatisfactory. If a section was not completed, indicate “Not Rated”. After rating the applicable categories, the ratings will be used in the overall rating assessment. Additional guidance for ratings can be found in HUD Handbook 4350.1, REV-1, *Multifamily Asset Management and Project Servicing*.

b. Distribute the Summary Report and cover letter as follows:

- 1) Project Owner (original)**
- 2) Management Agent (copy)**
- 3) HUD office for PBCA reviews rated below average or unsatisfactory**
- 4) HUD office for all TCA reviews**

*A copy of the completed form HUD-9834 and supporting documents must be maintained in the project file.

- c. If a below average or unsatisfactory rating is determined, the owner must be afforded an opportunity to appeal. Guidance on appeal procedures is provided in HUD Handbook 4350.1, REV-1 *Multifamily Asset Management and Project Servicing*.**
- d. Secure Systems users must record the date the review was conducted and any other required data in iREMS.**
- e. Record and track errors in income and rent determination in accordance with interim reporting requirements issued under a separate directive from this *Guide*.**

9. Following Up

- a. Monitor the owner's progress in resolving findings identified in the report.**
- b. Track responses in iREMS or by using a calendar tickler, etc.**
- c. Apply sanctions against owners who are non-responsive or who fail to cure deficiencies.**

10. Closing out the review

- a. Close out the review when acceptable response or corrective action plan is received from owner.**
- b. Secure Systems users must document the date the review is closed in iREMS.**

B. Assessing O/A'S Management of Occupancy Responsibilities

The O/A should, and in some cases are required to, design internal policies, procedures, and processes to manage occupancy responsibilities. This section includes issues to consider when performing a review of the O/A's management practices.

The management of occupancy responsibilities at a property involves many elements, including:

- O/A's organization and staffing, both on-site and corporate
- Training and technical support for both on-site and corporate staff
- Tenant selection plan – development and execution of the plan
- Development and execution of Policies and Procedures for:
 - Applicant Intake
 - Waiting List Management
 - Initial Certification
 - Annual Recertification
 - Interim Recertification
 - Verification
 - Communication, both verbal and written, with applicants and tenants
- Tools used to identify family circumstances, sources of income. e.g. EIV system and other necessary information
- Understanding software programs (as applicable) that automate the occupancy management process and income and rent calculations
- Submission of required information to HUD, including mandatory tenant income and family characteristics submitted electronically to the Tenant Rental Assistance Certification System (TRACS) by the O/A or by the CA, who will, after reviewing the data, submit the data to TRACS on behalf of the owner
- Policies and procedures used to validate and correct outstanding voucher and tenant information
- Security policies and procedures for safeguarding tenant data

The occupancy function is comprised of a group of interrelated activities. Each O/A may have different policies and procedures to handle these responsibilities. For example, an O/A may perform all determinations of rent manually and provide the information to a service provider for automated submission directly to TRACS or to the CA who will, after reviewing the data, submit the data to TRACS on behalf of the owner. Another O/A may have computer software to accomplish the determinations of rent and to submit the information directly to TRACS or to the CA who, after reviewing the data, will submit

the data to TRACS on behalf of the owner. However, all processes and policies used must be consistent with HUD's policies and regulations.

When conducting a review focused on income and rent determination, the reviewer must understand how an O/A manages occupancy tasks and responsibilities. The reviewer needs to be knowledgeable of an O/A's occupancy policies and procedures and understand how activities are interrelated. Knowledge of the O/A's occupancy policies and procedures will help the reviewer to detect and understand income and rent determination errors and their underlying causes. The reviewer should always be cognizant of the larger occupancy function of a property in addition to how the unique occupancy policies and procedures of that property impact determinations of income, rent, and subsidy payment.

Functional areas that should be assessed during the review include:

- The knowledge and skill levels of the on-site staff performing occupancy functions as well as corporate staff who oversee this process. Staff should understand and apply HUD's occupancy rules and regulations and the O/A's internal policies and procedures. Staff should be able to readily produce a copy of the most current HUD Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*.
- The training program provided for all staff, both corporate oversight and on-site staff performing income and rent determinations. Training should be available for new staff and seasoned staff. Assess O/A's process for keeping staff informed of changes in procedures or HUD requirements.
- Internal quality control systems developed by the O/A as a "check" on income and rent determinations. Quality control systems need not be elaborate to be effective. A common quality control system is a review of O/A's staff income and rent determinations by a supervisor or management company occupancy specialist, as well as procedures used to resolve and eliminate errors made.
- Occupancy policies on admissions, recertifications, interim recertifications, income determinations, and rent calculations. Changes in laws, regulations, or HUD policies should have been incorporated into the O/A's policies and the policies should reflect the actual practices used at the project.
- O/A's "job-aids" used for occupancy management and income and rent determinations. Forms, worksheets, guides, and other job aids should accurately reflect current program requirements and result in correct income and rent determinations.
- Computer software or computer programs used to automate management of the occupancy processes. The reviewer should have the O/A's staff "walk" them through the system, describing and explaining the various data screens, data input requirements, and system-generated reports. The reviewer must ensure that the system handles occupancy requirements, as appropriate, and

that the O/A's staff understands how and why their system handles occupancy data as it does.

- Unique approaches the O/A may have developed to handle occupancy functions. Examples of areas where unique approaches may be employed by the O/A are: how information is gathered and verified; use of processes, forms, worksheets, and checklists developed in-house; and use of computer software applications. The reviewer must understand unique approaches to adequately monitor the O/A's occupancy processes.
- Use of the EIV system and established security procedures for safeguarding tenant data.

The processes for accepting and processing applications, scheduling and processing recertifications, conducting interviews, and gathering necessary information are crucial for successful income and rent determinations.

Reviewers should encourage O/As to subscribe to the MF RHIIP Listserv as a tool to assist them in keeping their staff up-to-date on HUD policy changes and notifications. O/As can subscribe at: www.hud.gov/subscribe/maillinglist.cfm

C. Selecting Projects and Contracts for Quality Control Reviews

The risk to HUD subsidy funds should be considered when scheduling monitoring reviews. A risk analysis should be conducted on all projects where HUD is the CA to determine the order to schedule reviews for projects or contracts in the HUD portfolio. PBCAs and TCAs may conduct a risk analysis as part of their preparation for the annual review of contracts assigned to them.

The selection of a project or specific assistance contract for review is based on an evaluation of the project or contract risks—meaning that there are factors that indicate the potential for errors in determining income and rent. This risk may result in a loss of subsidy funds to the government or a reduced benefit to the tenant. Monitoring based on risk does not mean that only projects and contracts with a potential for great risk are selected for review; however, projects and contracts that exhibit the greatest risk should be scheduled first. All projects and contracts should be reviewed periodically. Reviews should be conducted at least every three years for projects and contracts administered by HUD. However, where staff determines, based on their risk evaluation, that a project or contract may have high errors in income and rent determinations, consideration should be given to conduct annual on-site reviews or periodic remote reviews using information from the TRACS and EIV systems. PBCAs and TCAs are to conduct reviews at least annually for contracts they administer.

The following factors should be considered when determining the risks associated with projects or contracts during the review selection process:

TABLE 1 – RISK FACTORS FOR DETERMINING SELECTION REVIEWS

1	The amount of funding expended—high subsidy payments versus low subsidy payments
2	Transfer of physical assets (TPA) to first time participants
3	New management, change in key staff, or poorly trained staff
4	Uncooperative management
5	Office of Affordable Housing Preservation (OAHP) Watch List project/contract
6	Owner has outstanding flags resulting from their Previous Participation Certification submission (2530 flags)
7	Project has high vacancy
8	Poor performance rating: management reviews, physical inspections (abatement of units not meeting Housing Quality Standards (HQS)), or annual financial statements (auditor reports findings relating to tenant files or management practices)
9	New contracts (Section 202/811 Project Rental Assistance Contracts (PRACs))
10	High volume of fair housing complaints, tenant complaints, or community complaints
11	Length of time since last review
12	Mix of program types for single project
13	TRACS Project Evaluation Query reflects an excessive number of households with zero income, paying minimum rent, having no assets, or having no medical expenses
14	HUD-50059 tenant data in TRACS is for less than 90 percent of assisted units
15	Housing Owners Certification and Application for Housing Assistance Payments (HUD-52670) voucher not being transmitted
16	Project not receiving subsidy payments, in default or financial distress, co-mingling funds from another source, taking advances from the Reserve for Replacements account, or having other financial problems
17	Housing Assistance Payment (HAP) adjustments on the HUD-52670 voucher are out-of-line with previous adjustments and/or very large adjustments shown under miscellaneous
18	HUD-52670 voucher requests consistently exceed the 180 percent threshold rule, requiring the FMC to review the voucher
19	High number of student households
20	Online Property Integration Information Suite (OPPIS) rating
21	High number of tenants with income discrepancies reported in EIV
22	High number of tenants receiving subsidy at more than one location as reported in EIV
23	Two or more contracts for the same property have been merged to create one remaining contract - filing for both the original contract and the merged contract
24	Properties with recurring problems in providing complete and accurate information; that continually submit vouchers late; or have a low compliance percentage.

D. Conducting the Desk Review

Prior to an on-site visit, the reviewer should research information available in the CA's office files. This in-office information should be used to gain a better understanding of the processes used at the project and to help focus the on-site monitoring effort. The reviewer should gather and organize as much material as possible prior to the on-site review. Pre-review of in-office information can save valuable on-site review time.

1. In-office Resources

This section focuses on resources available to the reviewer in the office, including:

- Owner policies (if available)
- EIV Data/Reports
- Prior reviews and audits, including unsatisfactory or below average scores in the Leasing and Occupancy section of the management review, physical inspections, independent public accountant (IPA) audits, and Inspector General (IG) audits
- General office files with information on tenant complaints and other issues involving the project
- TRACS reports and queries
- iREMS data to check current rents, previous MOR ratings; REAC inspections and ratings; and any additional summary information
- Statutes and regulations
- Online Property Integration Information Suite (OPIIS) rating

2. TRACS

This section discusses how TRACS can be used to prepare for the income and rent quality control review. The reviewer will examine TRACS reports for the project and contract(s) to identify specific income- and rent-related issues, particularly income and rent discrepancies in the voucher and certification reports. Where discrepancies are noted, specific tenant families may be identified as candidates for the on-site tenant file sample review. Section 2.b, below, identifies queries available to the reviewer. The queries will be used to:

- Determine owner compliance
- Validate and correct voucher and tenant information

- Validate and correct subsidy tracking and payments

TRACS information is the centerpiece of the monitoring efforts for an on-site review of income and rent determinations. **It is critical that the information in TRACS be consistent with the original source documentation at the project.**

a. Accessing TRACS Queries

HUD staff can access the TRACS queries by logging into the Secure System on the HUD web site using their H-ID and password and then selecting “Tenant Rental Assistance Certification System (TRACS)”:

<https://hudapps.hud.gov/ssmaster/index.cfm>

Other CAs, if they have the authority, can access the TRACS queries at the TRACS Home Page by selecting “Secure Sign-in”, signing in using their M-ID and password, and then selecting “Tenant Rental Assistance Certification System (TRACS)”:

<http://www.hud.gov/offices/hsg/mfh/trx/trxsum.cfm>

b. TRACS Queries

There are two categories of TRACS queries—voucher queries and tenant queries. Each is discussed below.

(1) Voucher queries

(a) Contract/Project-Based Voucher Summary Query

This query provides a summary of information derived from the form HUD-52670, Housing Certification and Application for Housing Assistance Payments, within a specified date range. This query provides two tables of data: The first table displays Voucher Unit Summary information for the voucher months selected. The reviewer can use this table to determine utilization of subsidized units. The table may also be used for completing Question 45 of the Desk Review section of form HUD-9834 regarding vacancy at the project being reviewed. The second table displays the voucher payment summary for the voucher months selected.

(b) Voucher Tenant Compliance Query

This query provides a listing of the active tenant certifications at the contract or project level used in determining the O/A’s compliance with submission of tenant certifications. The compliance percentage the O/A must obtain is a percentage established by HUD. The reviewer can use this query to determine whether or not the O/A is in compliance with submission of tenant data to TRACS. The reviewer can query for the entire portfolio assigned to a particular Field Office

or for a specific project or contract. The reviewer should follow-up with O/As who are not in compliance and, if necessary, offer the O/A guidance and technical assistance for bringing the project in compliance.

(2) Tenant Queries

(a) **Certification Query and Assistance Payments Query**

There are two queries, *Certification Query* and *Assistance Payment Query*, which provide the reviewer with a listing of tenant certifications submitted by the O/A. The *Certification Query* includes for each household all certifications that have been submitted with an effective date in the future plus the most current certification with an effective date within the last 15 months. The *Assistance Payment Query* provides the reviewer a listing of tenant certification information based on the contract/project number and date range specified by the reviewer. The reviewer will use these queries to determine if the O/A is transmitting tenant certifications, if the certifications are current, if there were any certification discrepancies, the citizenship status of the household and the assistance requested for each unit.

In the Certification Query, by selecting the linked name within the Tenant Name field for a particular household, the reviewer can access other options. By selecting the Certification History List option, the certification history for a unit can be accessed. By selecting the Certification Discrepancies option, the certification discrepancies for a unit can be accessed. The reviewer should review the types of discrepancies to determine whether or not the O/A is required to transmit corrections to TRACS.

(b) **Certification with Discrepancy Query**

This query displays a listing of those certifications containing a discrepancy for the project or contract number selected by the reviewer. The reviewer can use this query to review the types of discrepancies to determine if the O/A is required to transmit corrections to TRACS and if the O/A is resolving discrepancies in a timely manner.

(c) **Late Certification Query**

This query lists households within a contract or project that are late in recertifying. Users may specify whether the report will include all certifications, exclude terminations, list HQ terminations only, or only list terminations. This report can be used by the reviewer to determine the O/A's compliance with submission of recertifications and for certifications that have been terminated and whether the termination was the result of an action taken by the O/A or by HUD Headquarters.

(d) **Move-in/Move-out Query**

This query should be used to view the move-in and move-out activity reported by the O/A for a specified period. From this query, the reviewer will be able to determine if the move-out action was initiated by the O/A or by the tenant. Excessive move-in and move-out activity can indicate that there are problems at the project.

(e) **Multiple Occupancy Query**

This query should be used to determine if any units are occupied by multiple active heads of households. The reviewer will also be able to determine if a head of household is occupying units in more than one assisted project. (Also see the Multiple Subsidy Report in EIV.)

(f) **Project Evaluation Query**

This query should be used to assist with evaluating potential concerns at the project. This report may also provide insight for pre-selecting tenant files for review. This query provides the reviewer with information relating to changes in assets, households with no income, households paying the minimum rent, and elderly/disabled households without medical expenses.

(g) **Certification with Discrepancies Query**

This query provides the reviewer with certifications containing discrepancies as a result of the electronic review of the data submitted by the O/A. The reviewer will use this query to make sure the O/A is resolving the discrepancies and resubmitting corrected data when applicable.

(h) **Verification Query**

This query should be used to determine if the O/A is using the correct income limits and approved unit rents. The reviewer can also use this report to determine if units are being over or under utilized based on generally accepted occupancy standards.

Attachment 3 provides examples of TRACS Query Reports.

For more information on the TRACS queries and reports, the reviewer should refer to the Industry User Guide for TRACS Internet Applications posted on the TRACS website at: <http://www.hud.gov/offices/hsg/mfh/trx/trxngde.cfm>

3. EIV Reports

This section discusses how information contained in the EIV system can be used to prepare for the income and rent quality control review. The reviewer may examine EIV reports for the project or contract(s) to identify employment and income information that O/As may use at the time of recertification, possible income discrepancies, tenants who may possibly be receiving double subsidy as well as other data relative to household members. While EIV is not yet mandatory, if the O/A of the project being reviewed is using the EIV data at the time of recertification, the reviewer should examine EIV reports for the project and contract(s) being reviewed to identify specific income discrepancy related issues. Where discrepancies are noted, specific tenant families may be identified as candidates for the on-site tenant file sample review.

The reports will be used to:

- Identify discrepancies in income reported by tenants.
- Verify income reported by the tenant on the HUD-50059

Users may access income records for tenants participating in MF Housing's rental assistance programs through EIV by:

- Subsidy Contract
- Project Number
- Head of Household

For additional information and guidance on the EIV reports, the reviewer should refer to the EIV System User Manual Guide for Multifamily Housing Program

Users posted on the MF EIV website at:

<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm>

a. Accessing EIV Reports

HUD staff that have been approved for EIV access can access the EIV reports by logging into Secure Systems using their H-ID and password and then selecting Enterprise Income Verification (EIV).

Other CAs, if they have been approved for EIV access, can access the EIV reports by logging into Secure Systems using their M-ID and password and selecting Enterprise Income Verification (EIV).

A link to the Secure Systems login screen is provided from the MF EIV website at:

<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm>

b. EIV Reports

The following reports may be used by CAs when preparing for and conducting the on-site monitoring review of O/As who are using EIV data at the time of recertification. O/As who choose to use EIV reports other than at the time of recertification must have policies and procedures in place for using the data to ensure all tenants are treated in a fair and nondiscriminatory manner.

1. Summary Report

This report provides information on the head of household and each household member. The report displays the Identity Verification Status. The verification status' are:

- Verified: Tenant SSN, Last Name and Date of Birth have been verified by the Social Security Administration (SSA).
- Not verified: Tenant record has not been sent to the SSA for verification.
- Failed: Tenant SSN, Last Name and Date of Birth failed verification by the SSA.
- Deceased: The SSA records show that the tenant with the SSN, Last Name and Date of Birth verified is deceased.

The reviewer may use this report to determine if there are tenants where the O/A needs to make corrections to data submitted to TRACS.

2. **Income Report**

The income report provides employment and income information on tenants participating in one of MF Housing's rental assistance programs. The reviewer should use this report to ensure all income reported in EIV was used in determining the annual income of the tenant unless the tenant disputes the EIV employment and income information. In instances where the tenant disputes the EIV data, the O/A should have obtained third party verifications from income sources for determining the tenant's income. There may also be instances where the income was for less than \$200 per month (\$2,400 per year) whereby the tenant would not have been required to report the income in accordance with his/her lease. The reviewer should make sure the owner has followed the requirements in Chapter 7, Paragraph 7-11.B of Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, on processing interim recertifications.

(See Notice H 2008-03, Enterprise Income Verification (EIV)), for more information on use of the EIV employment and income information. The notice is posted at:

<http://www.hud.gov/offices/adm/hudclips/notices/hsg/files/08-03HSGN.doc>

3. **New Hires Report**

This report provides employment information on tenants who have started new jobs. This information is updated monthly, and since most employers report information on new hires to their state within 30 days of the hire date, the new hire information will generally be in EIV within 60 days from when the tenant started the new job. The reviewer should use this report to ensure that O/As at the time of recertification are obtaining income information from tenants who may or may not be reporting they have started working and taking action to seek reimbursement from tenants of any overpayments in rental assistance due to unreporting of income. (See Part II, Paragraph E.2.f for information on how far back the O/A can go back to collect overpayments of assistance due to unreported income by a tenant(s).)

Some O/As, although they are not required to be, may be proactive in outreaching to their tenants to report income changes between annual recertifications so that rent adjustments can be made in a timely manner, thus eliminating/reducing the amount of retroactive rent repayments. In these instances, the reviewer should review the O/A's policies and procedures for

using the new hire (W-4) information to ensure the O/A is using the information consistently for all tenants with new jobs reported.

4. Income Discrepancy Report

This report provides information on a possible discrepancy of \$2,400 or more in the amount of wage, unemployment and SS/SSI benefit information reported by HHS and the SSA and the amount reported by the tenant at the time of recertification. The reviewer should use this report to ensure O/As are determining whether or not there was a valid discrepancy in income, taking actions to resolve the discrepancy and, when applicable, seeking reimbursement from the tenant(s) for overpayment of rental assistance.

Reviewers are encouraged to view the EIV training session conducted on June 27 and 28, 2007 to assist them in understanding the report and how the O/A is to use the report for resolving discrepancies. This training is posted at:

<http://www.hud.gov/webcasts/archives/multifamily.cfm>

Reviewers should also refer to the guidance provided in the document “Resolving Income Discrepancies Between Enterprise Income Verification (EIV) System Data and Tenant-Provided Income Information” posted on the Multifamily EIV website at:

<http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm>

Reviewers should review the information in Notice H 2008-03, Enterprise Income Verification (EIV), relating to the report and resolving income discrepancies. The notice is posted at:

<http://www.hud.gov/offices/adm/hudclips/notices/hsg/files/08-03HSGN.doc>

5. Multiple Subsidy Report

This report allows the reviewer to query both the TRACS and the Public and Indian Housing Information Center (PIC) databases to identify individuals who may be receiving assistance at more than one location. The reviewer should use this report to determine if tenant(s) at the property being reviewed are receiving assistance at more than one location and, at the time of the on-site review, determine if the O/A is following-up to determine if the tenant is, or is not, receiving assistance at another location and taking appropriate action when it is determined a tenant is receiving assistance at more than one location.

6. Existing Tenant Search

This report allows the O/A when processing an applicant to query both the TRACS and PIC databases to determine if the applicant and applicant household members are residing at another location whereby they could be receiving rental assistance. The reviewer will determine at the time of the review if the O/A is using this report and, if applicable, ensure that the O/A is using the query consistently for all applicants and applicant household members and whether or not the O/A is coordinating move-in/move-out dates with other O/As or Public Housing Agencies (PHAs) at the other location to prevent subsidy from being paid on behalf of the tenant(s) at both locations.

7. Identity Verification Report, Failed EIV Pre-Screening and Failed Verification Reports

The Identity Verification Report provides statistical information of the number of households and household members who were successfully verified by the SSA, who failed the SSA verification or failed the EIV pre-screening.

The Failed EIV Pre-screening report provides a listing of individuals who failed the EIV pre-screening processes and a description of the reason(s) why the record failed. These individuals were not sent to the SSA for verification.

The Failed Verification Report provides a listing of household members who failed the SSA verification match due to invalid personal identifiers - incorrect SSN, last name or date of birth. The report also identifies household members reported by the SSA as being deceased.

The reviewer should use these reports to ensure at the time of the review that the O/A is resolving any discrepant tenant information reported so that matching can be completed with the National Directory of New Hires (NDNH) and the SSA data in order to reduce errors in rent and income determinations.

8. Deceased Tenants Report

This report provides information on tenants reported as being deceased by the SSA. The reviewer should use this report to ensure O/As are following up on verifying the accuracy of this data and taking the appropriate corrective action when it is determined the tenant is deceased, e.g., terminating assistance or tenancy.

Attachment 10 provides examples of EIV Reports

4. OPIIS Integrated Risk Assessment (IRA) Score

OPIIS provides HUD staff with online access to loan and property specific as well as portfolio level information for HUD's MF insured and assisted inventories. The system integrates annual financial statement data submitted through the Multifamily Financial Assessment Subsystem (FASS-MF), physical inspection data collected through the Physical Assessment Subsystem (PASS), and selected contract, loan and profile data from the iREMS for use in improving property performance.

HUD staff may use the OPIIS Integrated Risk Assessment score that is calculated using the financial, physical, loan payment status history, management review, and other data for an active project or contract to assist in identifying at-risk properties and to prioritize their workloads and review schedules. The IRA score for a project or contract is updated each time a component of the score is updated.

5. Reference Materials

Table 2 provides on-line reference materials that may be used in preparation for the on-site review. These materials include current income limit schedules and relevant HUD regulations, notices, manuals, handbooks, and guidebooks.

TABLE 2 – ON LINE REFERENCE MATERIALS	
REFERENCE MATERIALS	URL
Current Income Limits for the jurisdiction where the project is located are available on the HUD USER site:	http://www.huduser.org/datasets/il.html
The latest edition of HUD Regulations at Title 24 of the Code of Federal Regulations (CFR) is available on the Government Printing Office (GPO) Access page of the National Archives and Records Administration (NARA) site:	http://www.access.gpo.gov
Federal Register occupancy regulations published subsequent to the latest edition of CFR Title 24 are available on the GPO Access page of NARA:	http://www.access.gpo.gov
Current handbooks and notices related to occupancy are available at HUDCLIPS:	http://www.hudclips.org
Information about TRACS Internet applications:	http://www.hud.gov/offices/hsg/mfh/trx/trxsum.cfm
EIV access information, user manuals, system updates	http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm
Notice H 2008-03, Enterprise Income Verification (EIV)	http://www.hudclips.org
MF RHIIP tools for reduction of errors in rent and income determinations	http://www.hud.gov/offices/hsg/mfh/rhiip/mfhrhiip.cfm
OPIIS risk assessment score	http://hudatwork.hud.gov/po/h/fb/oe/opiis/opiismenu.cfm

E. Conducting the On-Site Review

1. Tenant File Sample Selection

Tenant file records are the critical source documentation for income and rent determinations. While the tenant file sample review is the principal on-site information gathering activity, the file sample only offers a snapshot of O/A actions relative to a small number of tenants. The reviewer must examine the O/A's operations, policies, and procedures in order to analyze and determine the complete picture of the income and rent determination process.

EXHIBIT 1 – MINIMUM FILE SAMPLE

If the Number of Units is:	Minimum File Sample:
100 or fewer	5 files, plus 1 for each 10 units over 50
101 – 600	10 files, plus 1 for each 50 units or part of 50 over 100
601 – 2,000	20 files, plus 1 for each 100 units or part of 100 units over 700
Over 2,000	34 files, plus 1 for each 200 units or part of 200 units over 2,200
Please note: There is no maximum number of files to be sampled	

Selection of specific tenant families to include in the file sample can be completed prior to the on-site review by using the information contained in the TRACS and EIV reports. If the reviewer prefers, the tenant families may be selected on site, or a combination of TRACS, EIV and on-site information may be used to select the file sample. During the review, the reviewer may find that certain specific issues or concerns arise (e.g., eligibility determinations, specific categories of income determinations, or specific types of deductions or high rate of EIV discrepancies) where a focused review of targeted families would be useful. The reviewer should adjust the tenant file sample, or add additional files, to meet the needs of the review. Once the file sample has been completed, the tenant files to be reviewed may be recorded on the Tenant File Sample, [Attachment 2](#). The reviewer should use **Exhibit 1** to determine the number of tenant files to be reviewed.

The file sample should include a broad representation of the resident profile at the property and include as many varied occupancy related issues and situations as possible. As noted in Section E, Question 19 of form HUD-9834, the minimum file sample should include review of files for new move-ins, recertifications, at least one Reject Applicant File and at least one Terminated/Move-out Tenant File. See **Exhibit 2** for a list of the types of files the reviewer may consider when selecting the files to be included in the sample.

EXHIBIT 2 – FILE SAMPLE COMPOSITION**RESIDENT PROFILE COMPOSITION**

New admissions: Families that have been admitted within the past 12 months (this should alert the reviewer to verify the tenant against the waiting list to ensure that the tenant(s) was in fact on the list)

Re-examinations: Families that have been participants for at least one year and have undergone at least one re-examination of income and family composition

Families where the head of household or spouse is elderly

Families where the head of household or spouse is disabled

Families with dependents

Families with students

Families with live-in aides

Families with large amounts of assets

Families with deductions for child care

Families with deductions for medical expenses

Families with zero income

Families paying minimum rent

Families for each bedroom size contained in the project

Families receiving utility reimbursements

Families for each type of subsidy available at the project

Current applicant files: A sample of applicants currently on the waiting list to assess the O/A's process for handling applications (applications should always contain a date and time stamp)

Rejected applicant files: A sample of applicants rejected on the basis of income ineligibility to review O/A determinations of annual income and the use of appropriate income limits

Families with EIV income discrepancies

Terminated/move-out tenant files: A sample of former tenants where the O/A has terminated the tenancy or formally evicted the family, or where the family had given notice and moved out

2. Key Topics for Quality Control Monitoring of Rent and Income Determinations

A review must be completed using the Leasing and Occupancy portion of form HUD-9834 ([Attachment 7](#)).

Emphasis will be placed on the O/A's responsibilities for income and rent determinations relating to:

- Applicant Intake Procedures
- Waiting List Management
- Tenant Selection
- Verification and Calculation of Income and Rent
- Certification and Recertification Activities
- Tenant File Review

Reviewers must be knowledgeable of all aspects of MF occupancy, particularly the information found in Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, which provides detailed guidance for all of the topics listed above.

a. Applicant Intake Procedures

The O/A must establish a process for accepting applications from interested families and for gathering all information necessary to provide housing assistance for the family. Necessary information includes establishing family eligibility, family composition and characteristics, family income, and other relevant information. Additionally, O/As should include in their process the requirement that all applications are stamped with the date and time submitted. This is important for instances where two applicants apply but only one unit is available. Showing the date and time of receipt will validate the applicant's placement on the waiting list as well as the timing of application submission.

The O/A must process applications to determine:

- Eligibility for the project based on income, family composition, and other criteria
- Suitability for the housing program the project serves based on age, disability, or other factors
- Availability of an appropriately sized unit that matches a family's requirements based on unit size needed, priority status, and other criteria

The O/A should establish procedures for conducting applicant interviews to ensure that the right questions are asked of the applicant. A thorough interview will identify all sources of income and deductions, and result in accurate income and rent determinations. During the interview, the O/A should stress to the applicant the importance of obtaining correct information for determining eligibility and the correct rent.

Two tools designed to assist the O/A with the application intake procedure are included in the Attachments to this *Guide*. **Attachment 1**, the Fact Sheets for Rent Determination by program type, provides the applicant with information on how rent is determined and outlines what the responsibilities of the O/A and the applicant are in the rent determination process. The applicable Fact Sheet should be provided to applicants prior to the application interview.

The Eligibility, Income, and Deductions Checklist, **Attachment 4**, is a sample checklist of the information needed to determine eligibility, income, and deductions that O/As may use to ensure that all necessary information is provided by the applicant. The O/A may want to have the applicant complete the checklist prior to the application interview and then review the checklist for completeness during the interview. The checklist should be signed by the applicant and retained with the application.

O/As should be made aware of the interview guide *A Guide to Interviewing for Owners of HUD-Subsidized Multifamily Housing Programs*, developed to provide concepts and tools that will aid interviewers in their work. While this guide was written for owners, the guide provides great interview tips that can also be beneficial to CAs when interviewing project staff during the MOR. The interview guide is posted on the MF RHIIP website at:

http://www.hud.gov/offices/hsg/mfh/rhiip/casestudy/app_4.pdf

TABLE 3 – APPLICANT INTAKE PROCEDURES	
Reviewer Responsibilities	<ul style="list-style-type: none"> Confirm that the O/A is requesting and receives sufficient information to determine the applicant's eligibility and that the information being requested is not in conflict with HUD requirements and regulations. Review the application, application materials, rent and income checklists, and other relevant documentation to determine the O/A's effectiveness in soliciting and identifying all relevant aspects of the family's eligibility, income, and rent situation. Determine if there is an established protocol for applicant interviews and that the protocol is being followed.
Questions to be Considered	<ul style="list-style-type: none"> Are the O/A's application materials clear and easy to understand for all applicants? Does it appear that the O/A devotes sufficient time and resources overall to the application process to ensure that accurate information is being obtained for determining eligibility? Is there adequate staff to perform the applicant intake procedures?

b. Waiting List Management

Upon receipt of an application, the O/A must process the applicant for admission and then either offer the applicant a unit, if one is available, place the applicant on the waiting list or reject the applicant.

The policies and procedures for managing the waiting list must be outlined in the O/A's Tenant Selection Plan. The waiting list should be organized and maintained in a manner that enables the O/A to quickly and efficiently identify available applicants and minimize vacancy loss and unit turnaround time. The O/A should periodically

review and update the waiting list to ensure that the list includes only those families that are eligible, suitable, interested, and available for housing.

TABLE 4 – WAITING LIST MANAGEMENT

Reviewer Responsibilities	<ul style="list-style-type: none"> Interview staff responsible for the waiting list. Review the O/A's waiting list policy for consistency and validation against policies and regulations stated in Chapter 4 of HUD Handbook 4350.3 REV-1 Review the current waiting list for consistency and validation against new tenant move-ins. Review the tenant rejection policy to ensure that it is in line with the rejection policies and notices regulations stated in HUD Handbook 4350.3 REV-1
Questions to be Considered	<ul style="list-style-type: none"> Are the policies and procedures reasonable and consistent with HUD policies and regulations? Does it appear that the O/A understands, is familiar with, and is following the established written policies and procedures?

c. Tenant Selection Plan

The O/A must establish written policies and procedures for describing how tenants will be selected. These policies and procedures must ensure non-discrimination in the selection of tenants. Although HUD does not approve the O/A's Tenant Selection Plan, the reviewer should review the O/A's plan to ensure that waiting lists are properly maintained and that tenants are selected in a fair and nondiscriminatory manner. If the reviewer determines that a plan fails to comply with applicable civil rights requirements and other regulatory requirements, the O/A must modify the plan accordingly.

TABLE 5 – TENANT SELECTION PLAN

Reviewer Responsibilities	<ul style="list-style-type: none"> Obtain a copy of the current Tenant Selection Plan. Confirm that the plan's policies and procedures do not conflict with HUD requirements as stated in Chapter 4 of HUD Handbook 4350.3 REV-1.
Questions to be Considered	<ul style="list-style-type: none"> Are the policies and procedures reasonable and consistent with HUD policies? Are the policies used consistent with the policies identified in the Tenant Selection Plan?

d. Verification and Calculation of Income and Rent

Given that the amount of rental assistance paid on behalf of the family is calculated using the family's annual income, less allowable deductions, it is critical that O/As verify and document in the family's file all income, assets, expenses, deductions, family characteristics, and any other factors that affect family eligibility or level of assistance. Verification and documentation procedures should be developed and O/As should ensure that on-site property staff responsible for these functions is trained to understand and properly implement these procedures. Effective and efficient O/A staff performance in this area is fundamental to obtaining the correct information needed for accurate rent determination and assistance payments.

O/As should be encouraged to use the EIV system to validate employment and income reported by tenants. It is also strongly recommended that when reviewing an O/A who is using the EIV data at the time of recertification, CAs also use EIV reports when reviewing tenant files to assist in determining whether all income for the family was reported and included for determining eligibility and calculating rent and if there are a large number of income discrepancies reported.

Information received via third-party verification should be reviewed and interpreted and allowable deductions applied to determine the income used to calculate rent and subsidy. This is a detailed process and not simply a series of mathematical calculations.

There are four acceptable methods of verification. They are, in order of acceptability:

1. Upfront Income Verification (UIV) of SS/SSI benefits, wages, unemployment compensation benefits and new hire (W-4) data obtained through the EIV system at the time of recertification of tenants. This should be the first order of acceptability for O/As using EIV data or another form of UIV.
2. Third-party verification—written documentation sent directly to the O/A by a third party source is the preferred method of verification. The applicant or tenant should not hand-carry the verification to or from the third-party source. (See Chapter 5, Paragraph 5-13.B of Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, for guidance on obtaining third party verifications.)

When third-party verification is not available O/As can use alternative forms of verification. The file must contain documentation stating why the third-party verification was not available. (See Chapter 5, Paragraph 5-19.E of Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, for documentation requirements.)

3. Review of documents received from the applicant or tenant is acceptable when third-party verification is not possible or is delayed. (See Chapter 5, Paragraph 5-13.C of Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, for information on review of documents.)
4. Family certification—a notarized statement from the family is acceptable only when information cannot be verified by another acceptable verification method. (See Chapter 5, Paragraph 5-13.D of Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, for information on family certification requirements.)

O/As must determine a family's annual income before the family is allowed to move in or begins receiving rental assistance and at least annually thereafter. The O/A determines a family's adjusted income used for rent and assistance calculation purposes by using the family's annual income less any allowable deductions.

- Annual income is made up of all monetary and non-monetary amounts that go to or are received for the benefit of the family and are not expressly excluded by regulation. The amounts that are included or excluded are specifically defined by HUD regulations. (See Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, Chapter 5, Paragraphs 5-6 and 5-7 for a discussion on the elements of annual income and Exhibits 5-1 and 5-2 covering income inclusions and exclusions.)
- Adjusted Income is the basis upon which the O/A calculates the family's rent or total tenant payment (TTP). Adjusted income is the annual income amount as determined by the O/A, less allowable deductions that are defined by HUD regulations. (See Chapter 5, Section 2 of Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, for information on determining adjusted income.)

TABLE 6 – VERIFICATION AND CALCULATION OF INCOME AND RENT	
Reviewer Responsibilities	<ul style="list-style-type: none"> ▪ Interview the O/A's staff responsible for verification of income and required deductions and calculation of adjusted income and TTP. Determine if the staff is knowledgeable of and following the requirements and regulations covering the verification and rent determination processes. ▪ Discuss the strengths and weaknesses of the O/A's policies with staff, focusing on the provisions related to income, rent calculation, verification, documentation, and other related topics. ▪ Confirm that the staff receives regular training on HUD policies, including rent determination policies and procedures. ▪ Obtain copies of materials used by the O/A during the process of verification and calculation of annual and adjusted income. Review the materials for accuracy and compliance with HUD requirements. Materials may include: <ul style="list-style-type: none"> • Standard verification letters and formats used for all income sources and deductions • Standard release and authorization statements used for all income and deduction sources • Worksheets, tables, guides, or other aids used by the O/A in income and rent calculations
Questions to be Considered	<ul style="list-style-type: none"> ▪ Is the O/A's staff knowledgeable of all aspects of the rent determination process (i.e., calculations of deductions, income inclusions and exclusions, etc.)? ▪ If the O/A uses form letters or other standard procedures to contact income verification sources, are they adequate and do they meet HUD requirements? ▪ Are there fundamental flaws in the verification and calculation of rent processes that might lead to errors or inaccurate calculations?

e. Certification and Recertification Activities

O/As must examine and verify income, family composition, and other factors affecting continued occupancy at move-in or at the time the family begins receiving rental assistance and at least annually for every resident family. The annual recertification, which usually coincides with the anniversary of the date on which the resident first received assistance, requires the O/A to gather and verify information in accordance with the timeframes established by HUD. In addition to the annual recertifications, the O/A must also complete interim recertifications when the family

reports a change in income or family composition. The O/A must develop tracking and monitoring procedures to ensure that the required recertifications are initiated and completed on time.

The O/A should also establish procedures for conducting recertification interviews to ensure that the right questions are asked of the tenant family. These procedures may be the same as those used at the time of application processing. See Part II, F.2.a.

TABLE 7 – CERTIFICATION AND RECERTIFICATION ACTIVITIES	
Reviewer Responsibilities	<ul style="list-style-type: none"> Review TRACS certification reports to ensure that the O/A is transmitting the tenant data and that the information is current for all residents. Interview the O/A's staff responsible for processing recertifications to determine if the staff is knowledgeable of, and following the requirements and regulations covering, the recertification process. Review notification letters and other correspondence relating to the certification process for accuracy and compliance with HUD requirements.
Questions to be Considered	<ul style="list-style-type: none"> Is the staff familiar with the O/A's established policies and procedures developed for the certification and recertification processes and are the policies and procedures being followed? Does the O/A's staff clearly understand the certification and recertification processes? Are all staff members using a consistent approach to conducting certifications and recertifications? Are the certification and recertification materials clear and easy to understand for tenants? Does the O/A devote sufficient time to the certification and recertification interview processes? Does the O/A consider the interview as an effective information-gathering process (or merely a formality)?

f. Tenant File Review

The reviewer will examine the files selected for review (see Section II, E.1, Tenant File Sample Selection), following the Instructions for Completing the Tenant File Review Worksheet, ([Attachment 6](#)). The Tenant File Review Worksheet ([Attachment 7-A](#)) will assist the reviewer in answering the questions in the Leasing and Occupancy section of form HUD-9834.

Upon completion of the review of the tenant files, the reviewer will complete Section E, Question 19, Summary of Tenant File Review of form HUD-9834. In order to answer the questions in this section, the reviewer will need to complete an analysis of the information obtained from the review of the tenant files. Tenant file errors may be isolated to a specific file and others may indicate a pattern whereby a change is needed to the O/A's policy or procedure used for income and rent determination.

The reviewer is not limited to a specific timeframe when reviewing documents in the tenant file and should review the original documents for the initial move-in year and all information relevant for the current year. When errors are found in a specific

tenant file, a full audit of that file should be conducted. When the audit reveals there was a discrepancy in the amount of income the tenant reported for previous years, e.g., unreported income, to resolve the discrepancy, the O/A is required to obtain verification of the income directly from the third party source. The consent forms signed by the tenant(s) limit how far back the O/A can request information in order to resolve the discrepancy and to determine any reimbursement to the O/A for underpayment of rent. The time limit is for the 5 year period prior to the date the consent forms for the **current** certification period were signed by the tenant(s) as these are the only forms in effect; all other consent forms signed for previous certification periods have expired.

- The HUD-9887-A consent form allowing the O/A to obtain third party verifications limits O/As from making inquiries into information that is older than 12 months unless he/she received inconsistent information and has reason to believe that the information that the tenant has supplied is incorrect. If this occurs then the O/A may obtain information within the last 5 years when the tenant has received assistance.

O/As must follow the guidance in Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, Chapter 8, Section 4, Discrepancies, Errors, and Fraud, before taking any action against the tenant(s) to terminate, deny, suspend or reduce any assistance.

Rent calculation errors will be recorded on the Tenant File Error Summary (**Attachment 8**) and, if applicable, recorded in accordance with the interim error tracking requirements provided under a separate directive from this *Guide*.

TABLE 8 – TENANT FILE REVIEW

Reviewer Responsibilities	Be knowledgeable of all aspects of the occupancy functions outlined in HUD Handbook 4350.3 REV-1, <i>Occupancy Requirements of Subsidized Multifamily Housing Programs</i> .
Questions to be Considered	<ul style="list-style-type: none"> ■ Do the files include all of the required documentation for determining eligibility, income, and rent (see Attachment 5, Required Tenant File Documentation)? ■ Do the files include all third party/EIV reports supported by tenant provided documentation, when applicable for verifying reported income? ■ Is there a pattern of errors in the eligibility, rent, or income determinations? ■ Do the files show that the O/A consistently uses some lesser form of documentation (oral verification or signed declarations by the family) that may reflect a systemic weakness in the O/A's verification process? ■ Do the files show evidence that the O/A uses a consistent policy for addressing falsified documentation or documentation that has been withheld by the family? ■ Is the documentation for similar information consistent from one tenant file to another? ■ Are recertification materials organized to provide an accurate and chronological history of events?

3. Monitoring O/A's EIV Compliance

a. As part of the MOR, a review of the O/A's compliance with accessing and using the EIV system will be conducted. The reviewer should review the following:

- Required EIV Coordinator and EIV User approval documents
- O/A's policies and procedures for use of the EIV data
- Validity of tenant consent forms
- Use of EIV data
- Security of the EIV data and reports
- Retaining and destroying the EIV data and reports

NOTE: Since use of EIV is not yet mandatory for use by O/As, the reviewer will only conduct this review when the O/A being reviewed is using the EIV data at the time of recertification.

Until such time as use of the EIV system is made mandatory for O/As, CAs must not write a Finding or Observation when the O/A does not have access to EIV. The CA also must not provide EIV reports to the O/A requiring the O/A take action on information contained in an EIV report. O/As do not have the authority to have access to EIV data or use EIV information until they apply for, receive approval and are given access to the EIV system.

(1) Review of EIV Coordinator and EIV User Documents

(a) When identifying the documents that should be made available by the O/A during the review by completing and enclosing with the written confirmation letter the checklist in Addendum C of form HUD-9834 ([Attachment 7-C](#)), the reviewer should check the box beside "Other" and add:

- EIV Owner Approval Letters
- List of EIV Coordinator(s) and EIV User(s) who currently have access to the EIV system
- EIV Coordinator Access Authorization Form(s) (CAAFs)
- Security Awareness Training Questionnaire for EIV Coordinator form(s) for each approved EIV Coordinator
- EIV User Access Authorization Form(s) (UAAFs)

- Security Awareness Training Questionnaire for EIV User form(s) for each approved EIV User
- (b) The reviewer will ensure that owner approval letters have been received for all projects or contracts assigned for access.
- (c) The reviewer will make sure there is a current approved CAAF on file for each person designated by the owner as an EIV Coordinator and a current approved UAAF for each person designated by the EIV Coordinator as an EIV User who are on the list of individuals who currently have access to the EIV system. If there are CAAFs or UAAs for individuals who either no longer need access to the system or who are no longer employed at the project being reviewed, the reviewer will make sure that the access has been expired or terminated for these individuals.

NOTE: There will not be Recertification CAAFs in existence for those EIV Coordinators who were recertified prior to December 21, 2007.

- (d) The reviewer will check to see that there is a current completed and signed Security Awareness Training Questionnaire for each approved EIV Coordinator and each approved EIV User and that the Questionnaires were completed prior to approval and access being granted to the EIV system.

NOTE: There will not be Security Awareness Training Questionnaires for approvals or recertifications effective prior to May 12, 2008, the effective date of the requirement for completion of the Questionnaire.

- (e) If the reviewer finds that the O/A does not have an owner approval letter for an assigned project or contract or the O/A does not have approved CAAFs, UAAs, or Security Awareness Training Questionnaires on file, the reviewer should include this information on form HUD-9834, Section E, *Leasing and Occupancy*, sub-section 18, *Tenant File Security*, Question 18.b. *Is access to tenant file information limited to only authorized staff?* and/or Question 18.c *Who is authorized to have access to tenant files?* When this occurs, the reviewer will include this as an **Observation** (except for missing CAAFs for recertification prior to December 21, 2007) on the written report sent to the owner. The reviewer shall also notify the Director of the Housing Assistance Policy Division at HUD Headquarters by sending an email to the address below that contains the person's name and M-ID and describes the missing authorization documentation for further review and possible removal of EIV access for any unauthorized EIV user.

mfeiv_alert@hud.gov

(2) O/A's Policies and Procedures

O/As need to have policies and procedures in place for using the EIV data at the time of recertification. O/As who choose to use the EIV data other than at the

time of recertification must have policies and procedures in place to ensure that applicants and tenants are treated in a nondiscriminatory manner. For example, if the O/A uses the Existing Tenant Search for determining whether an applicant is receiving assistance, the O/A must have a policy in place to require that the search be used for all applicants. If an O/A uses the EIV data to check for income of new admissions 90 days after admission, the O/A must have a policy in place to require all new admissions be checked for unreported income. The reviewer must ensure that the O/A's policies and procedures have been updated to include use of the EIV data.

If the reviewer finds that the O/A using EIV data has not implemented changes to his/her policies and procedures to incorporate use of the EIV data, the reviewer should include this information on form HUD-9834 in Section G, *General Management Practices*, Question c, *How does the owner/agent implement HUD changes to policies and procedures?* The reviewer will include this as a **Finding** on the written report and encourage the O/A to update his/her policies and procedures.

(3) Tenant Consent Forms

Before accessing EIV employment and income information on a tenant, the O/A must have a current signed consent form on file from the tenant. As part of the Tenant File Review the reviewer checks to see that there are current, signed HUD-9887(s), Notice and Consent for the Release of Information to HUD and to a PHA, consent forms signed by members of the tenant family who are at least 18 years of age and each family head and spouse regardless of age. (See [Attachment 6](#), Question A.8)

When accessing the EIV system, O/As affirm that there is a valid form HUD-9887 on file for tenants whose employment and income information they are accessing and CAs (PBCAs and TCAs) affirm they will verify that O/As have a valid form HUD-9887 on file for tenants whose employment and income they have accessed when preparing for the MOR. HUD staff must follow the same requirements affirmed to by the PBCAs and TCAs.

If the reviewer finds that the O/A does not have current, signed forms HUD-9887 in the tenant files, this will be recorded on the Tenant File Review Worksheet, Section A, Question 8, *Have the HUD-9887/9887-A Consent Forms been signed by head, spouse, co-head regardless of age and family members at least 18 years or age?* and should also be noted on the form HUD-9834, Section E, *Leasing and Occupancy*, sub-section 19, *Summary of Tenant File Review*, Question a.ii, *Do the files contain all documentation as required in Handbook 4350.3 REV-1?*

When this occurs the reviewer will include this as a **Finding** on the written report sent to the owner identifying a TCD for curing this deficiency.

(4) Use of EIV data

As part of the tenant file review the CA will monitor the O/A's use of EIV data at the time of recertification of the tenant(s)/household(s) income. EIV data may be used for validating a tenant's employment source and using tenant provided documentation, e.g., 4-6 most recent check stubs, for determining the tenant's income and may also be used for determining a tenant(s) income from SS/SSI benefits. The reviewer will check the tenant files to ensure they contain the applicable EIV reports and supporting documentation and any documentation to support EIV discrepancy resolutions. The reviewer will also determine whether or not the O/A is properly verifying income disputed by the tenant and resolving income discrepancies in accordance with Chapters 5 and 8 of Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, and Notice H 2008-03, Enterprise Income Discrepancies. Both the Handbook and the Notice are posted at: www.hudclips.org.

If the reviewer finds that the O/A is not verifying income, determining rents and resolving income discrepancies in accordance with the Handbook and Notice requirements, this should be noted on the form HUD-9834, Addendum A, *Tenant File Review* worksheet and Section E, *Leasing and Occupancy*, sub-section 19, *Summary of Tenant File Review*, Question d, *Certification/Recertification Activities*, and written as a **Finding(s)** on the written report to the owner.

(5) Security of the EIV data and reports

Personal information contained in the EIV system, e.g., tenant(s) name, date of birth, social security number, are covered by the Privacy Act. Therefore, it is important that the O/A have security measures in place to protect access to the tenant files limiting/restricting access to authorized staff only and that the EIV information and reports are only accessed and used by persons who have a need to know or use the information for recertification purposes.

HUD only has authorization to disclose EIV data to O/As. The EIV data and reports cannot be used to certify/recertify tenants under the Low Income Housing Tax Credit (LIHTC) program or the Rural Housing Services (RHS) Section 515 program and the data may not be disclosed to State agency or RHS staff monitoring the LIHTC and Section 515 programs.

If the reviewer finds that the O/A is not maintaining reports in a secure place and restricting use of the EIV data and reports to those O/A staff members requiring access to the data, the reviewer should note this on the form HUD-9834, Section E, *Leasing and Occupancy*, Question 18.a., *Are the files locked and secured in a confidential manner?* and Question 18.c., *Is access to tenant file information limited to only authorized staff?* and write-up a **Finding(s)** on the written report

to the owner. Wrongful disclosure or use of the EIV data can result in civil and criminal penalties.

The reviewer may wish to use the EIV Security Checklist, [Attachment 11](#), to assist in determining the O/A's compliance with security of the EIV data and reports.

(6) Retention of EIV Data and Reports

Retention of EIV data:

- Social Security benefit report – term of tenancy plus 3 years
- NDNH New hires (W-4), wage, unemployment compensation – 2 years
- Tenant has both SS/SSI benefits and employment or wage information – 2 years
- O/As have the discretion where they can separate the NDNH from the household summary and SS/SSI benefit information to destroy the NDNH information and retain the household summary and SS/SSI benefit information for the term of tenancy plus 3 years.
- All documentation received from the tenant to supplement the EIV data for use in verifying his/her income plus any third party verifications received must continue to be retained for the term of tenancy plus 3 years.
- The O/A should document the file (including the date) when NDNH data used for verification purposes is destroyed.

If the reviewer finds that the O/A is not following HUD's record retention requirements, this should be noted on the form HUD-9834, Section E, *Leasing and Occupancy*, sub-section 18, *Tenant File Security*, Question d, *Is the owner/agent maintaining tenant files according to HUD's document retention requirement?* and Question e, *Is the owner/agent properly disposing of tenant records (shred, burn, pulverize, etc.)?* and should be written-up as a **Finding(s)** on the written report to the owner.

b. Documenting EIV Compliance Observations and Findings

EIV compliance **Observations** will be included on the report to the owner noting that failure to correct deficiencies noted in the Observation may lead to Findings on future reports. EIV **Findings** will be documented in accordance with the instructions in F.2 for recording and documenting income and rent determination errors and findings.

F. Post-Review Activities and Follow-up

1. Introduction to Preparing and Issuing a Report

The purpose of the MOR Report is to provide the owner of the project with written notification of the reviewer's conclusions. These conclusions regarding the quality of the O/A's calculations and determinations of annual income and rent, performance problems or issues related to income and rent determinations, and corrective actions necessary to resolve income and rent problems are an important part of the review report. Therefore, it is imperative that the findings, causes, corrective actions, errors, and other conclusions are clear, persuasive, and well documented. This final report is HUD's mechanism for ensuring that all deficiencies are corrected and errors are reduced.

2. Recording and Documenting Income and Rent Determination Errors and Findings

The reviewer should use some of the attachments included with this *Guide* to record the results of the rent and income determination review. The Tenant File Review Worksheet ([Attachment 7-A](#)) is used to document the results of the review for each tenant file included in the review sample. The Tenant File Error Summary form ([Attachment 8](#)) is used to record differences between the O/A's income and rent determinations and the reviewer's income and rent determinations for each tenant file reviewed. It is important to document all errors, discrepancies, and findings during the review to provide support for the conclusions reported to the owner and to assist the reviewer in developing trends that indicate a more serious issue or finding.

The review report should include a detailed list of errors and findings, as well as information needed to enable the O/A to identify the error or finding, understand the required corrective action, and know what documentation or completed corrective actions must be provided to the reviewer. Documentation may include copies of signed, recalculated tenant certifications, copies of vouchers where corrective adjustments were submitted to HUD, or evidence that a tenant was repaid for overpayment of rent. The report will provide the owner with a timeframe for completing the corrective action and responding to the report.

Findings are distinguished from the specific errors noted in the tenant file sample review. Tenant file errors may apply only to specific files. However, tenant file errors may also indicate a pattern of deficient O/A performance in one or more areas of income and rent determination or process. This pattern of errors may become a finding if the pattern indicates a systemic problem.

The reviewer will determine whether an error is an isolated occurrence or is a systemic error in the areas of data collection, data verification, data recording, or rent calculation. A pattern of similar errors indicates that action other than simply correcting the error is needed. The reviewer will require that the O/A examine every

tenant file, implement a required change in procedure, and provide the reviewer documentation of the corrective actions taken.

If systemic errors or findings are discovered during the review, the review report must include a detailed list of errors and findings. All findings must be well supported. The report should identify the condition, error in procedure, or program violation; the criteria, HUD policy, or regulation breached; and the specific corrective action.

a. Identifying the Condition

The reviewer will describe what the O/A is doing incorrectly. Some examples of this are:

- The O/A does not require all adult members of a household to sign the Notice and Consent for the Release of Information (Form HUD-9887).
- The O/A does not attempt to verify tenant information with third party sources.
- The O/A does not use the information received from verification sources when completing certifications.

If clarification is needed, explain the cause—why the condition occurred—and the effect—what happens because of the condition—when describing the condition. For example, the reviewer may note that the O/A does not re-certify tenants in a timely manner, resulting in incorrect rents being paid by tenants and incorrect subsidies being paid by HUD.

b. Identifying the Criteria

The reviewer will cite the regulatory or statutory requirement that was not followed or the exact wording of any HUD regulatory agreement, assistance contract, handbook, memorandum, or notice that was breached. Examples of wording to use when HUD's laws, regulations, legal documents, or guidance are not followed are shown below:

- HUD Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, Chapter 3, Paragraph 3.11, states: "All members of an applicant or tenant family who are at least 18 years of age and each family head and spouse regardless of age must sign the HUD-required consent forms (Form HUD-9887, Notice and Consent for the Release of Information to HUD and to a PHA, and Form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance)."
- The Housing Assistance Payments (HAP) contract at Section 1.3(b) states: "Government Assistance (1) The Government hereby agrees to make housing

assistance payments on behalf of Families for the Contract Units, to enable such Families to lease Decent, Safe, and Sanitary housing pursuant to Section 8 of the Act. Such housing assistance payments shall equal the difference between the Contract Rent for units leased by Families and the portion of such rents payable by Families determined by the owner in accordance with schedules and criteria established by the Government.”

- The Code of Federal Regulations, at 24 CFR Part 5.655, states: “Tenant Selection Plan. The owner must adopt a written tenant selection plan in accordance with HUD requirements.”

c. Specifying the Corrective Action Required

The reviewer will detail corrective actions for all errors and findings. Be specific when reporting what the owner must do to be compliant with established HUD criteria. Also, identify a timeframe for addressing each error/finding. Some examples of required corrective actions are:

- Within 30 days of the date of the issuance of this report, the O/A must utilize the required consent and release forms for all tenants, verify information with third party sources, and recalculate the rent paid by the tenant and the subsidy paid by the Department. Any overpayments of subsidy due to improper O/A practices will be repaid to the Department on the next voucher.
- Within 30 days of the date of the issuance of this report, the O/A will provide tenants with a copy of the HUD Fact Sheet for Determining Rent and the Resident Rights and Responsibilities brochure.

The final report will be completed and transmitted by the reviewer to the owner as quickly as possible after the on-site review. As a rule, reports should be transmitted to the owner no later than 30 calendar days after the conclusion of the review. The report will be sent to the owner with a cover letter that provides a context of the report, HUD’s expectations for resolution of the issues contained in the report, and the timeframe for responding to the report.

3. Follow-ups and Resolutions of Income and Rent Errors and Findings

Preparation for follow-up activities begins at the introductory meeting with the O/A. At this meeting, the reviewer will explain the methods to be used when conducting the review and the requirement to respond to concerns expressed in the review report. The reviewer will explain that the owner will receive a written report that provides details of the concerns, errors, and findings revealed during the review. The reviewer will also explain that the owner will have 30 days to respond to the report with a written corrective action plan or with documentation that the conclusions presented in the report are in error.

The final report will outline corrective actions for the O/A to complete and specific deadlines to meet in order to address the income and rent discrepancies. The owner

will address the identified corrective actions in the correction action plan submitted to the CA for the property. The response to the review from the owner must be in writing. The owner may respond to the findings and conclusions in one of the following ways:

- Agreeing with the errors identified and submitting a written corrective action plan
- Agreeing with some of the errors identified, submitting a written plan of correction for these errors, and appealing the remaining errors in writing with supporting documentation
- Appealing the entire error write-up with a written appeal supported by documentation

The reviewer will monitor the owner's progress in resolving the income and rent findings and correcting specific income and rent tenant file errors identified in the report. If necessary, the correction of errors and findings will be confirmed through a follow-up review of a different sample of tenant files.

Follow-up by the reviewer and resolution of the findings and errors includes:

- Tracking owner responses to the report issues
- Tracking owner progress in resolving the discrepancies
- Analyzing any owner difficulties in addressing the issues
- Taking appropriate actions by providing technical assistance and/or imposing sanctions to ensure that all corrective actions are completed

Where possible, the reviewer and the owner should attempt to quantify the dollar amount of the owner's corrective actions and efforts, whether it is an underpayment or overpayment of rent or subsidy. In the final report, the Tenant File Error Summary should identify the dollar amount associated with each discrepancy for every tenant family in the tenant file sample. Owner responses to these errors should indicate the specific dollar amount adjusted for each family. The owner, not the tenant, will repay the Department any overpayment of subsidy caused by errors in calculation by the owner or failure of the owner to use information and documentation provided by the tenant.

In cases where the owner does not resolve the income and rent issues identified in the report or does not take the necessary corrective actions, the reviewer should examine the reasons for failing to do so and take appropriate actions. PBCAs and TCAs will refer the owner to HUD staff for action. HUD staff will take action where HUD is the CA.

Errors that are not addressed within 30 days of the issuance of the report, either through corrective action or an acceptable corrective action plan, become findings. HUD staff will take appropriate actions to address unresolved findings, including, but not limited to:

- Flagging all principles in the Active Partners Performance System (APPS)
- Removal of the management agent
- Adjustment of the assistance payment to supported levels
- Abatement or termination of the assistance contract
- Elective referral to the Enforcement Center's Legal Services Division for sanctions
- Limited denial of participation (LDP)
- Suspension
- Debarment
- Transfer of physical assets
- Referral to the HUD Office of Inspector General (OIG)

The reviewer will develop a tracking system to remind them when the 30 days has elapsed. If no response is received, or an unacceptable response is received within the 30 day period, a phone call to the owner is optional. However, sanctions should be imposed on day 31 if an acceptable response to the errors/findings explained in the review report has not been received.

PART III. TRACKING ERRORS

MF Housing has established an initiative for the development of an Error Tracking Log to be incorporated as part of the TRACS for tracking the specific dollar impact of income and rent discrepancies and the corresponding resolution. The Error Tracking Log as part of the TRACS is not expected to be deployed until FY 2010. Therefore, until such time as the Error Tracking Log as part of the TRACS is deployed and included in this *Guide*, CAs will follow the interim reporting requirements issued under a separate directive from this *Guide*.

ATTACHMENT 1 – FACT SHEETS ON “HOW YOUR RENT IS DETERMINED”

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FACT SHEET

For HUD ASSISTED RESIDENTS

Below Market Interest Rate (BMIR)

“HOW YOUR RENT IS DETERMINED”

Office of Housing

** June 2007**

This Fact Sheet is a general guide to inform the Owner/Management Agents (O/A) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- O/As not granting exclusions and deductions to which resident families are entitled.

O/As and residents all have a responsibility in ensuring that the correct rent is paid.

O/As' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Provide information on O/A policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility, but also determines the rent a family will pay. The anticipated income, subject to exclusions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What Is Annual Income?

Gross Income – Income Exclusions = Annual Income

Determining Tenant Rent

Below Market Interest Rate (BMIR) Rent Formula:

- At move-in or initial occupancy, the family pays the contract rent
- At recertification, they continue to pay the same rent unless their **income is equal to or higher than 110% of the BMIR income limit**. If the income has risen to 110% of the BMIR income limit, they pay the higher of the BMIR Market Rent or the amount they now pay.

Income and Assets

HUD assisted residents are required to report all income from all sources to the Owner or Agent (O/A). Exclusions to income are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount **** (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below) ****
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay **** (except for lump-sum additions**

to family assets, see Exclusions from Annual Income, below) ******

- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **** For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income ****

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the

applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that the other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,** the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of

Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of

a crime against the applicant under the Victims of Crime Act

- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

****June 2007****

This Fact Sheet is a general guide to inform the Owner/Management Agents (O/A) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- O/As not granting exclusions and deductions to which resident families are entitled.

O/As and residents all have a responsibility in ensuring that the correct rent is paid.

O/As' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent

- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on O/A policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What Is Annual Income?

Gross Income – Income Exclusions = Annual Income

What Is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
 - 10% of the family's monthly income
 - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report all income from all sources to the Owner or Agent (O/A).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount **(except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)**
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay **(except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling

- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.**

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and

- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, ** the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in

reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program

- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain sub-marginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act

- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product* liability litigation
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

“Federally Mandated Exclusions” Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

FACT SHEET

For HUD ASSISTED RESIDENTS

RENTAL ASSISTANCE PAYMENTS (RAP)

“HOW YOUR RENT IS DETERMINED”

Office of Housing

****June 2007****

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Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- O/As not granting exclusions and deductions to which resident families are entitled.

O/As and residents all have a responsibility in ensuring that the correct rent is paid.

O/As' Responsibilities:

- Obtain accurate income information
- Verify resident income

- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Provide information on O/A policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Rental Assistance Payment (RAP) Rent Formula:

The rent a family will pay is the highest of the following amounts:

- 30% of the family's monthly *adjusted* income

- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.
- Note: An owner may admit an applicant to the RAP program only if the Total Tenant Payment is less than the gross rent for the unit.

Income and Assets

HUD assisted residents are required to report all income from all sources to the Owner or Agent (O/A).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount ** (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)**
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay ** (except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**
- Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.**

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - The assets and any income they earn accrue to the benefit of someone else who is not a member

- of the household, and
 - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
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 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
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- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,** the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program

- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
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- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
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- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act

- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

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FACT SHEET

For HUD ASSISTED RESIDENTS

Rent Supplement

“HOW YOUR RENT IS DETERMINED”

Office of Housing

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- O/As not granting exclusions and deductions to which resident families are entitled.

O/As and residents all have a responsibility in ensuring that the correct rent is paid.

O/As' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Provide information on O/A policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

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- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
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- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What Is Annual Income?

Gross Income – Income Exclusions = Annual Income

What Is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Rent Supplement Rent Formula:

The rent a family will pay is the higher of the following amounts:

- 30% of the family's monthly adjusted income
- 30% of Gross Rent.

If this is a move-in or initial certification, the family is only eligible if their total tenant payment is less than 90% of Gross Rent.

Income and Assets

HUD assisted residents are required to report all income from all sources to the Owner or Agent (O/A).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount ** (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)**
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay ** (except for lump-sum additions

to family assets, see Exclusions from Annual Income, below)**

- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
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- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
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Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
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- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of

a crime against the applicant under the Victims of Crime Act

- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income. Family income expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

FACT SHEET

For HUD ASSISTED RESIDENTS

Section 202/162 – Project Assistance Contract (PAC)

Section 202/811 – Project Rental Assistance Contract (PRAC)

“HOW YOUR RENT IS DETERMINED”

Office of Housing

****June 2007****

This Fact Sheet is a general guide to inform the Owner/Management Agents (O/A) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- O/As not granting exclusions and deductions to which resident families are entitled.

O/As and residents all have a responsibility in ensuring that the correct rent is paid.

O/As' Responsibilities:

- Obtain accurate income information
- Verify resident income

- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on O/A policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What Is Annual Income?

Gross Income – Income Exclusions = Annual Income

What Is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

The rent a family will pay is the highest of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

Note: An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a tenant's Total Tenant Payment will exceed the PRAC operating rent (gross rent).

Income and Assets

HUD assisted residents are required to report all income from all sources to the Owner or Agent (O/A).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount ** (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from annual Income, below)**
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay ** (except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **For Section 8 programs only, in excess of amounts received for tuition, that an individual

receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.**

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
 - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as

a result of:

- Foreclosure
- Bankruptcy
- Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,**The full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff

- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards

under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs

- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income the expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family

member(s) to allow family member(s) to work that total more than 3% of Annual Income

- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5 and CFR 24 Part 891.

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

FACT SHEET

For HUD ASSISTED RESIDENTS

Section 236

“HOW YOUR RENT IS DETERMINED”

Office of Housing

****June 2007****

This Fact Sheet is a general guide to inform the Owner/Management Agents (O/A) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- O/As not granting exclusions and deductions to which resident families are entitled.

O/As and residents all have a responsibility in ensuring that the correct rent is paid.

O/As' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month

- Provide information on O/A policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility, but also determines the rent a family will pay. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What Is Annual Income?

Gross Income – Income Exclusions = Annual Income

What Is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Section 236 Rent Formulas:

All Section 236 Projects have a minimum rent (Basic Rent) and a maximum rent (Market Rent).

Section 236 with NO Utility Allowance; the **higher** of:

- 30% of the family's monthly adjusted income
- Basic Rent
- But not more than Market Rent

Section 236 WITH Utility Allowance; the Highest of:

- 30% of the family's monthly adjusted income less the Utility Allowance
- 25% of the family's monthly adjusted income
- Basic Rent
- But not more than Market Rent

A **Utility Allowance** is approved by HUD when the cost of all or a portion of the utilities (except telephone) is not included in the unit rent and payment for the utilities is the responsibility of the family occupying the unit.

The utility allowance is not meant to pay all actual utility

costs, but rather it is an allowance provided to the family to assist them in payment of their utility expenses.

Income and Assets

HUD assisted residents are required to report all income from all sources to the Owner or Agent (O/A).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount **except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)**
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay ** (except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)

- **For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income**

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
 - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)

- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, ** the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State

- or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands

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- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
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- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family

member(s) to allow family member(s) to work that total more than 3% of Annual Income

- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

- Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

ATTACHMENT 2 – TENANT FILE SAMPLE

[illegible]

ATTACHMENT 3 – TRACS QUERY REPORTS

TRACS Query Reports and Who Has Access to Them:

Application/Report	TRACS User	O/A	HUD Staff	TCA	PBCA
<i>Voucher</i>					
Contract/Project Based Voucher Summary Query	X	X			
Manual Voucher Submission and Review			X		
Maximum Voucher Amount and Auto Review			X		
Over/Under Payment Resolution			X		X
Pre-Payment Decisions			X		
Special Claims Approval			X		
Voucher Detail/Summary Reports	X	X	X		
Voucher Tenant Compliance Query	X	X	X		X
Voucher Query	X	X	X		X
<i>Tenant</i>					
Assistance Payment Query	X	X	X		X
Certification Query	X	X	X		X
Certifications with Discrepancies Query	X	X	X		X
Late Recertification Query	X	X	X		X
Move-In/Move-Out Query	X	X	X		X
Move-out Request			MF Help Desk		
Multiple Occupancy Query	X	X	X		X
Project Evaluation Query	X	X	X		
Project Re-Baseline Query			MF Help Desk		
Tenant Unit Address Query	X	X	X		X
Verification Query	X	X	X		X
<i>Funding/Contract</i>					
ARAMS			X		

Reference materials for TRACS Query Reports found on the TRACS Web Sites:

- Industry User Guide for TRACS Internet Applications
<http://www.hud.gov/offices/hsg/mfh/trx/trxngde.cfm>
- TRACS Internet Applications User Guide for HUD Staff
<http://hudatwork.hud.gov/po/h/hm/tracs/trxhome.cfm>

TRACS HUDweb

Voucher

- [Contract/Project Based Voucher Summary Query](#)
- [Manual Voucher Submission and Review](#)
- [Maximum Voucher Amount and Auto Review](#)
- [Over/Under Payment Resolution](#)
- [Pre-Payment Decisions](#)
- [Special Claims Approval](#)
- [Voucher Details/Summary Reports](#)
 - [Voucher Query](#) -from this query you can go to
 - a. o [TRACS Voucher List](#)
 - b. o [TRACS Voucher Detail](#)
 - c. o [TRACS Voucher Discrepancies](#)
- [Voucher Tenant Compliance Query Voucher Query](#)

Tenant

- [Assistance Payment Query](#)
- [Certification Query](#) – from this query you can go to
 - a. [TRACS Certification List](#)
 - b. [TRACS Certification History List](#)
 - c. [TRACS Certification Discrepancies](#)
 - d. [TRACS Certification Member List](#)
- [Certification with Discrepancies Query](#)
- [Late Recertification Query](#)
- [Move-In/Move-Out Query](#)
- [Move-Out Request](#)
- [Multiple Occupancy Query](#)
- [Project Evaluation Query](#)
- [Project Re-baseline Request](#)
- [Tenant Unit Address Query](#)
- [Verification Query](#)

Funding/Contract

- [ARAMS](#)

Documents/User Guides

- General Information
- Tenant User Guide

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
TRACS VOUCHER LIST**

Contract/Project Number: KM34S961132
Project Name: MARTIN CIRCLE APARTMENTS
Subsidy Type: Section 202 PRAC
Subsidy Contract Expiration Date: 1/31/09
Active Tenant Count/Units: 8/9 (88.8%)

Select a Voucher ID to view additional voucher details.

Voucher ID	Voucher Date	Correction Ind	TRACS Processed Date	Status Code	Status Date	Discrepancy Ind	Approved Voucher Amount	Offset Amount	Amount Paid	Est Pay Date	Payee TIN	LOCCS Payee Name	Action ID	Contract Administrator ID	Compliance Percent	Scheduled Pay Amount	LOCCS Voucher ID
0803011000	3/1/08	N	2/14/08	R41	2/15/08		\$-511	\$0	\$0				LOCCS		77.7		
0802001001	2/1/08	N	1/11/08	T53	2/19/08	Y	\$410	\$0	\$0				TRACS		88.8		
0801001002	1/1/08	N	12/7/07	R00	12/7/07		\$-148	\$0	\$0				TRACS		77.7		
0712001003	12/1/07	N	11/9/07	T53	11/9/07	Y	\$409	\$0	\$0				TRACS		77.7		
0711001004	11/1/07	N	10/9/07	T53	10/9/07	Y	\$409	\$0	\$0				TRACS		88.8		
0710001005	10/1/07	N	9/7/07	T53	9/7/07	Y	\$409	\$0	\$0				TRACS		77.7		
0709001006	9/1/07	N	8/7/07	P00	8/31/07		\$322	\$0	\$322	9/4/07	999999999	WINGLY ELDERLY APTS	LOCCS		100		
0708001007	8/1/07	N	7/9/07	P00	7/31/07		\$478	\$0	\$478	8/1/07	999999999	WINGLY ELDERLY APTS	LOCCS		90		
0707001008	7/1/07	N	6/7/07	P00	6/29/07		\$538	\$0	\$538	7/2/07	999999999	WINGLY ELDERLY APTS	LOCCS		90		
0706001009	6/1/07	N	5/4/07	P00	5/31/07		\$760	\$0	\$760	6/1/07	999999999	WINGLY ELDERLY APTS	LOCCS		90		
0705001010	5/1/07	N	4/10/07	P00	4/28/07		\$760	\$0	\$760	5/1/07	999999999	WINGLY ELDERLY APTS	LOCCS		100		
0704001011	4/1/07	N	3/8/07	P00	3/30/07		\$619	\$0	\$619	4/2/07	999999999	WINGLY ELDERLY APTS	LOCCS		100		
0703001012	3/1/07	N	2/7/07	P00	2/28/07		\$993	\$0	\$993	3/1/07	999999999	WINGLY ELDERLY APTS	LOCCS		90		
0702001013	2/1/07	N	1/5/07	P00	1/31/07		\$1015	\$0	\$1015	2/1/07	999999999	WINGLY ELDERLY APTS	LOCCS		90		
0701001014	1/1/07	N	12/4/06	P00	12/29/06		\$889	\$0	\$889	1/2/07	999999999	WINGLY ELDERLY APTS	LOCCS		90		

*U.S. Department of Housing and Urban Development
TRACS Voucher Detail*

Contract/Project Number: DD06E941001

Project Name: SUMMER VIEW

Voucher ID: 1234567890

Voucher Date: 12/1/09

Transmission Details

Mailbox ID:	TRACM99999TRACM99999
Transmission Date:	12/23/09

Payment Requested

Total Regular Payment Amount: \$	6843
Total Adjusted Payment Amount: \$	833
Voucher Unrequested Amount: \$	0
Total Miscellaneous Request Amount: \$	0
Total Special Claims Amount: \$	0
Total Voucher Amount: \$	7676

Over/Under Payment Resolution

Over/Under Payment Resolution Date:	12:00:00 AM
Over/Under Payment: \$	0
Notification to HUD:	12:00:00 AM

Owner/Management Details

Owner Name:	REHAB PARTNERS
Owner Signed Name:	MARY REHAB
Owner Signed Title:	
Owner Signed Phone:	(710) 245-9999
Owner Signed Date:	12/23/09

Management Agent Name:	REHAB PARTNERS
Management Agent EIN:	999999999

Project/Contract Details

Section 8 Type:	
HAP Effective 10/1/82:	
HAP Signed 10/3/84:	
AHAP Signed 10/1/82:	

Units

Total Units in Contract:	20
Units Occupied By Lower Income Tenants:	0
Units Occupied By Market Rent Tenants:	0
Units Receiving Subsidy Under Contract:	18
Units In Regular Billing:	18
Units In Adjusted Billing:	2
Units Vacant Under Contract:	2

Exceptions

Project-Based Exceptions In Use:	0
Project-Based Exceptions Allocated:	0
Tenant-Based Exceptions In Use:	0
Total Exceptions:	0
Exceptions Allocation Last Changed:	

*U.S. Department of Housing and Urban Development
TRACS Voucher Discrepancies*

Contract/Project Number: DD06E941001

Project Name: Summer View

Voucher ID: 1234567890

Voucher Date: 12/1/06

Discrepancy Code	Description	Recommendation	Action Required	Discrepancy Detail Indicator
VST53	VOUCHER FAILED COMPLIANCE PERCENTAGE STANDARD FOR REVIEW.	FOR DIRECTION, CONTACT THE TRACS HELPDESK AT 1-800-767-7588.	3	N
VSP00	VOUCHER SENT TO TREASURY FOR PAYMENT.	N/A - INFORMATION ONLY	3	N

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
TRACS CERTIFICATION LIST**

Contract/Project Number: KM34S961132

Sorted By:

Unit

Subsidy Contract Expiration Date: 1/31/09

Active Tenant Count/Units: 8/9 (88.8%)

Select a Tenant Name to view additional certification details. Highlighted rows correspond to Active Tenant Count.

Tenant Name	SSN	Unit Number	Effective Date	Cert Type	Action Code	Action Effect Date	TRACS Process Date	AP	TTP	Annual Income	Adjusted Income	Gross Rent	Assist Status Code	Project or Contract Number	Subsidy Type	Previous Contract Number	Next Recert Date	Bedroom Count	Over/Under Housed	Move In Date
CXXXX, K. E.	XXXXXX0000	1	3/1/07	AR			3/8/07	\$151	\$134	\$7884	\$5351	\$285	N	999EE999	7		3/1/08	1		3/1/04
SXXXX, M.	XXXXXX0001	10	4/1/07	*AR*	MO	7/31/07	8/7/07	\$102	\$183	\$7716	\$7316	\$285	N	999EE999	7		4/1/08	1		4/25/06
MXXXX., B.	XXXXXX0002	11	8/1/07	*AR*			8/7/07	\$-26	\$311	\$12840	\$12440	\$285	N	999EE999	7		8/1/08	1		8/1/04
SXXXX, L. J.	XXXXXX0003	12	2/1/08	*AR*			2/14/08	\$-3	\$288	\$12762	\$11517	\$285	N	999EE999	7		2/1/09	1		2/6/07
W,XXX G. B.	XXXXXX0004	2	2/1/08	AR			2/14/08	\$88	\$197	\$8688	\$7888	\$285	N	999EE999	7		2/1/09	1		2/1/06
WXXXX., C.	XXXXXX0005	3	7/1/07	*AR*			7/9/07	\$-23	\$308	\$15930	\$12306	\$285	N	999EE999	7		7/1/08	1		7/1/05

**U.S. Department of Housing and Urban Development
TRACS Certification History List**

Head Tenant Name: J, C.

Head Tenant SSN: 100000001

Project/Contract Number: DU008023100

Sorted By: Effective Date

Select a Head Tenant Name to view additional certification details.

Head Tenant Name	Head SSN	Unit Number	Effective Date	Seq Num	Cert Type	Action Code	Action Effective Date	TRACS Process Date	AP	TTP	Annual Income	Adjusted Income	Gross Rent	Assist Status Code	Project/Contract Number	Subsidy Type	Previous Contract Number	Next Recert Date	Bedrm Count	Over/Under housed	Move In Date
JXXXX, C.	XXXXXX0001	03	12/1/06	1	*AR*			4/16/07	\$1261	\$139	\$7008	\$5568	\$1400	F	98443105	1		12/1/07	3	U	12/1/90
JXXXX, C.	XXXXXX0001	03	12/1/04	4	*AR*			3/11/05	\$1237	\$163	\$8448	\$6528	\$1400	F	98443105	1		12/1/05	3	O	12/1/90
JXXXX, C.	XXXXXX0001	03	2/1/04	1	*IR*			5/12/04	\$1247	\$153	\$8028	\$6108	\$1400	F	98443105	1		12/1/04	3	O	12/1/90
JXXXX, C.	XXXXXX0001	07	2/1/94	1	*IR*			7/8/94	\$703	\$181	\$8676	\$7236	\$884		98443105	1		12/1/94	2	U	12/1/90

U.S. Department of Housing and Urban Development
TRACS Certification Discrepancies

Head Tenant Name: JXXX, C.

Certification Effective Date: 12/1/06

Head Tenant SSN: XXXXX0001

Project/Contract Number: DU008023100

Discrepancy Code	Description	Recommendation	Action Required	Member Number	Reported Value	Calculated Value
CE011	HOUSEHOLD APPEARS UNDERHOUSED	COMPARE # OF BEDROOMS TO # OF HOUSEHOLD MEMBERS, AGES, AND RELATIONSHIPS	4			

*U.S. Department of Housing and Urban Development
TRACS Certification Member List*

Head Tenant Name: JOHNSON, C.

Head Tenant SSN: 100000001

Change Sequence #: 1

Project/Contract Number: DU008023100

Effective Date: 2/1/04

Sorted By: Member Number

Member Last Name	Member First Name	Member Middle Initial	Member SSN	Alien Registration Number	Relationship Code	Member Number	Date Of Birth	Sex	Member Eligibility Code	Special Status Code	Occupation Description
JXXXX	C		XXXXXX0001		H	01	11/4/71	F	EC		
JXXXX	T	J	XXXXXX0002		S	02	5/22/75	M	PV		
SXXXX	S		XXXXXX0003		D	03	5/12/68	M	EC		
MXXXX	B	B	XXXXXX0004		D	04	4/30/94	M	EC		
MXXXX	R	J	XXXXXX0005		D	05	9/17/95	M	EC		
JXXXX	J	T	XXXXXX0006		D	06	8/4/99	M	PV		

***U.S. Department of Housing and Urban Development
TRACS Multiple Occupancy Report***

As of 08/18/2007

Report Type: Units (in a project occupied by multiple households.)

Requested Contract: DU55LOO1257

Project: (No associated project number exists for the following list.)

Unit	Contract Number	Head SSN	Head Tenant	Effective Date
109-A	DU55LOO1257	XXXXXX0007	WXXX, BETTY	08/01/2006
109-A	DU55LOO1257	XXXXXX0008	CXXXX, SHIRLEY I	04/26/2007
302-A	DU55LOO1257	XXXXXX0009	YXXX, SUSAN Y	03/01/2007
302-A	DU55LOO1257	XXXXXX0010	TXXXX, RICHARD I	05/01/2007
314-C	DU55LOO1257	XXXXXX0011	CXXXX, EMMA M	03/01/2007
314-C	DU55LOO1257	XXXXXX0012	PXXX, ARTA L	04/27/2007

***U.S. Department Of Housing and Urban Development
TRACS Move-In/Move-Out Report***

Contract Number: DU55LOO1257

Total Number of Move-ins: 13

Date Range: 01/01/2007 - 01/01/2008

Total Number of Move-outs: 13

*= no move-in or move-out record within date range

Project Number	Unit Number	Bedroom Count	Household Member Count	Move-in Date	Move-out Date	Move-out Reason	Head Tenant Name	SSN
	103-B	1	1	11/2/07	*		SXXXX, R.	XXXXXX0013
	109-A	1	1	*	3/31/07	3	CXXXX, B.	XXXXXX0014
	208-B	1	1	7/27/07	*		GXXXX, Q.	XXXXXX0021
	209-A	1	1	*	7/31/07	3	VXXXX, B. E.	XXXXXX0022
	209-A	1	1	8/20/07	*		MXXXX, M. E.	XXXXXX0023
	210-C	1	1	11/19/07	*		HXXXX, M. J.	XXXXXX0024
	210-C	1	1	*	10/22/07	4	CXXXX, H.	XXXXXX0025
	211-A	1	1	*	10/31/07	3	RXXXX, H. J.	XXXXXX0026
	302-A	1	1	*	4/1/07	3	BXXXX, S. Y.	XXXXXX0027
	302-A	1	1	8/10/07	*		TXXXX, F. C.	XXXXXX0028
	302-A	1	1	5/1/07	7/4/07	4	MXXXX, R. O.	XXXXXX0029
	305-C	1	1	11/9/07	*		TXXXX, D. J.	XXXXXX0030
	305-C	1	1	*	9/15/07	3	OXXXX, B. I.	XXXXXX0031

U.S. Department of Housing and Urban Development

TRACS Project Evaluation Report

Contract Number: DU55MOO1257

Total Number of Potential Concerns: 26

Each row is the current/active certification and the X confirms a potential concern.

Project Number	Unit	Head Tenant Name	SSN	Assets Changed by \$500/20% (+ or -)	No Family Income	No Assets	Sect. 8 TTP <\$25	Elderly without Medical Allowance	Totals (X)
	102-C	LXXXXS, J.	XXXXXX0032			X		X	2
	103-C	SXXX, J.	XXXXXX0033					X	1
	106-C	BXXXX, D.	XXXXXX0034					X	1
	109-A	LXXXX, S.	XXXXXX0035					X	1
	113-C	MXXXX, B.	XXXXXX0036					X	1
	204-A	CXXXX, R.	XXXXXX0037			X			1
	207-B	WXXXX, G.	XXXXXX0038			X			1
	210-A	GXXXX, C.	XXXXXX0039			X		X	2
	212-B	FXXXX, D.	XXXXXX0040					X	1
	301-A	JXXXX, Y.	XXXXXX0041					X	1
	302-A	BXXXX, S.	XXXXXX0042			X			1
	304-A	BXXX, H.	XXXXXX0043					X	1
	305-A	MXXXX, K.	XXXXXX0044			X			1
	306-C	LXXX, J.	XXXXXX0045			X			1
	307-B	SXXXX, R.	XXXXXX0046					X	1
Totals (X)				0	0	7	0	10	17

U.S. Department of Housing and Urban Development

TRACS Verification Report**Contract Number:** DU55MOO1269**Sorted By:** Head Tenant Name

Each row is the most up-to-date certification for an active household.

Project Number	Bedroom Count	Household Member Count	Unit	Head Tenant Name	Head Tenant SSN	Very Low Income Limit (\$)	Low Income Limit (\$)	Contract Rent (\$)	Utility Allow (\$)	Gross Rent (\$)	Market Rent (\$)
	1	1	109-B	AXXXX, J.	XXXXXX0055	25100	40150	723	0	723	0
	1	1	203-B	AXXXX, J.	XXXXXX0056	25100	40150	723	0	723	0
	1	1	303-A	BXXXX, M.	XXXXXX0057	25100	40150	723	0	723	0
	1	1	213-A	BXXXX, L.	XXXXXX0058	25100	40150	723	0	723	0
	1	1	305-B	BXXXX, J.	XXXXXX0059	25100	40150	723	0	723	0
	1	1	304-A	BXXXX, H.	XXXXXX0060	25100	40150	723	0	723	0
	1	1	312-C	BXXXX, J.	XXXXXX0061	25100	40150	723	0	723	0
	1	1	105-B	BXXX, S.	XXXXXX0062	25100	40150	723	0	723	0
	1	1	302-A	BXXXX, S.	XXXXXX0063	25100	40150	723	0	723	0
	1	1	315-C	BXXXX, G.	XXXXXX0064	25100	40150	723	0	723	0
	1	1	107-C	BXXXX, J.	XXXXXX0065	25100	40150	723	0	723	0
	1	1	115-A	CXXXX, M.	XXXXXX0066	25100	40150	723	0	723	0
	1	1	111-C	CXXXX, A.	XXXXXX0067	25100	40150	723	0	723	0
	1	1	103-B	CXXXX, R.	XXXXXX0068	25100	40150	723	0	723	0
	1	1	112-C	CXXXX, V.	XXXXXX0069	25100	40150	723	0	723	0

*U.S. Department of Housing and Urban Development
TRACS Contract/Project Based Voucher Summary Report*

Contract Number: FY26Q001004

Voucher Date Range: 01/01/2006-12/01/2006

Voucher Unit Summary

Project Number	Project Name	Subsidy Type	Voucher Date	Subsidized Units	Vacant Units	Market Units	Total Units
999ZZ028	LEGION WOODS	Section 811 PRAC	12/1/06	19	0	0	19
999ZZ028	LEGION WOODS	Section 811 PRAC	11/1/06	19	0	0	19
999ZZ028	LEGION WOODS	Section 811 PRAC	10/1/06	19	0	0	19
999ZZ028	LEGION WOODS	Section 811 PRAC	9/1/06	19	0	0	19
999ZZ028	LEGION WOODS	Section 811 PRAC	8/1/06	19	0	0	19
999ZZ028	LEGION WOODS	Section 811 PRAC	7/1/06	19	0	0	19
Totals				114	0	0	114

Voucher Payment Summary

Project Number	Project Name	Voucher Date	Regular Tenant Assistance	Misc Account Request	Adjustments	Unpaid Rent	Damages	Rent Up	Regular Vacancy	Debt Service	Total Subsidy Requested	Total Subsidy Approved
999ZZ028	LEGION WOODS	12/1/06	6606	0	0	0	0	0	0	0	6606	6606
999ZZ028	LEGION WOODS	11/1/06	7106	0	0	0	0	0	0	0	7106	7106
999ZZ028	LEGION WOODS	10/1/06	7106	0	0	0	0	0	0	0	7106	7106
999ZZ028	LEGION WOODS	9/1/06	6663	0	0	0	0	0	0	0	6663	6663
Totals			34144	0	5307	0	0	0	0	0	39451	39451

*U.S. Department of Housing and Urban Development
TRACS Voucher Tenant Compliance Report*

Sort By: Reference Number

Active Tenant Count Date	Reference Number	Active Tenant Count	Regular Units Billed Count	Compliance Percentage	Most Recent Voucher Date	Total Units In Contract	Contract Status Code	Program Type
01/25/2008	FY050006002	146	148	98.60%	02/01/2008	150	ACTV	Sec 8 NC
01/25/2008	FY050021005	79	77	102.60%	02/01/2008	82	ACTV	Sec 8 NC
01/25/2008	FY050032001	26	26	100.00%	02/01/2008	26	ACTV	Sec 8 NC

*U.S. Department of Housing and Urban Development
TRACS Assistance Payment Report*

Contract/Project Number: PD26Q001004

Sorted by: Unit

Effective Date Range: 01/01/2006 - 12/01/2006

Tenant Name	SSN	Unit Num	Effective Date	Cert Type	Act Cd	Sub #	Action Effective Date	TRACS Process Date	TRACS Calc AP	MAT AP	APP Diff	TTP	Annual Income	Adjustment Income	Con Rent	Util Allow	Project Number	Sub Type	Vouch Date
FXXXX,R	XXXXX1313	1A	7/7/06	IC		2	7/7/06	3/14/07	207	207	0	364	14954	14554	571	0	999ZZ028	H8	
FXXXX,R	XXXXX1313	1A	7/7/06	IC	1	1	7/7/06	3/13/07	207	207	0	364	14954	14554	571	0	999ZZ028	H8	
SXXXX,H	XXXXX1314	1B	7/7/06	IC		2	7/7/06	3/14/07	571	571	0	0	0	0	571	0	999ZZ028	H8	
SXXXX,H	XXXXX1314	1B	7/7/06	IC	1	1	7/7/06	3/13/07	571	571	0	0	0	0	571	0	999ZZ028	H8	
CXXXX,S	XXXXX1316	1D	7/7/06	IC		1	7/7/06	2/16/07	341	341	0	230	9576	9176	571	0	999ZZ028	H8	
FXXXX,V	XXXXX1319	1E	7/7/06	IC		1	7/7/06	2/16/07	317	317	0	254	10572	10172	571	0	999ZZ028	H8	
FXXXXA	XXXXX1310	1F	11/1/06	IR		1	11/1/06	4/2/07	374	374	0	197	8256	7856	571	0	999ZZ028	H8	
FXXXXA	XXXXX1310	1F	10/1/06	IR	1	2	10/1/06	5/11/07	437	437	0	134	5760	5360	571	0	999ZZ028	H8	
FXXXXA	XXXXX1310	1F	10/1/06	IR		1	10/1/06	3/28/07	437	437	0	134	5760	5360	571	0	999ZZ028	H8	
FXXXXA	XXXXX1310	1F	7/7/06	IC		1	7/7/06	2/16/07	571	571	0	0	0	0	571	0	999ZZ028	H8	
SXXXX,M	XXXXX7413	2 C	7/7/06	IC		1	7/7/06	2/16/07	317	317	0	254	10572	10172	571	0	999ZZ028	H8	
WXXXX,B	XXXXX1313	2 D	8/1/06	IR	1	2	8/1/06	5/11/07	244	244	0	327	13494	13094	571	0	999ZZ028	H8	
WXXXX,B	XXXXX1313	2 D	8/1/06	IR		1	8/1/06	3/28/07	244	244	0	327	13494	13094	571	0	999ZZ028	H8	
WXXXX,B	XXXXX1313	2 D	7/13/06	IC		2	7/13/06	3/14/07	244	244	0	327	13494	13094	571	0	999ZZ028	H8	
WXXXX,B	XXXXX1313	2 D	7/13/06	IC	1	1	7/13/06	3/13/07	244	244	0	327	13494	13094	571	0	999ZZ028	H8	
TXXXX,A	XXXXX9713	2 E	12/1/06	IR	1	2	12/1/06	5/11/07	401	401	0	170	7176	6776	571	0	999ZZ028	H8	

Total TRACS Calculated Assistance Payment: \$13365

Total MAT Assistance Payment: \$13365

Total Assistance Payment Difference: \$0

**U.S. Department Of Housing and Urban Development
TRACS Certifications with Discrepancies Report**

Contract Number: **PD26Q001004**

Date Range Type: Effective Date

Date Range: **08/01/2006 - 12/01/2006**

Sorted By: Unit

***= no certifications within date range**

Project Number	Unit	Tenant Name	Tenant SSN	Effective Date	# of Days Unresolved	Action Code (1-3)	Discrepancy Code	Discrepancy Description	
999ZB028	1F	AXXXX,ADAM,S	XXXXXX2121	11/1/06	301	3	SS012	SSA VERIFIED SS/SSI INCOME	HAS DIFFERENT NAME FOR SOCIAL SECURITY CLAIM
999ZB028	1F	BXXXX,ADAM,S	XXXXXX3131	10/1/06	262	3	SS012	SSA VERIFIED SS/SSI INCOME	HAS DIFFERENT NAME FOR SOCIAL SECURITY CLAIM
999ZB028	2 D	CXXXX,BRUCE,W	XXXXXX4141	8/1/06	262	3	SS014	SSA VERIFIED SS/SSI INCOME	HAS DIFFERENT NAME FOR SSI CLAIM
999ZB028	2 D	DXXX,BRUCE,W	XXXXXX5151	8/1/06	262	3	SS016	TENANT AND SSA SS INCOME MATERIALLY DIFFERENT	SSA GIVES SEPARATE AMOUNTS
999ZB028	2 D	EXXX,BRUCE,W	XXXXXX6161	8/1/06	262	3	SS017	TENANT AND SSA SSI INCOME MATERIALLY DIFFERENT	SSA GIVES SEPARATE AMOUNTS
999ZB028	2 E	FXXXX,ALBERTA,L	XXXXXX7171	12/1/06	262	3	SS016	TENANT AND SSA SS INCOME MATERIALLY DIFFERENT	SSA GIVES SEPARATE AMOUNTS
999ZB028	2 G	IXXXX,P	XXXXXX0101	10/1/06	262	3	SS017	TENANT AND SSA SSI INCOME MATERIALLY DIFFERENT	SSA GIVES SEPARATE AMOUNTS

*U.S. Department of Housing and Urban Development
TRACS Late Recertification Report*

Contract Number: **PD26Q001004**

Report Type: All Certifications

Total Number of Late Recertifications: 2

Sorted By: Unit

Project Number	Unit	Tenant Name	Tenant SSN	Effective Date	Next Recert Date	Number of Days Late	Termination Date	Termination Reason
999ZB028	1F	WXXXX, A. S.	XXXXXX1212	11/1/06	7/1/07	211		
999ZB028	3 B	WXXXX, J.	XXXXXX1313	12/1/06	7/1/07	211	6/30/07	HQ

ATTACHMENT 4 – SAMPLE ELIGIBILITY, INCOME, AND DEDUCTION CHECKLIST

This form is to be completed by the head of household and/or the co-head.

LIST ALL HOUSEHOLD MEMBERS:

<u>Name</u> (Last, First, M.I.)	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security #</u>
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____

ELIGIBILITY

YES

NO

1. Do you have a family member who is absent from the home due to:

Employment

Military service

Placement in foster care

Temporarily in nursing home or hospital

Permanently confined to a nursing home

Away at school

Away at school with an established residence (lease)

Other

2. Do you have a live-in attendant

If yes, is the live-in attendant your adult child or related to you in any way?

3. Expected changes in household:

Baby due on _____

Adopting a child(ren) on _____

Obtaining custody of a child(ren) on _____

Obtaining joint custody of a child(ren) on _____

Receiving a foster child(ren) on _____

4. Are you, or a family member, enrolled either part-time or full-time at an institution of higher education.

INCOME, ASSETS, AND DEDUCTIONS**A. Income:****YES****NO**

1. Are you or any other members of the household currently receiving income from any of the following sources?

Wages/salaries

Wages earned through a government program such as Senior

Aides, Older American Community Service Employment

Program, Americorps

If yes, which program? _____

Tips, bonuses or commissions

Overtime pay

Income from operation of a business

Social security

Disability/SSI

Death Benefits

Pensions/retirement funds

Annuities or non-revocable trust

Unemployment

Military Pay

Workman's Compensation

Public assistance/TANF

Alimony

Child Support

Income from rent or sale of property

Periodic payments from lottery winnings

Regular recurring contributions from persons or agencies outside
of Household

Insurance policies

Severance pay

Student financial assistance

If yes, what is the source(s) of the financial assistance?

If yes, how much is the financial assistance received? _____

If yes, what is the cost of tuition? _____

Other

2. Did you or any other members of the household file a federal tax return last year?

3. Are there any adult members of the household (18 years of age or older) receiving income not listed above?

If yes, specify the source of the income _____

B. Assets:	<u>YES</u>	<u>NO</u>
1. Do you or any other members of the household have any of the following:		
Checking accounts	_____	_____
Savings accounts	_____	_____
Certificates of deposit	_____	_____
Money Market funds	_____	_____
IRA/Keogh account	_____	_____
Stocks	_____	_____
Bonds	_____	_____
Treasury bills	_____	_____
Trusts	_____	_____
If yes, is the trust irrevocable?	_____	_____
Real estate	_____	_____
Whole life or universal life insurance policy	_____	_____
Cash held in safety deposit boxes or home	_____	_____
Assets held in another state or foreign country	_____	_____
Other	_____	_____
2. Have you or any other members of the household received any lump sum payments, such as:		
Inheritance	_____	_____
Lottery winnings	_____	_____
Insurance settlements	_____	_____
Other	_____	_____
3. Have you or any other household member disposed of any asset(s) for less than fair market value in the past two (2) years?	_____	_____
4. Do you or any other household members have any assets that are held jointly with another person?	_____	_____
 C. Deductions:	 <u>YES</u>	 <u>NO</u>
1. Are there any fulltime students 18 years of age or older in the household?	_____	_____
2. Is any household member elderly (62 or older) or a person with disabilities?	_____	_____
3. Do you have medical expenses that are not paid for by an outside source such as insurance?	_____	_____

	<u>YES</u>	<u>NO</u>
4. Do you have disability expenses that are not paid for by an outside source?	_____	_____
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed?	_____	_____
4. Do you have attendant care expenses?	_____	_____
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed?	_____	_____
5. Do you currently pay for childcare services for any children under the age of 13 residing in your household?	_____	_____
If yes, is this service necessary in order for you to be employed or to attend school?	_____	_____
If yes, are any of these expenses reimbursed by an outside source?	_____	_____

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to five (5) years
- Prohibited from receiving assistance

Your state and local governments may have other laws and penalties as well.

By signing below I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.

	____/____/____
Head of Household	Date
	____/____/____
Co-head of Household	Date

ATTACHMENT 5 – REQUIRED TENANT FILE DOCUMENTATION

Tenant file records are critical pieces of source documentation, perhaps the critical source documentation, used as evidence to support determinations and conclusions in all areas of occupancy monitoring. The tenant file records must be complete and contain all information and forms relevant to occupancy at the project, including:

I. Application/Household Information

- A.** Pre-application/application
- B.** Screening information/forms
- C.** Verification/certification of social security numbers (family members age 6 and older)
- D.** Verification of income
- E.** Citizenship declaration/immigration status (all family members)
- F.** Consent forms
 - 1. HUD-9887, Notice and Consent to the Release of Information (family members age 18 and older and head of household, spouse, co-head, regardless of age)
 - 2. HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information (family members age 18 and older and head of household, spouse, co-head, regardless of age)
- G.** Preference verification, if applicable
- H.** Eligibility verification documents (e.g., person with disabilities, elderly, live-in aide, assistive animal, etc.)
- I.** Acknowledgement of the head of household's receipt of lead-based paint disclosure brochure, if applicable
- J.** Acknowledgement of head of household's receipt of Resident Rights and Responsibilities brochure
- K.** Race and ethnicity certification

II. Lease

- A.** Lease
- B.** Lease amendments/addendums/agreements
- C.** Project rules and regulations
- D.** Pet rules and pet deposit receipt, if applicable
- E.** Security deposit receipt, if applicable
- F.** Move-in inspection report
- G.** Annual inspection reports
- H.** Lead-based paint addendum, if applicable

III. Certification/Recertification

- A.** Initial, interim, and annual recertifications
- B.** HUD-50059 ([Attachment 9](#)) signed by O/A or manager who has authority to sign on behalf of the owner and the head, spouse, co-head, and all other family members age 18 or older (It is recommended that certifications and supporting documentation be filed in chronological order with the most recent certification supporting documents on top)
- C.** Recertification notices (initial and, if applicable, first, second, and third)

- D.** Verifications for income, assets, and deductions
- E.** Disposal of assets verification (head of household, spouse, co-head)
- F.** Payment plans, if applicable
- G.** Correspondence both issued to, or received from, tenant(s)

IV. Other Files That Need to Be Maintained

Move-out files

- A.** The current tenant file will become the move-out file. In addition to the above items, the move-out files must contain:
 - 1. Copy of the intent to vacate notice received from the tenant
 - 2. Copy of the notification provided to HUD or the CA
 - 3. Move-out inspection report
 - 4. Copy of the security deposit disposition notice provided to the tenant
 - 5. Documents supporting retaining all or a portion of the security deposit
 - 6. Special claims and supporting documentation
- B.** Application/Reject Files
 - 1. Application
 - 2. Documentation to support the reason(s) for rejecting, such as screening information from previous landlords, personal references, credit reports, criminal activity, failure to declare citizenship or provide social security numbers, and refusal to sign consent forms
 - 3. Copy of the written notice of rejection sent to the applicant
 - 4. Any information or letters regarding appeals by applicants

ATTACHMENT 6 – INSTRUCTIONS FOR COMPLETING THE TENANT FILE REVIEW WORKSHEET (Addendum A to Form HUD-9834)

These instructions are organized by section and question number on the Tenant File Review Worksheet, Addendum A to form HUD-9834, *Management Review for Multifamily Housing Projects* (see [Attachment 7](#)). **Only questions related to income and rent determination are addressed in this document.**

Handbook references can be found in HUD Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*.

Section A. Household Information

Question A.2: Are the household members identified correctly? (head, spouse, dependent, co-head, other adults, live-in aide)

The reviewer will compare the code shown for each household member on the HUD-50059 to the information on the application, certification checklist or other information received from the applicant/tenant to determine the accuracy of the codes. The reviewer will use the household composition information to determine the correct unit size for the household and to determine whether the household qualifies for income exclusions and deductions.

The Relationship Codes are:

- H** Head
- S** Spouse
- K** Co-head
- D** Dependent
- O** Other adult member
- F** Foster child
- L** Others living in the unit who are not a member of the tenant family

Question A.3: Is the unit size appropriate for household?

The reviewer will use the tenant selection plan to determine the occupancy standards developed for the project and will ensure that the standards have been followed when assigning the family a unit.

Occupancy standards outline the O/A's policy concerning the number of occupants that can reside in a unit, based on the size of the unit or number of bedrooms in the unit. It is important that the O/A's occupancy standards have been established to prevent over- or under-utilization of units as this could result in inefficient use of housing assistance. (See Handbook 4350.3 REV-1, Chapter 3, Paragraph 3-23.)

Question A.4: Was household income eligible at move-in? (This question applies only if the file being reviewed is coded on the HUD-50059 as Transaction type “MI” for move-in.)

In order to qualify for occupancy, the family’s annual income must not exceed the applicable income limit for the project/contract and family size. (See Handbook 4350.3 REV-1, Chapter 3, Paragraph 3-6.E and F.)

The reviewer should have determined the appropriate income limit (low-income limit or very low-income limit) for the project/contract being reviewed when preparing for the review. The reviewer will verify that the O/A is using the correct income limit applicable to the project/contract.

The reviewer will compare the family’s annual income amount shown on the HUD-50059 to the applicable income limit for the project/contract to determine if the household was income eligible at move-in.

NOTE: For the Rent Supplement program, the tenant is eligible for assistance at move-in or initial certification only if the total tenant payment (TTP) is less than 90 percent of the gross rent. (See Handbook 4350.3 REV-1, Chapter 5, Figure 5-6.)

Question A.5: If household was not eligible at move-in, was an exception granted?

In some instances, exceptions can be granted to the income limits for assisted projects. Refer to Handbook 4350.3 REV-1, Chapter 3, Paragraphs 3-7 and 3-8 for more details on waiving income limits.

The reviewer will look at the HUD 50059 field, Income Exception Code, to determine if an income exception has been granted. If an exception has been granted where HUD or CA approval is needed, a copy of the letter approving the waiver must be in the tenant file.

The Income Exception Codes are:

- CV** The tenant: 1. Was converted (or is now being converted) from the Rental Assistance Payment (RAP) or Rent Supplement 2. Received (or will now begin to receive) Section 8 as a result of a sale of a HUD-owned project
- EDT** HUD approved an exception for an in-place tenant who would otherwise be displaced, as described in HUD Handbook 4350.3 REV-1.
- EIT** Do not use this code for new move-ins. Continue to use this code for tenants who previously received a HUD-approved income exception.
- EAT** Do not use this code for new move-ins.
- or** Continue to use this code for tenants who

- AA** previously received an exception based upon these codes.
- EP** Tenant was admitted under one of the HUD-approved project-based exceptions, as described in HUD Handbook 4350.3 REV-1.

Question A.8: Have the HUD-9887 and HUD 9887-A consent forms been signed by head, spouse, and co-head regardless of age and family members at least 18 years of age?

Each family member who is at least 18 years of age, and each family head, spouse and co-head regardless of age, must sign the HUD-required consent forms at move-in, initial certification, and annual recertification. The required consent forms are HUD-9887, Notice and Consent for the Release of Information, and HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information. Applicants who fail to sign these forms are denied assistance, while in-place tenants who refuse to sign will have their assistance terminated.

The reviewer will confirm that the appropriate family members listed on the HUD-50059 have signed the HUD-9887 and HUD-9887-A forms at move-in, initial certification, and each annual recertification. Family members will sign on the same form HUD-9887, not individual forms. Each family member will sign a separate form HUD-9887-A. (See Handbook 4350.3 REV-1, Chapter 5, Paragraph 5-15 and Chapter 8, Paragraph 8-5.)

Section B. Verification

Question B.1: Have the social security numbers for all family members at least 6 years of age and older, or certification if no social security number, been verified and documented?

Families must disclose social security numbers for all family members six years of age or older and provide proof of the numbers reported in order to be eligible for occupancy and housing assistance. If a social security number has not been assigned to a family member, the applicant must sign a certification stating that no social security number has been assigned. (See Handbook 4350.3 REV-1, Chapter 3, Paragraphs 3-9 and 3-31, and Chapter 5, Paragraph 5-12.A.)

The reviewer will verify that the file documentation shows that the family has disclosed and the O/A has verified the social security numbers for all family members age six or older or has received a certification for those family members who do not have a social security number.

Documentation in the file does not have to be a copy of the social security card. Alternate methods of verification are acceptable. (See Handbook 4350.3 REV-1, Appendix 3, Acceptable Forms of Verification.)

Question B.2: Has eligible immigrant status or citizenship been verified and documented?

Only U.S. citizens or eligible non-citizens may receive assistance under the Section 8, Section 236, Rental Supplement, Rental Assistance Payments (RAP), and Section 202/8 programs. Declaration of citizenship or eligible immigrant status does not apply to the Section 202 Project Rental Assistance Contracts (PRAC), Section 811 PRAC, Section 202/162 Project Assistance Contracts (PAC), or Section 221(d)3 Below Market Interest Rates (BMIR) programs. (See Handbook 4350.3 REV-1, Chapter 3, Paragraph 3-12.)

The reviewer will determine if the project being reviewed provides assistance under one of the programs listed above and is, therefore, required to have tenants declare their citizenship. If citizenship declaration is required, the reviewer will need to verify that all family members have declared their citizenship and the appropriate signed declaration forms are in the tenant file. If the family member(s) is a non-citizen immigrant, the reviewer will need to determine that the appropriate verification was completed with the Department of Homeland Security's SAVE system. In the case of a "mixed" family, the reviewer will need to determine that the tenant's rent and subsidy were calculated correctly.

The reviewer should review the HUD-50059 to determine if the appropriate citizenship codes were used.

The Member Eligibility Codes are:

EC	Individual is a citizen or national
EN	Individual is a non-citizen with eligible immigration status
IC	Ineligible non-citizen child of a family head or spouse
IN	Member is an ineligible non-citizen
IP	Ineligible parent of a head of household or spouse
ND	No documentation submitted. For use when the family is receiving prorated assistance at admission. Member is treated as ineligible for proration purposes.
PV	Individual's eligibility status is pending verification – documents have been submitted for use when the family is receiving prorated assistance at admission. Member is treated as eligible for proration purposes.
XX	Individuals who are not counted as members of the family (i.e., foster children, live-in attendants, foster adults) HUD-50059 Relationship code of "F" or "L" for these individuals.

Question B.3: Criminal and drug screening; sex offender registration have been verified and documented?

O/As must include screening criteria in their tenant selection plan that prohibits admission of those who have engaged in drug-related or criminal activity. (See Handbook 4350.3 REV-1, Chapter 4, Paragraphs 4-7.C and 4-27.E.)

The reviewer needs to verify that this screening criteria has been included in the tenant selection plan for the project and that there is evidence that the screening is being accomplished and applied consistently.

Question B.4: Other screening as disclosed in tenant selection plan has been verified and documented?

The reviewer will determine from the tenant selection plan whether or not other screening criteria is used at the project (e.g., credit history, rental history, and housekeeping habits). During the review of the tenant files, the reviewer will look for evidence that this screening is being accomplished and applied consistently. (See Handbook 4350.3 REV-1, Chapter 4, Paragraphs 4-7 and 4-27.)

Questions B.5, B.6 and B.7: Have the following items been properly verified and documented: disability, student status and age?

The O/A must verify the disability, age, or student status of family members in order to determine if the family qualifies for assistance and/or deductions.

The deductions are used to determine adjusted income. The HUD-50059 field for Special Status Code must be completed to indicate that the family is entitled to receive the applicable deduction.

The Special Status Codes are:

- E** Elderly head, spouse, or co-head who is at least 62 years old as of the effective date of the certification. (Such individual must have one of the following Relationship Codes: H, S or K.)
- S** Full-time student who is at least 18 years old as of the effective date of the certification and who is not the head, spouse, or co-head. (Such individuals must have been identified by the Relationship Code D.)
- H** Family member who has a disability. (Such individuals must have one of the following Relationship Codes: H, S, K, or D.)
- J** Dependent whose custody is jointly shared by more than one family and who receives a dependent allowance along with a child care allowance where applicable.
- C** Dependent whose custody is jointly shared by more than one family but who does not receive

a dependent allowance. Such a person's child care expenses count toward the child care allowance.

- K** Dependent whose custody is jointly shared by more than one family and lives in the unit 50% or more of the time. Count for unit size and income limit purposes. This code must be paired with either a J or C code. If this code is not present, the dependent with the J or C code is not counted for unit size and income limit purposes.

The HUD-50059 Student Status field must be completed to indicate the eligibility under the rules for receiving Section 8 assistance of a student enrolled either as a part-time or full-time student at an institution of higher education.

FUTURE CODE: The Student Status Code is:

- V** Student, (either full or part-time) at an institution of higher education who is eligible under the rules.

The reviewer will check the HUD-50059 Special Status Code and Student Status fields to see if any special status codes have been applied. They will then determine that the O/A has verified the family member's disability, age, or student status and that the appropriate deductions were given in questions D.10 through D.14. (See Handbook 4350.3 REV-1, Chapter 5, Paragraphs 5-9 and 5-10.)

The reviewer will check the HUD-50059 Student Status Code to see if the code has been applied. They will then determine that the O/A has verified that the student is eligible to receive Section 8 assistance. (See Handbook 4350.3 REV-1, Chapter 3, Paragraphs 3-13 and 3-33.)

Section C. Lease

Question C.1: Is the correct HUD model lease used?

HUD has provided model leases to be used at subsidized projects. There are four model leases: (See Handbook 4350.3 REV-1, Appendix 4.)

- HUD-90105-a, Model Lease for Subsidized Programs (Family Model Lease)
- HUD-90105-b, Model Lease for Section 202/8 or Section 202 PACs
- HUD-90105-c, Model Lease for Section 202 PRACS
- HUD-90105-d, Model Lease for Section 811 PRACS

The reviewer must determine which model lease is applicable to the program type being administered at the project under review and verify that the appropriate lease is being used. Lease addendums may be used for modifying the lease. (See Handbook 4350.3 REV-1, Chapter 6, Figure 6-2.)

If a lease addendum is being used at the property to modify the lease, the reviewer will need the O/A to provide evidence that HUD or the CA has approved the modifications. (See Handbook 4350.3 REV-1, Chapter 6, Paragraph 6-12.)

Question C.2: Is the original lease and subsequent leases or addendums signed by the O/A, head, spouse, co-head and all other adult members of the household?

The lease and any lease addendums must be signed by the head of household, spouse, any individual listed as co-head, and all adult members of the household, as well as the O/A. (See Handbook 4350.3 REV-1, Chapter 6, Paragraph 6-5.B.2.)

The reviewer will review the family composition on the HUD-50059 to confirm that the lease contains the appropriate signatures.

Section D. Certification/Recertification Activities

Question D.1: Were recertification notices provided within the required timeframes given?

O/As are required to provide written notices to tenants regarding the tenant's responsibility to provide information about changes in family income or composition necessary to properly complete an annual recertification. The initial notice must be provided at the initial lease signing and at every annual recertification thereafter. First, second, and third reminder notices must be issued in accordance with HUD requirements. The reviewer must review the file to ensure that the proper notices were given and that the notices were given within the appropriate time frames. (See Handbook 4350.3 REV-1, Chapter 7, Paragraph 7-7.)

Question D.2: Were certifications completed on time?

The move-in certification must be completed and signed by the head, spouse, co-head and all adult family members and the O/A prior to the tenant moving in or on the day of move-in. Annual recertifications must be completed prior to the recertification anniversary date. Since the O/A is required to give the tenant a 30-day notice of an increase in his/her rent, recertifications should be completed 35 days prior to the recertification anniversary date. (See Handbook 4350.3 REV-1, Figure 7-3, Recertification Steps.)

Tenants may also report changes that affect the total tenant payment or tenant rent and assistance payment for the tenant between required recertification dates. When this occurs, the O/A must prepare an interim recertification. (See Handbook 4350.3 REV-1, Chapter 7, Section 2.)

The tenant files must contain the recertification notices addressed in question D.1, so that the reviewer can follow the O/A's recertification process. When certifications are not completed on time, the reviewer must determine who caused the delay, the tenant or the O/A. Knowing who caused the delay is important because this affects whether or not the O/A is entitled to receive housing assistance back to the original recertification anniversary date. Reviewers must follow the guidance in Handbook 4350.3 REV-1,

Chapter 7, Paragraph 7-8 for determining the effective date for changes in the TTP, tenant rent and assistance payment when the recertification is delayed.

If an interim recertification is prepared, the reviewer needs to determine if the O/A processed it in a timely manner.

Question D.4-D.9: Income

The O/A must interview the applicant or tenant to gather all of the information relating to income, assets, and family composition. This information is needed to determine the annual income for the applicant or tenant family. There are several acceptable methods of verification. They are, in the order of acceptability:

NOTE: Although use of EIV is not yet mandatory, O/As who are using the EIV data at the time of recertification or any other type of UIV should follow this order of acceptability.

- Up-front verification (UIV) using EIV data in conjunction with tenant supplied documents for current tenants.
- Third-party verification directly from the third-party source
- Review of documents received from tenants
- Family certification.

(See Part II, Paragraph E.2.f for information on the 5-year restriction included in the consent forms, HUD-9887 and HUD-9887-A, on requesting information through computer matching or from a third party source.)

The reviewer will confirm that the file contains documentation of income and assets reported by the tenant family. An example of good documentation is the use of an income and asset checklist (see [Attachment 4](#), Sample Eligibility, Income, and Deduction Checklist). The reviewer will confirm that the files contain the necessary verification forms to support the income and assets reported by the tenant family. (See Handbook 4350.3 REV-1, Chapter 5.)

The income and asset information from the verification forms must agree with the information recorded on the HUD-50059 in the applicable income and asset fields. The HUD-50059 fields are: Total Assets, Total Income from Assets, Total Employment Income, Total Pension Income, Total Public Assistance Income, Total Other Income, Non-asset Income, and Annual Income Amount. If the verification forms and the amounts in the HUD-50059 fields do not agree, this will result in a rent calculation error. The reviewer must follow the interim error tracking requirements provided under a separate directive from this *Guide* for recording the error.

The reviewer will record on the tenant file worksheet the income and assets reported by the O/A on the HUD-50059 and record on the form whether or not the income information on the HUD-50059 agreed with the verified file information. If not, the discrepancies must be identified.

Questions D.10 – D.14: Deductions

The deductions from income that the family may be entitled to receive are listed in questions D.10 through D.14. In order to determine whether the family is entitled to any of the deductions, the family composition and other information (e.g., age, fulltime student status, etc.) must be determined. The O/A must obtain third-party verifications to support any deductions or expenses.

The reviewer will examine the HUD-50059 to determine if the family composition and other family information indicate that the family is eligible to receive any of the deductions (see Questions B.5, B.6, and B.7 relating to Special Status Codes). Once the reviewer determines the deductions the family is eligible to receive, he/she will then ensure that the file contains the necessary third-party verifications and that all deductions have been calculated correctly. The reviewer will record on the tenant file worksheet the amounts reported on the HUD-50059 for deductions and expenses, along with the amounts supported by the third-party verifications. The verified deductions must agree with the HUD-50059 fields for deductions. If they do not agree, this will result in a rent calculation error. The reviewer must follow the interim error tracking requirements provided under a separate directive from this *Guide* for recording the error.

The HUD-50059 fields for deductions are: Dependent Allowance, Disability Expense, Medical Expense, and Elderly Allowance. (See Handbook 4350.3 REV-1, Chapter 5, Paragraph 5-10.)

Question D.16: Was the correct unit rent used for rent determination?

As part of the desk review, the reviewer should have determined the approved rents for the project from either the HUD-approved Rent Schedule (HUD-92458) or the housing assistance contract. The approved rents will be used to verify that the O/A is using the correct rents when calculating the assistance payment HUD will pay on behalf of the tenant family.

The reviewer will compare the approved rents from the rent schedule or assistance contract to the applicable fields on the HUD-50059. The applicable fields are Contract Rent Amount, Utility Allowance Amount, and Gross Rent. If the reviewer finds a discrepancy in the rents used, this will result in an assistance calculation error. The reviewer must follow the interim error tracking requirements provided under a separate directive from this *Guide* for recording the error.

Questions D.17-D.24: Rent and subsidy calculations

The rent calculation is based on the adjusted income for the family. The reviewer must determine if the rent was calculated according to the appropriate rent formula for the type of assistance the family is receiving (see rent formulas on Fact Sheet for Determining Rent, [Attachment 1](#) or Handbook 4350.3 REV-1, Chapter 5, Exhibit 5-8).

The reviewer will find the results of the rent calculation recorded on the HUD-50059 fields Total Tenant Payment, Tenant Rent, Utility Reimbursement, and Assistance

Payment Amount. The reviewer must be familiar with the rent formulas for all of HUD's assistance programs in order to determine that the correct rent formula was used in the rent calculations. The reviewer must determine what the family should have paid in the event that errors were found in calculating the income, asset, and deduction information or if the incorrect project rent or utility allowance was used. If the reviewer finds that the rent and assistance payments were calculated incorrectly, the error will be recorded on the Tenant File Error Summary, **Attachment 8**. Errors will be tracked and reported in accordance with the interim error tracking requirements provided under a separate directive from this *Guide*.

When a project has a utility allowance the family may be entitled to receive a utility reimbursement. The reviewer will need to check the O/A records to verify that the utility reimbursement was paid to the family within 5 business days of receipt of voucher payment by the O/A. If the O/A fails to pay the utility reimbursement to the tenant, the O/A is in non-compliance with the utility reimbursement requirements. The reviewer must make this a finding on the written report.

Projects with Section 8 assistance have a minimum rent requirement of \$25.00. If the family is not paying the \$25.00 minimum rent, the reviewer will need to verify that an exemption from paying minimum rent has been granted. Minimum rents do not apply to Section 202 PRAC, Section 811 PRAC, Section 202/162 PAC, Section 236, Rent Supplement, or Section 221(d)(3) BMIR projects.

Question D.24: If applicable, has tenant entered into a written payment plan for monies due to the project?

If the tenant has entered into a payment plan with the O/A for repayment of monies due the project, the reviewer should discuss with project staff the reason for the payment plan, determine if the tenant is in compliance with the plan and that any monies due HUD as a result of the payment plan are being returned as an adjustment on the monthly voucher. (See Handbook 4350.3 REV-1, Chapter 8, Paragraph 8-20.)

Section E. Billing

Question E.1: Does the assistance payment requested on the monthly billing (HUD-52670-A Part 1) agree with the assistance payment on the HUD 50059?

The reviewer will obtain copies of the monthly billing requests that the O/A submitted to HUD or the CA. The reviewer will compare the amount requested on the monthly billing(s) for the unit/family with the amount listed in the HUD-50059 Assistance Payment field to determine that the O/A is requesting the correct amount.

If the O/A is not requesting the correct assistance payment and if the CA did not make the correction to the voucher prior to payment, the reviewer will need to ensure that the O/A makes the appropriate adjustment to the voucher to correct this error.

Question E.2: If required, have adjustments been made to the monthly billing?

Because the O/A requests the assistance for Section 8, Section 202 PRAC, Section 811 PRAC and Section 202/162 PAC tenants in advance (e.g., the May voucher is due to HUD or the CA by April 10), O/As will need to make adjustments for activity that occurs during the month. Actions that may require adjustments are unit transfers, move-in, move-out, interim recertifications, and past due annual recertifications.

The reviewer will need to determine whether an adjustment is required and verify that the adjustment was made and was calculated correctly.

Move-out File Review Only

Question F.7: Does the tenant move-out date on the voucher match the date the tenant vacated the unit?

The date the tenant moved out of the unit should be recorded in the tenant file on documents such as the move-out inspection report or the notice provided to the tenant of the disposition of the security deposit. (See Handbook 4350.3 REV-1, Chapter 9, Paragraph 9-12.)

The reviewer will need to determine whether an adjustment was required and verify that the adjustment was made and was calculated correctly using the date the tenant vacated the unit.

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

OMB Approval No. 2502-0178
Exp. 09/30/08

Public Reporting Burden for this collection is based on the size of the project and the level of compliance and is **estimated to average 8 hours per response**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This form replaces form HUD-9838, Management Review for Unsubsidized Multifamily Housing Programs. This information is required by 24 C.F.R. 880.612, 24 C.F.R. 884.224, 24 C.F.R. 886.130, 24 C.F.R. 891.450, and/or the Regulatory Agreement. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The information is used by HUD to evaluate the quality of project management, determine the causes of project problems, and devise collective actions to stabilize projects and prevent defaults. The information is gathered and recorded during a review of project operations. HUD does not ensure confidentiality to respondents.

ATTACHMENT 7 – HUD-9834

PURPOSE: To assess management and oversight of multifamily housing projects.

INSTRUCTIONS: This form is to be completed by HUD staff, Performance Based Contract Administrators/Traditional Contract Administrators (CAs) and Mortgagees of Coinsured Projects (Mortgagees). The Management Review form consists of three parts: Desk Review, On-site Review with Addendums, and Summary Report. All Reviewers of subsidized projects must complete all Addendums (A, B & C). Reviewers of unsubsidized projects must complete Addendums B & C only. If any questions on any given form are not relevant to the program under review or if the information is not available, notate with "N/A". Additional guidance regarding the management process can be found in HUD Handbooks 4350.1, REV-1 and 4566.2.

A. Prior to On-Site Review

Complete Part I – Desk Review

- To complete the Desk Review worksheet prior to the on-site visit, review the project files, system reports, other documents, and contact the HUD representative for any unavailable information needed to complete the desk review. This portion of the review will assist the Reviewer in identifying potential problem areas. HUD staff must complete the entire Desk Review for subsidized projects. For unsubsidized projects, HUD staff/mortgagees must complete all applicable sections. CAs must complete the entire Desk Review except where noted "This question applies only to HUD Staff/Mortgagees."
- Schedule a date for the on-site review with the owner/agent and confirm the review date in writing. The owner/agent should be given at least a two-week notice in writing and notified of the documents that need to be available the day of the review, as specified in Addendum C. Addendum C provides a list of documents notated by the Reviewer that the owner/agent must have available during the on-site review. Addendum C and Part A of Addendum B must be forwarded to the owner/agent with the letter confirming the scheduled on-site review. The Reviewer may request additional items as necessary.

B. Conducting the On-Site Review

Complete Part II – On-Site Review

- On-Site Reviews will be completed as follows:
 - (1) HUD staff and Mortgagees must complete all applicable questions in Part II.
 - (2) CAs must complete all questions in Part II except where noted "This question applies only to HUD staff/Mortgagees."
 - (3) HUD staff completing a review of a project which is also reviewed by a CA will only complete questions not applicable to CAs.
- Use additional sheets as necessary to complete applicable questions.
- Upon completion of the on-site review, the Reviewer will hold a close-out session with the owner/agent to discuss observations and conclusions.

C. After On-Site Review

- The Reviewer will record deficiencies, findings and corrective actions. Findings must include the condition, criteria, cause, effect and required corrective action. The condition describes the problem or deficiency. The criteria cite the statutory, regulatory or administrative requirements that were not met. The cause explains why the condition occurred. The effect describes what happened because of the condition. The corrective action provides what the owner/agent must do to eliminate the deficiency. The corrective action must include a requirement that the owner determine and correct not only the discovered errors and omissions, but also describe to the Reviewer how and what systems, controls, policies and procedures were adjusted or changed to assure that the errors and omissions do not reoccur. In completing the Report of Findings, the Reviewer should also indicate the target completion date.
- Complete Summary Report as follows:
Based on the Report of Findings, the Reviewer will assess the overall performance for each applicable category. The Reviewer must indicate A (Acceptable) or C (Corrective action required) and include target completion dates (TCD) for all corrective action items. For those items not applicable, indicate "N/A" in the TCD column.

For each of the seven major categories (A, B, C, D, E, F, and G), rate each category by checking Superior, Above Average, Satisfactory, Below Average, or Unsatisfactory. If a section was not completed, indicate "Not Rated". After rating the individual categories, an overall rating must be assessed. This rating should be based upon the individual line items, the seriousness of the findings, and the ratings assigned in categories A through G. CAs will rate all sections except Section D. Section D is for HUD staff/Mortgagees only. Additional guidance for ratings can be found in HUD Handbook 4350.1, REV-1.

- Distribute the Summary Report and cover letter as follows:
 - (1) Project Owner (original)
 - (2) Management Agent (copy)
 - (3) HUD office for PBCA reviews rated below average or unsatisfactory
 - (4) HUD office for all TCA reviews

*A copy of the completed Management Review Report, form HUD-9834 and supporting documents must be maintained in the project file.

- If a below average or unsatisfactory rating is determined, the owner/agent must be afforded an opportunity to appeal. Guidance on appeal procedures is provided in HUD Handbook 4350.1, REV-1.
- All Secure Systems users must document all required data in the Real Estate Management System (REMS).

D. Management Review Deficiency Follow up:

- Reviewer must conduct follow-up activity until all corrective actions as required in the Summary Report have been completed. Enter applicable close-out dates in REMS.

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Management Review for Multifamily Housing Projects

U.S. Department of Housing and Urban Development
Office of Housing – Federal Housing Commissioner

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NOTE: The Fair Housing and Equal Opportunity (FHEO) checklist has been included as part of this management review form; however no determination of compliance with applicable Fair Housing laws and regulations is included in the summary report. CAs must forward the original checklist (Addendum B) to HUD staff. HUD staff must maintain the original checklist in the project file and forward a copy to the Office of FHEO in the appropriate jurisdiction for review.

Date of On-Site Review:	Date of Report:	Project Number:		Contract Number:
Section of the Act:	Name of Owner:	Project Name:		Project Address:
Loan Status:	Contract Administrator:	Type of Subsidy		Type of Housing
<input type="checkbox"/> Insured <input type="checkbox"/> HUD-Held <input type="checkbox"/> Non-Insured <input type="checkbox"/> Co-Insured	<input type="checkbox"/> HUD <input type="checkbox"/> CA <input type="checkbox"/> PBCA	<input type="checkbox"/> Section 8 <input type="checkbox"/> PAC <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 221(d)(3) BMIR	<input type="checkbox"/> Rent Supplement <input type="checkbox"/> RAP <input type="checkbox"/> PRAC <input type="checkbox"/> Unsubsidized	<input type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify)

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective action required). Include target completion dates (TCD) for all corrective action items. For those items not applicable, place N/A in the TCD column.

A. General Appearance and Security	A	C	TCD	General Appearance and Security Rating
1. General Appearance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated
2. Security	<input type="checkbox"/>	<input type="checkbox"/>		
B. Follow-up and Monitoring of Project Inspections	A	C	TCD	Follow-up and Monitoring of Project Inspections Rating
3. Follow-Up and Monitoring of Last Physical Inspection and Observations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated
4. Follow-Up and Monitoring of Lead-Based Paint Inspection	<input type="checkbox"/>	<input type="checkbox"/>		
C. Maintenance and Standard Operating Procedures	A	C	TCD	Maintenance and Standard Operating Procedures Rating
5. Maintenance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated
6. Vacancy and Turnover	<input type="checkbox"/>	<input type="checkbox"/>		
7. Energy Conservation	<input type="checkbox"/>	<input type="checkbox"/>		
D. Financial Management/Procurement	A	C	TCD	Financial Management/Procurement Rating
8. Budget Management	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated
9. Cash Controls	<input type="checkbox"/>	<input type="checkbox"/>		
10. Cost Controls	<input type="checkbox"/>	<input type="checkbox"/>		
11. Procurement Controls	<input type="checkbox"/>	<input type="checkbox"/>		
12. Accounts Receivable/Payable	<input type="checkbox"/>	<input type="checkbox"/>		
13. Accounting and Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>		
E. Leasing and Occupancy	A	C	TCD	Leasing and Occupancy Rating
14. Application Processing/ Tenant Selection	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated
15. Leases and Deposits	<input type="checkbox"/>	<input type="checkbox"/>		
16. Eviction/Termination of Assistance Procedures	<input type="checkbox"/>	<input type="checkbox"/>		

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17. Tenant Rental Assistance Certification System (TRACS) Monitoring and Compliance	<input type="checkbox"/>	<input type="checkbox"/>		
18. Tenant File Security	<input type="checkbox"/>	<input type="checkbox"/>		
19. Summary of Tenant File Review	<input type="checkbox"/>	<input type="checkbox"/>		
F. Tenant/Management Relations	A	C	TCD	Tenant Services Rating
20. Tenant Grievances	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory
21. Provision of Tenant Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated
G. General Management Practices	A	C	TCD	General Management Practices Rating
22. General Management Operations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory
23. Owner/Agent Participation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated
24. Staffing and Personnel Practices	<input type="checkbox"/>	<input type="checkbox"/>		
Overall Rating: <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average <input type="checkbox"/> Unsatisfactory				

Name and Title of Person Preparing this Report: (Please type or print):

Name and Title of Person Approving this Report: (Please type or print):

Signature:

Signature: _____

Date:

Date:

NOTE: If this review is conducted by a CA or PBCA as indicated above, the overall rating reflects a review as it relates to compliance with the Housing Assistance Payment Contract (HAP) only.

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SUMMARY REPORT – FINDINGS

For each “C” item checked on the summary report, reference the appropriate citing, and target completion date. Findings must include the condition, criteria, cause, effect and required corrective action:

- The condition describes the problem or deficiency
- The criteria cites the statutory, regulatory or administrative requirements that were not met
- The cause explains why the condition occurred
- The effect describes what happened because of the condition

Corrective actions are required for all findings.

Item Number	Finding	Target Completion Date

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PART I. DESK REVIEW –The Reviewer must complete this section **prior** to the on-site review using all relevant information in project files and HUD database systems. Questions on the desk review, which include category references, are linked to the on-site review. Category references on the desk review that relate to the on-site review must be considered when determining the category rating. Category references are marked following the applicable question (i.e. B3, E14).

If any questions on any given form are not relevant to the program under review or if the information is not available notate with “N/A”.

1. What is the most recent Physical Assessment Subsystem (PASS) score? **B3**

Enter PASS Score _____ Date of REAC inspection_____

If required, has the project filed a certification that all items listed on the previous REAC inspection have been completed? If more than one inspection is of record, does the reviewer note repetitive defects?

Yes ☐ No ☐

Comments:

2. Were Exigent Health and Safety (EH&S) conditions cited in the report? **B3**

Yes ☐ No ☐

Comments:

3. Have all latent defects been corrected? *(This question applies only to newly constructed projects within the last 24 months.) (This question applies only to HUD Staff/Mortgagees.)*

Yes ☐ No ☐ N/A ☐

If not, list depository and amount of any construction escrows remaining.

Comments:

Questions 4 through 6 only apply to subsidized family properties or elderly properties housing children under the age of six that were constructed prior to 1978. If the lead based paint inspection has been conducted and the information was documented on the previous management review, proceed to question 7.

4. Document year of construction for Lead-Based Paint compliance. *(Obtain this information from the Physical Condition/PASS screen in REMS Open REAC Inspection Report, then open the PASS Physical Inspection Report. The year of construction can be found under Buildings/Units.)*

Date of Construction _____ **(If constructed after 1977, proceed to question 7.)**

5. Has a lead-based paint inspection been conducted? **4B**

Yes ☐ No ☐ Information Not Available ☐

Comments:

6. What were the results of the Lead-Based Paint Inspection/Evaluation? **4B**

Lead Found?

Yes ☐ No ☐

If yes, is there a HUD approved lead hazard control plan?

Yes ☐ No ☐

Comments

7. Is an Annual Financial Statement required? (If no, proceed to question 10). *(This question applies only to HUD Staff.)*

Yes ☐ No ☐

Comments:

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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8. What was the most recent Financial Assessment Subsystem (FASS) score? *(This question applies only to HUD Staff)*

Enter FASS Score _____

If financial reporting is not required determine why; and record in reviewer comments below.

Comments:

9. Have the following reports been consistently submitted on a timely basis? (Look at multiple periods) Check the appropriate box for reports received and indicate whether or not the report. *(This question applies only to HUD Staff/Mortgagees)*

☐ Annual Audited Financial Statement **Yes** ☐ **No** ☐ **N/A** ☐

Date last report was due: _____

Date last report received: _____

☐ Monthly Accounting Report **Yes** ☐ **No** ☐ **N/A** ☐

☐ Excess Income Report (HUD-93479, 80, 81) **Yes** ☐ **No** ☐ **N/A** ☐

☐ Quarterly performance report for projects on flexible subsidy, modification, workout, etc. (9813c) **Yes** ☐ **No** ☐ **N/A** ☐

☐ Annual operating budget (cooperatives) **Yes** ☐ **No** ☐ **N/A** ☐

If the reports have been submitted, were they received in acceptable form? **Yes** ☐ **No** ☐

Comments:

10. Has owner corrected all findings on HUD financial and or Inspector General audits? *(This question applies only to HUD Staff/Mortgagees)*
Yes ☐ **No** ☐ **N/A** ☐

List findings outstanding and determine whether remedial action is required to assure correction within established goals:

Comments:

11. Do project operating expenses appear reasonable compared with similar projects? *(This question applies only to HUD Staff)* **D10**
Yes ☐ **No** ☐

Indicate latest OPIIS rating and check problem areas flagged by OPIIS.

☐ Administrative ☐ Maintenance ☐ Utility ☐ Taxes and Insurance ☐ Financial

Also, use OPIIS to conduct an expense comparison.

12. Does annual financial analysis or FASS printout indicate that project is free of actual or potential financial problems? *(This question applies only to HUD Staff)*
Yes ☐ **No** ☐

For each of last 3 years, enter Profit (Loss) before depreciation (from the Statement of Profit & Loss).

Year
____ \$ _____
____ \$ _____
____ \$ _____

13. If the owner/agent has taken unauthorized distributions, reimbursements, or supervision fees, have these been repaid? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ **No** ☐

If no, indicate amount due project.

14. If required, have all required deposits to the residual receipts fund been made? *(This question applies only to HUD Staff)*
Yes ☐ **No** ☐

Comments:

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15. Based on the last FASS submission, are accounts payable reasonably current? *(This question applies only to HUD Staff/Mortgagees)* **D12**

Yes ☐ No ☐

Indicate amount of accounts payable more than 60 days old

16. Does balance in security deposit trust account equal or exceed liability? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐

If no, explain how deficit will be funded.

17. If security deposits are invested in an interest-bearing account, is interest passed through to tenants or transferred to project account? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐

Comments:

18. Is the management fee paid to the agent in accordance with the management certification? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐

Comments:

19. Have the owner and managing agent executed and submitted an appropriate management certification (form HUD-9839A, B, or C) to HUD? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐

If yes, please enter date of certification. Determine that the content of certification is consistent with present operations.

Comments:

20. Has the owner and management agent executed a management agreement in accordance with the management certification? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐

Comments:

21. Does the management agreement reflect HUD's regulations and guidelines? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐ N/A ☐

Comments:

22. Has management entity profile been submitted to HUD? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐

If yes, is it relevant to the agent's organization and how it operates?

Yes ☐ No ☐

Date of management entity profile

23. Do the Management Entity Profile and Management Certifications clearly describe the relationships and responsibilities of the owner and agent? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐

Determine if any are identity-of-interest contracts and compare the listing to the annual financial report.

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and HUD Handbook 4566.2

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24. Have the principals and board members listed received HUD-2530 approval? (Request a list of all current principals and board members and check for HUD-2530 approval.). *(This question applies only to HUD Staff.)*

Yes ☐ No ☐ N/A ☐

Comments:

25. Is agent charging project for expenses for which the agreement requires agent to pay? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐

Comments:

Questions 26 –29 apply to OAHF restructuring. If not applicable proceed to question 30.

26. Has the project's mortgage been restructured? *(This question applies only to HUD Staff.)*

Yes ☐ No ☐

If yes, is there a use agreement on the project? Yes ☐ No ☐

If there is a use agreement, does it require any owner certifications? Yes ☐ No ☐

If owner certifications are required, have they been submitted timely? Yes ☐ No ☐

If applicable, has work required under the Rehabilitation Escrow been/is being completed according to schedule? Yes ☐ No ☐

Comments:

27. Is the owner eligible for incentives? *(This question applies only to HUD Staff)*

Yes ☐ No ☐

If yes, has the owner calculated those incentives correctly? (i.e., Capital Recovery Fee (CRF) and/or Incentive Performance Fee (IPF))

Yes ☐ No ☐

Comments:

28. Does the HUD billing statement (HUD-92771) indicate timely and accurate payments toward the Mortgage Restructuring Note? *(This question applies only to HUD Staff)*

Yes ☐ No ☐

Comments:

29. If an owner is in non-compliance with HUD business agreements, has the owner been notified by HUD within the required timeframes? *(This question applies only to HUD Staff)*

Yes ☐ No ☐

Comments:

Questions 30 through 33 apply to Section 236 projects. If this is not a Section 236 project proceed to question 34.

30. Does the rental income generate excess income? *(This question applies only to HUD Staff)*

Yes ☐ No ☐ N/A ☐

Comments:

31. Has the owner/agent received approval to retain excess income? *(This question applies only to HUD Staff)* D13

Yes ☐ No ☐

Comments:

32. Was an annual report submitted for usage of retained excess income? *(This question applies only to HUD Staff)* D13

Yes ☐ No ☐

Comments:

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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Exp. 09/30/0833. Are there any delinquent excess income payments due HUD? *(This question applies only to HUD Staff) D13*Yes ☐ No ☐If yes, is there a payment plan? Yes ☐ No ☐

Comments:

34. Are rent increase requests submitted to HUD promptly when needed? *(This question applies only to HUD Staff)*Yes ☐ No ☐

Review the timing of the last three rent increase requests and the results of the requests (approval, denial or modification to requested amount) and whether the rents are comparable to other neighboring properties. If a wide disparity exists, determine the cause of the difference.

Does owner/agent generally provide sufficient documentation for rent increases? Yes ☐ No ☐

Comments:

35. Are contract renewals submitted to HUD promptly when needed?

Yes ☐ No ☐

Comments:

36. Complete chart below. *(This question applies only to HUD Staff/ Mortgagees)*

Name of Reserve	As of ____/____/____			Held in Interest Bearing Account?	
	Total	Per Unit	Monthly Deposit		
Replacement Reserve	\$	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General Operating Reserve (Co-ops)	\$	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residual Receipts	\$	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	\$	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>

a. Do balances in replacement or general operating reserve accounts appear adequate to meet future needs?

Yes ☐ No ☐ If not, what action is recommended?

b. Is only one account (i.e., the appropriate reserve or operating expense account) being billed for repairs that are eligible for reimbursement from the reserves?

Yes ☐ No ☐

Comments:

37. Has the owner/agent performed analysis to determine future Reserve for Replacement needs when submitting a budget based rent increase?

Yes ☐ No ☐

Comments:

38. If there is a utility allowance, when was the last adjustment approved?

Effective date of last utility allowance adjustment: ____

If a utility allowance was approved was it implemented within 75 days as required by HUD? Yes ☐ No ☐

Comments:

39. What is the effective date of the last rent adjustment? Date of last rent adjustment: ____

Comments:

40. Is current approved rent schedule sufficient to meet project needs? *(This question applies only to HUD Staff)*Yes ☐ No ☐

Comments:

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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41. Has a special rent increase been approved?

Yes ☐ No ☐ N/A ☐

If yes, please check the appropriate box. ☐ Insurance ☐ Taxes ☐ Utilities ☐ Security ☐ Service Coordinator

Comments:

42. Are monthly rental subsidy vouchers submitted on time?

Yes ☐ No ☐ N/A ☐

Comments:

43. Is the owner/agent submitting tenant certification data to TRACS to support the voucher billings?

Yes ☐ No ☐ N/A ☐

Comments:

44. What is the term of the subsidy contract? Date of contract term: _____

Comments:

45. List vacancy activity for the past twelve months and indicate the number for each month. (This information can be obtained from the TRACS Voucher Detail Summary) **C6.**

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

46. Is there a Neighborhood Networks Center for the project? (Check REMS or other available source) **(If no, answer “N/A” and proceed to 48)**

Yes ☐ No ☐ N/A ☐

Comments:

47. If yes to question 46, does the Neighborhood Networks Center have a Strategic Tracking and Reporting Tool (START) Business Plan?

Yes ☐ No ☐

If yes, date HUD approved:

If no, when will a START Business Plan be completed?

Projected date for START Business Plan:

48. Are there any unresolved findings from previous management reviews? If yes, specify in the comments section.

Yes ☐ No ☐

Comments:

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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49. Review complaints, congressional inquiries, etc. received within the last 12 months regarding the overall management practices. Provide a general description below or attach applicable documentation. **G22**

Issue/Complaint	Status

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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Part II - ON-SITE REVIEW – Indicate by marking the appropriate box - Yes, No or N/A if not applicable. Provide comments as needed.

A. GENERAL APPEARANCE & SECURITY

1. General Appearance

1. Based on observation, are the project's exterior and common areas (i.e., grounds, landscaping, parking lots, playgrounds, hallways, laundry room, elevator, garbage area, stairwells, management office) clean, free of graffiti, debris and damage?

Yes ☐ No ☐ N/A ☐

If no, provide location and describe condition(s).

Comments:

2. Security

a. Indicate whether any of the events below have been documented in the last twelve months and the frequency.

Event	Frequency	Event	Frequency
<input type="checkbox"/> Break-Ins		<input type="checkbox"/> Arrests	
<input type="checkbox"/> Vandalism		<input type="checkbox"/> Drug Activity	
<input type="checkbox"/> Auto Theft		<input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Personal Assaults		<input type="checkbox"/> None	

Comments:

b. Indicate which types of security measures, if any, are utilized on site.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Tenant Patrol | <input type="checkbox"/> Volunteer Organization | <input type="checkbox"/> Paid Car Patrol | <input type="checkbox"/> Paid on-site Guard |
| <input type="checkbox"/> Police Patrol | <input type="checkbox"/> TV Monitor | <input type="checkbox"/> Drug Free Housing Plan | <input type="checkbox"/> Security Cameras |
| <input type="checkbox"/> Motion Sensors | <input type="checkbox"/> Crime Prevention Plan | <input type="checkbox"/> Community Policing | |
| <input type="checkbox"/> Other (please specify) _____ | | <input type="checkbox"/> None | |

Comments:

c. Based on the answers provided in questions a and b above, what corrective actions, if any have been taken by the owner/agent?

Comments:

d. Has the owner/agent requested a rent increase based on increases in security costs?

Yes ☐ No ☐

If yes, indicate security measures taken.

Comments:

B. FOLLOW-UP & MONITORING OF PROJECT INSPECTIONS

3. Follow-Up & Monitoring of Project Inspections and Observations (Sampling is at reviewer's discretion to respond to questions a and b below)

a. Based on a sampling, if EH&S items were identified have the deficiencies been corrected and documented according to the owner/agent's certification for the most recent REAC inspection?

Yes ☐ No ☐ N/A ☐

If no, provide explanation.

Does the analysis show any repetitive or systemic problems? Yes ☐ No ☐

Comments:

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b. Based on a sampling of units and common areas, for all other deficiencies noted in the REAC inspection (other than EH&S), as applicable, verify that corrective actions have been taken. Have the deficiencies been corrected?

Yes ☐ No ☐ N/A ☐

If no, is there a schedule for correcting the deficiencies within a reasonable timeframe to comply with decent, safe, sanitary and good repair standards?

Yes ☐ No ☐

Comments:

4. Follow-Up & Monitoring of Lead-Based Paint Inspection – The following questions only apply to subsidized family properties or elderly properties housing children under six years of age that were constructed prior to 1978. If constructed after 1977, indicated N/A for question a and b.

a. Is there a certification on file documenting the project has been certified to be free of lead-based paint or lead hazards?

Note: If there is a certification, obtain a copy for the project file.

Yes ☐ No ☐ N/A ☐

Comments:

b. Is the owner in compliance with the HUD approved lead hazard control plan as noted on the desk review?

Yes ☐ No ☐ N/A ☐

Comments:

C. MAINTENANCE & STANDARD OPERATING PROCEDURES

5. Maintenance

a. Indicate below to confirm that there is a schedule for preventive maintenance/servicing for the items listed that are applicable.

- ☐ Heating and A/C Equipment ☐ Water Heaters ☐ Carpets and Drapes ☐ Roof, gutter and Fascia Inspection
☐ Major Appliances ☐ Elevators ☐ Motor Vehicles ☐ Sewer lines ☐ Exterior painting ☐ Windows
☐ Recreational equipment ☐ Landscaping maintenance ☐ Other (please specify):

Comments:

b. Is there a satisfactory inventory system for accounting for tools, equipment, supplies, and keys (serial numbers, bar codes, etc.)?

Yes ☐ No ☐

Comments:

c. Has the owner/agent secured inventory items, such as appliances and tools, to prevent theft?

Yes ☐ No ☐

Comments:

d. Does the owner/agent have a written procedure that explains the process for inspecting units?

Yes ☐ No ☐

If yes, review a copy. Identify employee responsible for conducting inspection: Name and Title:

Comments:

e. How often are units inspected? (At right, indicate the appropriate answer[s].)

- ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Move-In ☐ Move-Out ☐ Other (please specify):

Comments:

f. How are unit inspections documented?

Please Describe:

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g. If deficiencies are noted during unit inspections, what is the procedure for correction?

Please describe:

h. What is the average number of days from move-out until the unit is ready for occupancy?

Average Number of Days:

Comments:

i. Is there a written procedure for completing work orders?

Yes ☐ No ☐

If yes, review a copy.

Comments:

j. Is there a procedure in place to handle emergency work orders?

Yes ☐ No ☐

If yes, describe procedure:

k. Is there a backlog of work orders?

Yes ☐ No ☐

If a backlog exists, indicate the current number of work orders:

Number between 1-3 days: _____ Number between 4-7 days: _____ Number more than one week: _____

Comments:

l. Who is provided copies of completed work orders? (Below, indicate all that apply.)

☐ Tenant ☐ Tenant File ☐ Maintenance Staff ☐ Other (please specify) _____

Comments:

m. Is there documentation by unit that indicates the date of purchase, manufacturer, model, and serial number for appliance purchases (i.e., ranges, refrigerators, furnaces, air conditioners, hot water heaters, etc.)?

Yes ☐ No ☐

Comments:

6. Vacancy and Turnover

a. How many units were vacant on the date of the on-site visit?

Number of Vacant Units: _____ Number Ready for Occupancy: _____ Average Length of time for unit turnover: _____

Comments:

b. Walk through at least two vacant units that are ready for occupancy. Assess and document unit readiness.

Comments:

c. Based on the interview with on-site staff, are any of the factors listed below contributing to vacancy problems? (Below, indicate all that apply.)

☐ Security Problems ☐ Non-competitive Amenities ☐ Inadequate Marketing ☐ Project Reputation ☐ Poor Maintenance ☐ Rents too High
☐ Location ☐ Lack of Demand ☐ Tenant/Management Relations ☐ Other (please specify) _____
☐ Bedroom Mix/Size (If yes, indicate which bedroom sizes are hard to rent) _____

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Comments:

d. Based on the responses in questions a, b and c, what actions are being taken by the owner/agent to resolve the issue(s)?

If not applicable, proceed to question 7.

Please describe:

7. Energy Conservation

Has management attempted to reduce energy consumption?

Yes ☐ No ☐

(Indicate all that apply.)

- ☐ Caulking and weather-stripping ☐ Conversion to individual metering ☐ Storm doors and windows ☐ Consumer education
☐ Water saver devices ☐ Extra insulation ☐ Assessment of Utility Rate Schedule
☐ Other (please specify) _____ ☐ None

Comments:

D. FINANCIAL MANAGEMENT/PROCUREMENT

(This section applies only to HUD Staff and/or Mortgagees as indicated. CAs may proceed to Section E.)

8. Budget Management

a. Does the owner/agent's staff have access to the current operating budget to monitor and control expenses?

Yes ☐ No ☐ N/A ☐

Comments:

b. Is an operating budget prepared annually and approved by the owner?

Yes ☐ No ☐ N/A ☐

If yes, obtain a copy of the current year's budget.

Comments:

c. Are monthly or quarterly reports prepared by the owner/agent indicating variances between actual income and expenses versus budgeted income and expenses?

Yes ☐ No ☐ N/A ☐

Comments:

d. If this is a 202 or 811 project, does the owner/agent maintain a current annual budget? *(This questions applies only to HUD Staff)*

Yes ☐ No ☐ N/A ☐

If yes, is it available on-site? Yes ☐ No ☐

Comments:

9. Cash Controls

a. Are collections deposited on the day received or, pending deposit, are they properly controlled?

Yes ☐ No ☐

Comments:

b. Are adequate controls over cash accepted?

Yes ☐ No ☐

Check controls used.

- ☐ Pre-numbered rent receipts ☐ Bank collections ☐ Safe ☐ Lock box

Comments:

c. Do different persons handle bank deposits and accounts receivable, or is an alternative safeguard used?

Yes ☐ No ☐

Indicate Names and Titles:

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Comments:

d. Are all disbursement checks prenumbered, properly identified with account numbers and supported by vouchers or invoices?
Yes ☐ No ☐

Comments:

e. Is the supply of unused checks adequately safeguarded or under the custody of persons who do not sign checks manually, control the use of facsimile signature plates, or operate the facsimile signature machine?
Yes ☐ No ☐

Comments:

f. Are funds (i.e., receipts, disbursements, petty cash, etc.) periodically checked on a surprise basis by a responsible official (other than site employees)?
Yes ☐ No ☐

Comments:

g. Are bank statements reconciled promptly upon receipt by someone other than check signer and by one who has no cash receipt or disbursement function?
Yes ☐ No ☐

Comments:

10. Cost Controls

a. Are bills (including mortgage payment) paid in sufficient time to avoid late penalties?
Yes ☐ No ☐ N/A ☐

Comments:

b. Are operating expenses (including taxes and utilities) periodically reviewed to assure that project is paying the lowest possible rate?
Yes ☐ No ☐ N/A ☐

If yes, give recent example.

11. Procurement Controls

a. What is the procedure used to obtain and award contracts?

Describe procedure:

b. Are bids obtained prior to awarding contracts? (Review contracts and determine if bids were obtained and, if the lowest bids were not selected, obtain owner/agent decision for selection).

Yes ☐ No ☐ N/A ☐

Comments:

c. Is there a written procedure for checking the quality of work performed by a contractor prior to authorizing payment?
Yes ☐ No ☐

Comments:

d. Is there a procedure to assure that the individual authorizing contracted work/services is not the same individual authorizing payment?
Yes ☐ No ☐

Comments:

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e. Who is the responsible person charged with inspecting the quality of work performed by contractors prior to payment?

Please indicate name and title:

f. Does the project maintain a list on outside contractors?

Yes ☐ No ☐

Comments:

g. Are vendor bills paid in time to obtain maximum trade discounts?

Yes ☐ No ☐

Comments:

h. Is there any indication that real or personal property has been subtracted from the mortgaged premises without the permission of the Department?

Yes ☐ No ☐

Comments:

i. Below, check services currently contracted with outside contractors and identify name of contractor and annual amount of contract. (Indicate (by asterisk) whether there is an identify-of-interest relationship between the contractor and the owner/agent)

Service	Name of Contractor	Annual Contract Amount
<input type="checkbox"/> Elevator		\$
<input type="checkbox"/> Exterminating		\$
<input type="checkbox"/> Apartment Cleaning		\$
<input type="checkbox"/> Heating and A/C		\$
<input type="checkbox"/> Plumbing		\$
<input type="checkbox"/> Security		\$
<input type="checkbox"/> Trash Collection		\$
<input type="checkbox"/> Decorating		\$
<input type="checkbox"/> Grounds		\$
<input type="checkbox"/> Other		\$

Comments:

12. Accounts Receivable/Payable

a. Complete the following as of end of last month.

Cash \$_____ Accounts Receivable \$_____ Accounts Payable \$_____

Are tenant accounts receivable within acceptable limits (10% of one month's rent potential)?

Yes ☐ No ☐

Amount of receivables above is _____% of monthly rents due from tenants.

Of this amount, \$_____ is more than 30 days past due.

Comments:

b. Does procedure for write-off of bad debts appear reasonable?

Yes ☐ No ☐

Comments:

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c. Has annual “write-off of tenants’ accounts receivable for the last two fiscal years been less than 1% of gross rents due from tenants?

Yes ☐ No ☐

Comments:

d. Are accounts payable reasonably current?

Yes ☐ No ☐

Indicate amount of accounts payable more than 60 days old: \$_____

What are the owner/agent plans to do to reduce outstanding payables?

Comments:

13. Accounting and Bookkeeping

a. Are books and records maintained as required by HUD Handbook 4370.2 (Chapter 4) and 24 CFR Part 5?

Yes ☐ No ☐ N/A ☐

Check books of accounts maintained. Indicate where books may be examined.

O – owner’s office; A – agent’s office; P – project site

☐ General Ledger () ☐ Rent Receivable Ledger () ☐ General Journal ()
☐ Cash Receipts Journal () ☐ Cash Disbursements Journal () ☐ Accounts Payable Journal ()

b. Are all required project accounts in the name of the project in a federally insured account?

Yes ☐ No ☐

Comments:

c. Are operating funds, security deposits, reserve funds, and flexible subsidy funds maintained in separate accounts and properly secured for authorized use?

Yes ☐ No ☐

Comments:

d. Does the mortgagor make frequent postings (at least monthly) to the ledger accounts?

Yes ☐ No ☐

Comments:

e. If applicable is owner adhering to HUD-approved repayment Plan? (i.e., loan from reserve for replacement, 236 excess income, capital improvement loan, etc.)

Yes ☐ No ☐

Comments:

f. Is centralized accounting used for disbursements?

Yes ☐ No ☐

If yes, are only HUD-insured projects in the pool? Yes ☐ No ☐

Comments:

g. If centralized accounting is used, has it been approved by HUD

Yes ☐ No ☐ N/A ☐

Comments:

h. If centralized accounting is used, is it being operated in accordance with HUD’s approval?

Yes ☐ No ☐ N/A ☐

Comments:

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i. If the trust account is part of a centralized disbursement account, are only HUD-insured projects in that account?

Yes ☐ No ☐

If yes, is the project's balance transferred to the project account at least once monthly?

Yes ☐ No ☐

Comments:

j. If there are automobiles and/or charge cards charged to the project, are the titles in the name of the project?

Yes ☐ No ☐

If yes, do they have HUD approval? Yes ☐ No ☐

Comments:

E. LEASING AND OCCUPANCY (This Section does not apply to Mortgagees)

14. Application Processing/Tenant Selection

a. Does the application form contain sufficient information to determine applicant eligibility

Yes ☐ No ☐

Comments:

b. Is there an arms length procedure between the person who denies the applicant and the applicant appeal reviewer?

Yes ☐ No ☐

Comments:

c. Has the owner/agent leased a Section 8 unit to a police officer or security personnel who is over the income limits for the project?

Yes ☐ No ☐

If yes, has HUD or CA authorized the admission? Yes ☐ No ☐

Comments:

d. Does the owner/agent have a written tenant selection plan?

Yes ☐ No ☐

If yes, does the plan include all required criteria as stated in the Handbook 4350.3 REV-1?

Yes ☐ No ☐

Comments:

e. Does the project maintain a waiting list of prospective tenants?

Yes ☐ No ☐ N/A ☐

If yes, does the list include all required elements as stated in Handbook 4350.3 REV-1?

Yes ☐ No ☐

Comments:

f. List number of applicants on the waiting list for the types of units below.

0 BR _____ 1 BR _____ 2 BR _____ 3 BR _____ 4 BR _____ Other: _____

Comments:

g. Were the applicants selected in proper order from the waiting list?

Yes ☐ No ☐

Comments:

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h. Is documentation available to show that the owner/agent is leasing not less than 40% of the Section 8 units that become available for occupancy in the previous fiscal year to extremely low-income families?

Yes ☐ No ☐ N/A ☐

If yes, please review and obtain a copy.

Comments:

i. What steps has the owner/agent taken to market to extremely low-income families?
(If not applicable, proceed to question j.)

Please describe:

Comments:

j. Does the advertising program comply with the existing affirmative fair housing marketing plan?

Yes ☐ No ☐

Comments:

k. Is the affirmative fair housing sign posted in the rental office?

Yes ☐ No ☐

Comments:

l. Is the fair housing logo included in published advertising materials?

Yes ☐ No ☐

Comments:

15. Leases and Deposits

a. Have changes have been made in the model lease?

Yes ☐ No ☐ N/A ☐

If yes, has the lease in use been approved by HUD?

Yes ☐ No ☐

Comments:

b. Aside from rents and security deposits, what other charges are assessed (i.e., replacement keys, lockouts)?

List the type and amount of any of these charges.

Comments:

c. If other charges aside from rents and security deposits are assessed, have they been approved by HUD?

Yes ☐ No ☐

Comments:

d. Are rents collected in accordance with the provisions of the lease?

Yes ☐ No ☐

Comments:

e. Is the policy for late fee assessment in compliance with the Handbook 4350.3 REV-1?

Yes ☐ No ☐

Comments:

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f. Are damages properly identified and charged to tenants?

Yes ☐ No ☐

Comments:

16. Eviction/Termination of Assistance Procedures

a. Are tenants notified of termination of tenancy in accordance with HUD requirements?

Yes ☐ No ☐ N/A ☐

Comments:

b. Are eviction procedures initiated timely, when warranted?

Yes ☐ No ☐ N/A ☐

Please document the following:

Number of evictions completed during the last 12 months. _____

Average cost per eviction \$ _____

Eviction handled by: ☐ Owner/Agent ☐ Attorney on staff of Owner/Agent ☐ Attorney on contract ☐ Attorney on call

Comments:

c. Are tenants notified of termination of assistance in accordance with HUD requirements?

Yes ☐ No ☐ N/A ☐

Comments:

d. Is the termination of assistance initiated timely when warranted?

Yes ☐ No ☐ N/A ☐

Reason(s) for termination of assistance:

Comments:

17. TRACS Monitoring and Compliance

a. Is the owner/agent using the TRACS queries to review and monitor their transmission?

Yes ☐ No ☐

Comments:

b. Is the owner/agent following up and correcting TRACS deficiencies?

Yes ☐ No ☐

Comments:

18. Tenant File Security

a. Are the files locked and secured in a confidential manner?

Yes ☐ No ☐

Comments:

b. Is access to tenant file information limited to only authorized staff?

Yes ☐ No ☐

Comments:

c. Who is authorized to have access to the tenant files?

Indicate Name(s) and Title(s):

Comments:

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d. Is the owner/agent maintaining tenant files according to HUD's document retention requirements?

Yes ☐ No ☐

Comments:

e. Is the owner/agent properly disposing of tenant records (shred, burn, pulverize etc.)?

Yes ☐ No ☐

Comments:

19. Summary of Tenant File Review

This section applies only to subsidized projects and should be completed after the tenant file reviews (See Addendum A.) **The minimum file sample should include review of files for new move-ins, recertifications, at least one Reject Applicant file, and at least one Terminated/Move-out Tenant file. In order to review specific functions (utility reimbursement, pet rules/deposits, minimum rents, etc.) it may be necessary to target a portion of the files reviewed to specific tenant families. The reviewer should adjust the tenant file sample to meet the needs of the review.**

Number of Units

100 or fewer

101-600

601-2000

Over 2000

For each question, only answer "Yes" if the files reviewed are acceptable. Answer "No" if the files are not acceptable and note the number of files with deficiencies utilizing the tenant file worksheet, Addendum A

Minimum File Sample

5 files plus 1 for each 10 units over 50

10 files plus 1 for each 50 units or part of 50 over 100

20 files plus 1 for each 100 units or part of 100 over 600

34 files plus 1 for each 200 units or part of 200 over 2,200

Number of Files Reviewed = _____

(Please note: There is no maximum number of files to be sampled)

a. Tenant Files and Records

i. Are the tenant files organized and properly maintained?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

ii. Do the files contain all documentation as required in Handbook 4350.3 REV-1? (At right, indicate the documents missing in the file.)

Yes ☐ No ☐

Documents Absent from File:

Comments:

b. Application/Tenant Selection

i. Were the applications in the files signed and dated by applicant?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

ii. Was screening conducted in accordance with the Tenant Selection Plan?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

iii. Were the unit sizes appropriate for household composition at the time of this tenant file review?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

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iv. If a household was ineligible at move in, were exceptions granted?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

c. Lease

i. Were the correct model leases used?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

ii. Were the leases signed and dated by all required parties?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

iii. Were the applicable attachments attached to the lease?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

iv. Were security deposits collected in the correct amount for the program?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

v. Were pet deposits within acceptable range and payment installments allowed?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

d. Certification/Recertification Activities:

i. Were recertification notices issued in accordance with HUD requirements?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

ii. Were certifications completed on time?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

iii. Were all necessary verifications completed and properly documented?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

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Comments:

iv. Were income and deductions calculated correctly prior to data entry?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

v. Did income information on the tenant certifications agree with verified file information?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

vi. If tenants were granted a hardship exemption as part of the minimum rent, was the exemption applied correctly?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

vii. Were notices provided to tenants when their portion of rent increased in accordance with HUD tenant notification requirements?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

viii. Were the correct contract rents used for determining subsidy paid on behalf of tenants?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

ix. If tenants are paying their own utilities, were the current certifications reflecting the correct utility allowances?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

x. Were utility reimbursement checks distributed within 5 business days of receipt of the housing assistance payments?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

e. Voucher Billing

i. Were there any deficiencies noted in the tenant file review that resulted in over payment or under payment of subsidy?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

ii. For the move-in/ move-out tenant file review, did the owner/agent make the appropriate voucher adjustments?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

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f. Move-In Files

i. Were proper income limits used for determining eligibility at move-in?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

ii. Did the files contain move-in inspections?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

iii. If the files contained move-in inspections, did the owner/agent and tenant sign and date?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

g. Move-Out Files

i. Did tenants provide written notice of intent to vacate in accordance with the HUD model lease?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

ii. Were move-out inspections conducted?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

iii. Were security deposits refunded in 30 days or less if required by state law?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

iv. Were tenants provided an itemized listing of charges against the security deposits?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

v. If charges exceeded the security deposits, were the tenants billed for the balances?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

h. Application Rejection Files

i. Were applicants denied admittance in accordance with the Tenant Selection Plan?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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Comments:

ii. Did rejection letters provide applicants the right to appeal?

Yes ☐ No ☐

Number of Files with Deficiencies: _____

Comments:

iii. If applicants appealed application rejections, were appeals reviewed by someone other than person who made the original decision?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

iv. Were appeals processed and applicants notified of appeal decision within 5 days of meeting?

Yes ☐ No ☐ N/A ☐

Number of Files with Deficiencies: _____

Comments:

F. TENANT/MANAGEMENT RELATIONS (This Section does not apply to Mortgagees)

20. Tenant Concerns

a. Is there a written procedure to resolve tenant complaints or concerns?

Yes ☐ No ☐

If yes, review a copy.

Comments:

b. Does the procedure adequately cover appeals?

Yes ☐ No ☐

Comments:

c. Is there an active formal tenant organization at this project?

Yes ☐ No ☐

Comments:

d. Is tenant involvement in project operations encouraged?

Yes ☐ No ☐

Comments:

21. Provision of Tenant Services

a. What social services are provided by either project or neighborhood, which meet the tenants' needs? (Below, indicate services available and identify entity providing the service (i.e., city/county/state, church/school, community groups, etc. and any cost to project.)

Service	Provider	Financial Source
<input type="checkbox"/> Child Care		
<input type="checkbox"/> Recreation		
<input type="checkbox"/> Health Care		
<input type="checkbox"/> Energy Conservation		
<input type="checkbox"/> Vocational Training/Job Training		
<input type="checkbox"/> Meals		
<input type="checkbox"/> Financial Counseling		
<input type="checkbox"/> Substance Abuse Counseling		
<input type="checkbox"/> Service Coordinator		
<input type="checkbox"/> Neighborhood Networks Center		

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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☐ Other (please specify)

b. Is there a Service Coordinator for the project? **(If there is no Service Coordinator, proceed to question f)**

Yes ☐ No ☐ N/A ☐

Comments:

c. Is the Service Coordinator's office clearly identifiable and private?

Yes ☐ No ☐

Comments:

d. Are the Service Coordinator's files kept secure and confidential?

Yes ☐ No ☐

Comments:

e. Does the Service Coordinator maintain a directory of service agencies and contacts and made available to all parties?

Yes ☐ No ☐

Comments:

f. If there is a Neighborhood Networks Center as indicated on the Desk Review, what is the status of operations?

(If there is no Neighborhood Networks Center, question h)

☐ Open for Business

☐ Temporarily Closed – State the date the center will reopen:

☐ **Permanently Closed – State the date the center closed:**

Comments:

g. What types of programs are offered at the Neighborhood Networks Center?

☐ GED ☐ Adult Basic Education ☐ Computer Classes ☐ Job Training ☐ Job Placement

☐ Homework Assistance ☐ English as a Second Language ☐ Other (please specify)

Comments:

h. The Department allows owners and their agents to provide services related to renter's insurance products. Does the owner/agent offer such services?

If the owner/agent offers no such service, proceed to Section 22.

Yes ☐ No ☐

Comments:

i. HUD policy prohibits an owner/agent from evicting tenants if delinquent in renter's insurance payments.

How does the owner/agent deal with unpaid renter's insurance?

Please explain the process:

Comments:

j. Review the renter's insurance information provided to tenants. Does the information provided to tenants clearly indicate that purchasing insurance is optional and not required as a condition of occupancy?

Yes ☐ No ☐ N/A ☐

Comments:

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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G. GENERAL MANAGEMENT PRACTICES

22. General Management Operations

a. Have the complaints, as noted on the Desk Review, been satisfactorily resolved?

Yes ☐ No ☐ N/A ☐

Comments:

b. Is the project staff able to adequately perform management and maintenance functions?

Yes ☐ No ☐

Comments:

c. How does the owner/agent implement HUD changes in policies and procedures?

Describe the process:

Comments:

d. Does owner/agent have a formal ongoing training program for its staff?

Yes ☐ No ☐ N/A ☐

If yes, indicate types of training used and the frequency.

Type	Frequency
<input type="checkbox"/> On-Site	
<input type="checkbox"/> HUD Seminars	
<input type="checkbox"/> Energy Conservation	
<input type="checkbox"/> Industry/Association Training	
<input type="checkbox"/> Local Colleges	
<input type="checkbox"/> Other (please specify)	

Comments:

e. Are reports submitted to the owner from the management agent? *(This question applies only to HUD Staff/Mortgagees)*

Yes ☐ No ☐

Comments:

f. Are there signs enabling persons to locate the office?

Yes ☐ No ☐

Comments:

g. Are after hours/emergency telephone numbers posted?

Yes ☐ No ☐

Comments:

h. List current insurance coverages (property, liability, Directors and Officers, workman's compensation, automobile). (Check to make sure that HUD is listed as an additional loss payee, if applicable. Also, check to make sure that the insurance policy is in the name of the mortgagor entity.)

(This question applies only to HUD Staff/Mortgagees)

Type	Basic Coverage	Annual Premium
Property		
Liability		
Other (please specify)		

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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Other (please specify)

Comments:

i. Does the owner/agent have a fidelity bond? (*This question applies only to HUD Staff/Mortgagees*)

Yes ☐ No ☐ N/A ☐

Comments:

23. Owner/Agent Participation (*This section applies only to HUD Staff/Mortgagees. CAs may proceed to 24.*)

a. If project is owned by a cooperative or nonprofit entity, does Board of Directors meet regularly and provide minutes?

Yes ☐ No ☐ N/A ☐

Comments:

b. Review copies of the minutes. Does a review of the minutes indicate compliance with HUD's business agreements?

Yes ☐ No ☐ N/A ☐

Comments:

c. Does owner/agent have a system or procedure for providing field supervision of on-site personnel?

Yes ☐ No ☐ N/A ☐

Comments:

24. Staffing and Personnel Practices

a. Has management made an effort to employ tenants in accordance with Section 3 of the Housing and Community Development Act of 1968?

Yes ☐ No ☐

Comments:

b. List all on-site staff charged to the project. (Use additional sheets if necessary).

Staff Person	Date Hired	% of Time Charged to Site	Annual Salary	Unit Size	Is the Employee Receiving Subsidy?	Is the Employee occupying a Non-Income Producing Unit?
					Yes <input type="checkbox"/> No <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"/>
					Yes <input type="checkbox"/> No <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"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments:

c. Does the staffing chart above match Part D of the Rent Schedule, form HUD-92458 as it relates to non-income producing units? (**HUD staff only**)

Yes ☐ No ☐

Comments:

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

ADDENDUM A

OMB Approval No. 2502-0178

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ATTACHMENT 7A – ADDENDUM A**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. 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 Certification/Recertification, indicate certification type:**
 Certification Type: ☐ Initial ☐ Annual ☐ Interim ☐ 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

1. Is the application complete, including the date and time received by the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Are the household members identified correctly? (head, spouse, dependent, co-head, other adult(s), live-in aide)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Is the unit size appropriate for household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Was household income eligible at move-in? (This question applies only to a tenant file move-in review.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: Over income? <input type="checkbox"/> Low income? <input type="checkbox"/> Very low income? <input type="checkbox"/> Extremely low income? <input type="checkbox"/>
5. If household was not income eligible at move-in, was an exception granted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
6. Is the lead-based paint acknowledgement in the file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
8. Have the HUD-9887/9887-A Consent Forms been signed 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"/>	Comments:
9. Was the HUD-9887 Fact Sheet provided to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
10. Does the file contain the Resident Rights and Responsibilities acknowledgement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

 form HUD-9834 (04/07)
 Ref. HUD Handbook 4350.1, REV-1
 and HUD Handbook 4566.2

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B. VERIFICATION

Have the following items been properly verified and documented?

1. Social security numbers for all family members at least 6 years of age and older or certification, if no SSN	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Eligible immigrant status or citizenship	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Criminal and drug screening; sex offender registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Other screening as disclosed in Tenant Selection Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
5. Disability	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
6. Student status	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Age	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
8. Did the household certify 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"/>	Comments:

C. LEASE

1. Is the correct HUD model lease used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Is the original lease and subsequent leases or addendums signed by the owner/agent, head, spouse, co-head, and all other adult members of the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
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"/>	Comments:
4. If security deposit is required, was it correct? If required, enter amount here:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
5. If pet deposit required, was it correct? If required, enter amount here:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
6. If pet deposit was paid in installments, was payment in accordance with the pet regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Is the move-in inspection dated and signed by tenant and owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
8. Are Annual inspections documented in file?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

D. CERTIFICATION/RECERTIFICATION ACTIVITIES

1. Were recertification notices provided within the required timeframes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Were recertifications completed on time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Is the certification signed and dated by the appropriate parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
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All reported income and deductions verified and calculated correctly?	3 rd Party Verification?	Amount Reported on 50059	Did income information on the 50059 agree with verified file information? If no, comment on discrepancies identified
4. Wages	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
5. Social Security Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
6. Welfare/Public Assistance/TANF	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
7. Other income	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
8. Actual Income from Assets	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
9. Imputed income when assets are greater than \$5,000	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
10. Dependent Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
11. Medical Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
12. Disability Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
13. Childcare Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
14. Elderly/disabled household allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
15. Are all expenses/allowances claimed eligible under the HUD Handbook 4350.3 REV-1?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
16. Was the correct unit rent used for rent determination?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Enter the reviewer verified amounts for the following:	Amount Reported on the 50059	Did income information on the 50059 agree with verified file information? If no, comment on Discrepancies Identified.	
17. Total Tenant Payment \$	\$	Comments:	
18. Tenant Rent \$	\$	Comments:	
19. Utility Reimbursement \$	\$	Comments:	
20. Assistance Payment \$	\$	Comments:	
21. Is the tenant paying minimum rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	
22. Has a hardship exception been granted for paying minimum rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	
23. Was a 30-day rent increase notice provided to tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	
24. If applicable, has tenant entered into a written payment plan for monies due to the project?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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E. BILLING		
1. Does the assistance payment requested on the monthly billing (HUD-52670-A, Part 1) agree with the assistance payment on the 50059 data requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
2. If required, have adjustments been made to the monthly billing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
F. MOVE-OUT FILE REVIEW ONLY		
1. Was there a move-out notice from tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Was there a move-out inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. If there is a move-out inspection, is it dated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Was the security deposit refunded to tenant within 30 days or in accordance with state/local laws whichever is shorter?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
5. Was an itemized list of the damages and charges provided to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
6. Were any additional charges paid by tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Does the tenant move-out date on voucher match the date the tenant vacated unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
G. APPLICANT REJECTION REVIEW ONLY		
1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Did the rejection letter provide the applicant the right to appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. 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"/>	Comments:
4. Was the appeal processed and applicant notified of appeal decision within five days of the meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:

Form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Office of Fair Housing and Equal Opportunity
And
Office of Multifamily Housing
Checklist for On-Site Limited Monitoring and Section 504 Reviews

ADDENDUM B

ATTACHMENT 7B – ADDENDUM B

Multifamily Housing (Housing) staff or Performance-Based Contract Administrators/Traditional Contract Administrators (CA) must complete this Checklist when conducting on-site management reviews of subsidized and unsubsidized multifamily housing projects. The questions on this checklist cover topics that the Housing staff or CA can be expected to answer and is not intended to cover the full range of civil rights concerns.

NOTE: *This document does not require the Reviewer to make a determination of civil rights or Section 504 compliance.*

The Checklist is divided into four parts.

Part A: Occupancy/Accessible Units/Program Accessibility (This section, along with instructions, must be forwarded to the owner/agent for completion prior to the *on-site* review. This document must be included in the Documents Reviewer Should Obtain from Owner. See Part D)

Part B: Limited On-Site Monitoring Review (The Reviewer must complete this section during the on-site management review of all projects.)

Part C: Section 504 Review (The Reviewer must complete this section during the on-site management review for all federally-assisted projects.)

Part D: Documents Reviewer Should Obtain from Owner/Agent (during the on-site management review).

Please Note that a “No” response to any question does not necessarily mean there is a fair housing/civil rights/Section 504 violation.

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

To be completed by the Reviewer

Name of the Owner/General Partner: _____

Address of Owner/General Partner: _____

Name of Management Agent: _____

Address of Management Agent: _____

Type of Development: ☐ Cooperative ☐ Elderly Only ☐ Disabled Only
☐ Elderly/Disabled ☐ Family ☐ Other(Specify)_____

Total Number of Units: _____ Total Subsidized Units: _____

Type of Federal Financial Assistance (check all that apply):

☐ Section 8 ☐ Section 202 ☐ Section 202/8 ☐ Section 202/PAC
☐ Section 202 PRAC ☐ Section 811 ☐ Section 221(d)(3)BMIR ☐ Section 236 ☐ Other _____

Number of Units of Each Size: 0 BR _____ 1 BR _____ 2 BR _____ 3 BR _____ 4 BR _____ 5 BR _____
Other (Specify)_____

Resident Manager's Unit: ☐ Yes ☐ No

Date of First Occupancy: _____

Service Coordinator Employed By Project: ☐ Yes ☐ No

Reviewed by: ☐ Housing ☐ PBCA ☐ CA

Reviewer: _____

Date: _____

Phone: _____

This Section is for Multifamily Housing Staff only:

After a review of the information provided by the owner/agent in Part A, the following as been determined:

☐ The owner/agent is in compliance with Title VI, Subtitle D of the Housing and Community Development Act of 1992
☐ Possible noncompliance with Title VI, Subtitle D of the Housing and Community Development Act of 1992. Referred to the local Office of Fair Housing and Equal Opportunity for additional review and appropriate action.

☐ Title VI, Subtitle D of the Housing and Community Development Act of 1992 - Not Applicable

Reviewed By: _____
(Name and Title)

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B**PART A
OCCUPANCY/ACCESSIBLE UNITS/PROGRAM ACCESSIBILITY**

Authority:

Section 504 of the Rehabilitation Act of 1973 (24CFR Part 8)

Fair Housing Act/Title VIII Regulations (24 CFR Part 100.200)

Uniform Federal Accessibility Standards (UFAS) (24 CFR Part 40)

Regulatory Agreement

For this Section, the reviewer must forward the form along with the instructions for completion to the owner/agent prior to the on-site review. For subsidized projects, the owner/agent must complete the project information above and the information in Sections I, II, and III below. (See attached instructions.) For unsubsidized projects, the owner/agent must complete the project information above and Sections I and II only. Section III consists of Section 504 compliance, which does not apply to projects that do not receive federal financial assistance. The reviewer will obtain the completed form from the owner/agent during the on-site review.

SECTION I – OCCUPANCY

<p>1. This property was designed primarily for:</p> <p><input type="checkbox"/> Exclusively Elderly</p> <p><input type="checkbox"/> Exclusively Disabled</p> <p><input type="checkbox"/> Elderly and Disabled</p> <p><input type="checkbox"/> Family</p>		<p>2. Indicate the number of units currently occupied by client groups below</p> <p>Exclusively Elderly - _____</p> <p>Exclusively Disabled - _____</p> <p>Elderly/Disabled - _____</p> <p>Near-Elderly Disabled - _____</p> <p>Family - _____</p>	
<p>3. Is there a use agreement or any other document that indicates that this project must serve only elderly tenants?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, specify type of document: _____ Effective Date: _____</p> <p>(Please attach a copy of the document(s) indicated above.)</p>			
<p>4. If this project is a "covered Section 8 housing project" (see instructions), is there an occupancy preference for the elderly in accordance with Section 651 of Title VI, Subtitle D of the Housing and Community Development Act of 1992? (Refer to HUD Handbook 4350.3, REV-1)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, proceed to question 5.</p> <p>If yes, please indicate:</p> <p>a. the date of the elderly preference: _____</p> <p>b. the number of units that must be reserved for occupancy by non-elderly persons with disabilities _____, and,</p> <p>c. the date used to determine the number of units reserved for non-elderly persons with disabilities _____</p>			
<p>5. Is there an occupancy restriction for the elderly in accordance with Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992? (Refer to HUD Handbook 4350.3, REV-1)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>6. Total Number of Units Exclusively for the Elderly</p> <p>_____</p>		<p>7. Total Number of Units Exclusively for Persons with Disabilities</p> <p>_____</p>	
<p>8. Total Number of Units that must be occupied only by Non-Elderly Persons with Disabilities</p> <p>_____</p>			
<p>I certify that this information is true and accurate.</p> <p>Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)</p>			
<p>Signature of Owner</p>		<p>Date:</p>	

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B**SECTION II – ACCESSIBLE UNITS**

Distribution of all wheelchair and other accessible units in the project.

Bedroom Size	0	1	2	3	4	5	Other	Total
1. All units								
2. Total units with project-based rental assistance								
3. Mobility <i>accessible</i> units								
4. Vision and/or Hearing <i>accessible</i> units								
*5. (Total Accessible Units)								
6. Number of persons on waiting list who have requested <i>accessible</i> units								
7. Number of accessible units <i>occupied</i> by elderly or family tenants								
8. Number of <i>accessible</i> units occupied by non-elderly tenants with disabilities who require the features of the unit								
9. Number of <i>accessible</i> units occupied by elderly tenants with disabilities who require the features of the unit								
10. Percentage of Total Units with Project-Based Rental Assistance (Total line 2 divided by Total line 1 x 100) _____%								
11. Percentage of Total Units that are mobility accessible (Total line 3 divided by Total line 1 x 100) _____%								
12. Percentage of Total Units that are vision and/or hearing accessible (Total line 4 divided by Total line 1 x 100) _____%								

***If a unit is both mobility accessible and vision or hearing accessible, count the unit only once in line 5.**

I certify that this information is true and accurate.

Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Owner

Date:

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

SECTION III – PROGRAM ACCESSIBILITY
SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 Coordinator [24 CFR 8.53 (a)]

1. Does the recipient (as defined in 24 CFR 8.3) employ at least 15 employees?

☐ Yes ☐ No

If “Yes”, answer Question 2.; If “No” skip to Question 3.

2. Is at least one person designated to coordinate its Section 504 responsibilities?

☐ Yes ☐ No ☐ N/A

If YES, provide the person’s name and telephone number below.

Name: _____

Telephone Number: _____

Program Accessibility Under Section 504, a federally assisted Housing Development is required to ensure that its program is usable by and accessible to persons with disabilities. This includes, but is not limited to, maintaining housing and non-housing facilities that are structurally accessible for persons with disabilities. The extent to which facilities must be structurally accessible depends in part, on whether they are new, altered, or existing. In addition, owner/agents are required to ensure that effective communication methods are used while communicating with persons with disabilities.

	YES	NO	COMMENTS
3. Has the owner/agent taken steps to ensure effective communication using:			
a. Qualified sign language and oral interpreters?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Readers?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Use of tapes?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Braille materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>	
I certify that this information is true and accurate.			
Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)			
Signature of Owner		Date:	

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

INSTRUCTIONS FOR COMPLETING PART A

General instructions: Complete the project name, FHA/project number, and section 8/pac/prac information in the form header for each page:

SECTION I - Owner/Agent must respond to all questions in this section.

1. Check the appropriate box that the project was designed to serve. **(Check only one box. Do not leave blank.)**

Exclusively Elderly - defined as a person 62 years of age or older. (This option is for projects that were designed to serve only elderly persons/families, i.e. Section 202 PRAC properties)

Exclusively Disabled - Refer to HUD Handbook 4350.3, REV-1, Figure 3-6 for the applicable definition of disability. (This option is for projects that were designed to serve only persons with disabilities, i.e., Section 202/8 Projects for the Disabled and Section 811 projects. Please note that Section 202-8 Projects for the Disabled were developed to serve only non-elderly persons with disabilities. However, the Section 811 Projects were developed to serve persons with disabilities regardless of age as long as the minimum age requirement (age 18) is met.)

Elderly and Disabled - defined as a property that serves the elderly and non-elderly persons with disabilities. (This option is for projects that were originally designed to serve only elderly persons/families, however the owner may have elected a preference under Section 651 of Title VI, Subtitle D of the Housing and Community Development Act of 1992 (Title VI-D) to reserve a percentage of units for non-elderly persons with disabilities in accordance with the provisions of Section 652, Title VI-D. See instruction 4 below for Section 651 definition.)

Family - defined as all persons regardless of age or disability. (This option is for projects that serve all families with no restrictions or preferences as long as the minimum age requirement is met. Please note that family projects may have some units that are reserved for persons with mobility/vision/hearing impairments which would require the applicant to meet the needs of the unit.)

2. Enter the number of units occupied by each client group. (Please note that the term "near-elderly disabled" is defined as a person who is at least 50 years of age and below the age of 61 with a disability as defined in HUD Handbook 4350.3, REV-1.) **(Enter zero "0" if there are no units occupied by the listed client group - do not leave blank)**
3. If there is a use agreement or other document that references that the property must serve only elderly persons, answer "Yes", indicate in the space provided, and attach a copy of the document(s) listed. If there is no use agreement or other document that references that the property must serve only elderly persons, answer "No". If you are unclear on the term "use agreement," or are not able to locate the "use agreement" or any other document that defines the occupancy of your project, the answer is "unknown". Other documents include the regulatory agreement, loan commitment papers, financial documents, bid invitation, owner's management plan, application for funding, and/or application for mortgage insurance. Please refer to HUD Handbook 4350.3, REV-1, paragraphs 3-17 and 3-18. If you do not have a copy of HUD Handbook 4350.3, REV-1, copies can be obtained from www.hudclips.org or the HUD Customer Service Center at (800) 767-7468. **(Do not leave blank).**
4. Section 651 of Title VI-D permits an owner to give *preference to elderly families if (1) the project was originally developed to serve the elderly and (2) it is a "covered Section 8 housing project." "Covered Section 8 housing projects" are projects that were constructed or substantially rehabilitated pursuant to assistance provided under section 8(b)(2) of the United States Housing Act of 1937, as in effect before October 1, 1983, that are assisted under a contract for assistance under such section.

*A "preference" allows an owner to give priority to elderly persons when selecting tenants for occupancy.

Section 651 of Title VI-D applies to the following programs:

- The Section 8 New Construction Program, 24 CFR part 880
- The Section 8 Substantial Rehabilitation Program, 24 CFR part 881
- The State Housing Agencies Program (insofar as it involves new construction and substantial rehabilitation), 24 CFR part 883
- The New Construction Set-Aside for Section 515 Rural Rental Housing Projects Program, 24 CFR part 884
- The Section 8 Housing Assistance Program for the Disposition of HUD-Owned Projects (insofar as it involves substantial rehabilitation), 24 CFR part 886 subpart C

"Covered Section 8 housing projects" **do not** include those developed with funding under the following programs:

Section 202;
Section 202/8;
Section 202 or 811 PRAC;
Section 221 (d)(3); and/or
Section 236.

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Project Name:

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ADDENDUM B

If an owner elects a Section 651 preference for the elderly, the owner must reserve a number of units for non-elderly persons/families with disabilities. Title VI-D requires that the owner review the occupancy records on January 1, 1992 and October 28, 1992 (the date of enactment for Title VI-D), determine the number of non-elderly persons with disabilities that occupied units on those two dates, take the higher of the two numbers and then take the lesser of that number and 10 percent.

For example, an owner has a “covered Section 8 project” that consists of 100 units and decides to implement an elderly preference under Section 651. The first thing the owner has to do is find the occupancy records for January 1992 and see how many units were occupied by non-elderly persons or families with disabilities on January 1. In this example, it was 10 units.

Then the owner must find the occupancy records for October 1992 and see how many units were occupied by non-elderly persons/families with disabilities on October 28th (the date of the enactment of the Act). In this example it was 15 units.

To obtain the number of units that must be reserved for non-elderly disabled persons or families, the owner must take the higher number of the two dates (January 1, 1992 and October 28, 1992), which, in this example is 15.

Then the owner must compare that number with 10 percent of the total project units (in this example, it's 10) and use the lower number for the number of units that must be reserved. Since 10 is less than 15, for this example the owner must reserve 10 units for non-elderly disabled persons or families.

If an owner determines that there were no non-elderly persons or families occupying units on either January 1, 1992 or October 28, 1992, the required number of units to be reserved for non-elderly persons with disabilities would be zero (0). However, owners are encouraged to exceed the number of reserved units for non-elderly persons with disabilities if the need exists in the community.

Answer question 4 as follows:

If there is an elderly preference in accordance with Section 651 of Title VI-D, answer “Yes”. If there is no preference provided to elderly families, answer “No”. **(Do not leave blank).**

If yes, answer the following:

- If there is an occupancy preference in accordance with Section 651, indicate the effective date of the preference.
- If there is an occupancy preference in accordance with Section 651, indicate the total number of units that must be reserved for non-elderly persons with disabilities based on the two dates above.
- If there is an occupancy preference in accordance with Section 651, indicate which date (see above) was used to determine the number of units that must be reserved for non-elderly persons with disabilities.

5. Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992 (Title VI-D) permits owners of “other federally assisted housing” to continue to restrict occupancy to elderly families in accordance with the rules, standards, and agreements governing occupancy in such housing in effect at the time the housing was developed. If (A) the project was originally developed to serve the elderly and (B) the project has continually served elderly tenants. These projects include:

Section 202 Direct Loans (prior to the Section 202 PRAC program)
Section 221(d)(3) BMIR properties (New Construction and Substantial Rehabilitation)
Section 236 properties

Answer question 5 as follows:

If there is an elderly restriction in accordance with Section 658 of Title VI-D, answer “Yes.” If there is no elderly restriction and occupancy is not limited to elderly applicants, answer “No.” **(Do not leave blank).**

6. If the property designates a number of units that can be occupied **only** by elderly persons, indicate the number of units. If the property does not have units that can only be occupied by elderly persons, enter zero “0”. **(Do not leave blank).**
7. If the property designates a number of units that can be occupied **only** by persons with disabilities, indicate the number of units. If the property does not have units that can only be occupied by persons with disabilities, enter zero “0”. **(Do not leave blank).**
8. If the property has units that must be occupied by **non-elderly** persons with disabilities, indicate the number of units. If the property does not have units that must be occupied by non-elderly persons with disabilities, enter zero “0”. **(Do not leave blank).**

CERTIFICATION:

Self-Explanatory **(Must be signed and dated by the owner)**

SECTION II - Owner/Agent must respond to all questions in this section.

1. Enter the total number of units (by bedroom size) and enter total in the “Total” column. (Total must match numbers entered for each bedroom size. **Do not leave blank.**)
2. Enter the total number of units (by bedroom size) that are receiving project based rental assistance. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
3. Enter the number of mobility accessible units (by bedroom size) and enter total in the “Total” column. A mobility accessible unit is one that is located on an accessible route, and when designed, constructed, altered, or adapted, can be approached, entered, and used by individuals with

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

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physical disabilities, including those who use wheelchairs. (Although accessibility features include items such as grab bars, flashing fire alarms, widened doorways, entrance ramps, etc, this question should be answered by stating the number of subsidized units that (when constructed) are fully accessible in accordance with the Uniform Federal Accessibility Standards (UFAS) which is used to ensure compliance with Section 504 of the Rehabilitation Act of 1973. These standards were jointly developed by the General Services Administration, the Department of Housing and Urban Development, the Department of Defense, and the United States Postal Service, under the authority of sections 2, 3, 4, and 4a, respectively, of the Architectural Barriers Act of 1968, as amended, Pub. L. No.90-480, 42 U.S.C. 4151-4157. Copies of the UFAS are available from the Architectural and Transportation Barriers Compliance Board, 1331 F Street, NW, Suite 1000, Washington, D.C. 20004-1111, Telephone: (202) 272-0080, email address: info@access-board.gov. If the property is accessible in accordance with Minimum Property Standards (MPS), indicate the number of units that are MPS accessible. Unsubsidized units are not required to meet the requirements of UFAS, however those units should be counted if they are fully accessible to persons who use wheelchairs.) **(Total must match numbers entered for each bedroom size. Do not leave blank)**

4. Enter the number of units (by bedroom size) that are accessible for vision or hearing impairments and enter total in the "Total" column. (Refer to UFAS. See instruction number 3 above) **(Total must match numbers entered for each bedroom size. Do not leave blank)**

5. Total the units from rows 3 and 4 for each bedroom size and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**

6. Enter the number of persons currently on the waiting list for an accessible unit (by bedroom size) requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**

7. Enter the number of accessible units (by bedroom size) that are currently occupied by elderly or family tenants and enter total in the Total column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**

8. Enter the number of accessible units (by bedroom size) occupied by non-elderly tenants with disabilities requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
(These tenants must have a mobility impairment as defined above.)

9. Enter the number of accessible units (by bedroom size) occupied by elderly tenants with disabilities requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
(These tenants must have a mobility impairment as defined above.)

10. Self-explanatory **(Do not leave blank.)**

11. Self-explanatory **(Do not leave blank.)**

12. Self-explanatory **(Do not leave blank.)**

CERTIFICATION:

Self-Explanatory **(Must be signed and dated by the owner)**

SECTION III – Owner/Agent must respond to all questions in this section. (Not applicable to unsubsidized projects)

- ✓ The Section 504 Coordinator is required if the owner employs 15 or more employees in all its activities. This includes this project combined with other projects they may own and/or manage. Answer Yes or No. If yes, proceed to Question 2; if no skip to Question 3.
- ✓ Answer Yes or No to this Question. If yes, please provide the name and telephone number of the coordinator for Section 504 related activities at the project and go to Question 3.

3. Answer Yes or No to each item and provide comments as necessary.

CERTIFICATION:

Self-Explanatory **(Must be signed and dated by the owner)**

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B

PART B ON-SITE LIMITED MONITORING REVIEW

Authority: 24 CFR 5, 108, 110

Questions 1 through 4 apply to owners of subsidized **and** unsubsidized projects.

	YES	NO	COMMENTS
1. Was this project built or substantially rehabilitated after February 1972? (If NO, skip to Question 5.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the owner have an approved Affirmative Fair Housing Marketing Plan (AFHMP) on site? If Yes, proceed to question 3. If No, proceed to question 5.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the owner/agent reviewed the AFHMP within the last 5 years to ensure that the information is current and applicable?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Date of last AFHMP Update			Date: _____
5. Does the project maintain Project Profile Data which shows the composition of the occupants by the following categories (24 CFR 121):			
Race	<input type="checkbox"/>	<input type="checkbox"/>	
National Origin/Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Familial Status	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the owner/agent developed and implemented a written Tenant Selection Plan?	<input type="checkbox"/>	<input type="checkbox"/>	

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Project Name:

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ADDENDUM B

	YES	NO	COMMENTS
7. Does the management agent maintain a waiting list of applicants by:			
(a) Name	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Bedroom size	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Application date and time?	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Requests for accommodations and/or accessible units?	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Preferences?	<input type="checkbox"/>	<input type="checkbox"/>	
8. When a tenant/applicant notifies the owner/agent that he/she has been subject to unlawful discrimination, does the owner/agent provide the applicant/tenant with information about how to file a complaint with HUD?	<input type="checkbox"/>	<input type="checkbox"/>	Unable to Observe _____
9. Does the owner/agent maintain a record of fair housing complaints?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is there a local residency preference?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it approved by HUD?	<input type="checkbox"/>	<input type="checkbox"/>	Date of HUD Approval:

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Project Name:

FHA/Project#

Section 8/PAC/PRAC#

ADDENDUM B**PART C**

Section 504 Review

The Reviewer must complete this section to ensure compliance with Section 504 of the Rehabilitation Act of 1973 (Section 504). **Please note that unsubsidized projects are not required to comply with Section 504, therefore if the project is unsubsidized, the Reviewer may proceed to Part D.**

	YES	NO	COMMENTS
1. Is there a formal, written grievance procedure that provides for resolution of complaints alleging discrimination based on disability, as required by Section 8.53(b)?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, document date procedures were adopted:			Date: _____
2. Does the owner/agent utilize a telecommunications device for the hearing impaired (TTY)?	<input type="checkbox"/>	<input type="checkbox"/>	
If No: Is there an alternative procedure? Describe under "Comments"	<input type="checkbox"/>	<input type="checkbox"/>	
3. When necessary, are auxiliary aides used to communicate with persons with disabilities? Describe under "Comments"	<input type="checkbox"/>	<input type="checkbox"/>	

Project Name:

FHA/Project#

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ADDENDUM B

PART D DOCUMENTS REVIEWER SHOULD OBTAIN FROM OWNER/AGENT

The Reviewer will only bring back documents upon request from FHEO. If the Reviewer receives a request from FHEO to obtain certain documents, indicate in column a. During the on-site review, request the documents and indicate the status in columns b, c, or d. For items checked in column c, the Reviewer must provide the owner/agent the FHEO address for forwarding the documents.

Document(s)	a. FHEO has requested that the Reviewer obtain the following documents:	b. The document has been gathered and is attached to the Checklist	c. The Owner/ Agent agrees to forward the checked document to FHEO within ten (10) business days.	d. The document is not available.
For Part A				
1. Accessible Units/Program Accessibility, Sections I, II, and III (as applicable)		<input type="checkbox"/>		<input type="checkbox"/>
For Part B:				
2. Most recent Affirmative Fair Housing Marketing Plan (AFHMP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Any of the following documents that are used for outreach as specifically stated in the project's AFHMP or used for other affirmative fair housing marketing.				
Newspapers/Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Radio Ads and Announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of TV Ads and Announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photograph of billboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letterhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochures and Leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photograph and site signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project Profile showing occupancy data (See Part B, Question 5).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Tenant Selection Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

form HUD-9834 (04/07)
Ref. HUD Handbook 4350.1, REV-1
and HUD Handbook 4566.2

Project Name:

FHA/Project#

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ADDENDUM B

Please Note: The information below only pertains to Section 504 compliance. If this project is unsubsidized, the Reviewer should not complete this section.	a. FHEO has requested that the Reviewer obtain the following documents:	b. The document has been gathered and is attached to the Checklist.	c. The Owner/ Agent agrees to forward the checked document to FHEO within ten (10) business days.	The document is not available.
For Part C:				
6. Written Grievance Procedure (Part C, Question 3 and 24 CFR 8.53)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Application for Occupancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Reasonable Accommodation Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FHEO requested that the reviewer observe the following:

The result of the observation is:

ATTACHMENT 7C – ADDENDUM C**DOCUMENTS TO BE MADE AVAILABLE BY OWNER/AGENT**

Instructions: Reviewers should place a check mark next to those items that must be available for review.

General Documents

- ☐ All Tenant Files and records (including rejected, transfer and move-out files)
- ☐ Current waiting list
- ☐ Last advertisement and/or copies of apartment brochures
- ☐ HUD-approved Rent Schedule (HUD-92458)
- ☐ Procurement Files
- ☐ Work Order Journals/Logs
- ☐ Cash Disbursement Journal
- ☐ Fidelity Bond
- ☐ Property/Liability Insurance
- ☐ Copies of the HUD-52670 for the last twelve months for each subsidy contract
- ☐ Current annual budget
- ☐ Quarterly budget variance reports
- ☐ Reserve for Replacement Component Analysis
- ☐ Copy of Rent Roll
- ☐ Copy of Application
- ☐ Copy of Lease, lease addendums and house rules
- ☐ Copy of Pet Policy
- ☐ Copy of Applicant Rejection Letter
- ☐ Annual Unit Inspections
- ☐ Fact Sheet “How your rent is determined”
- ☐ Copy of the “Resident Rights & Responsibility”
- ☐ Lead Based Paint Certifications
- ☐ EH& S Certifications
- ☐ All Operating Procedure Manuals
- ☐ Documentation for Elderly Preferences Under Sections 651 or 658
- ☐ Income Targeting Tracking Log
- ☐ List of all current Principals and Board Members
- ☐ Other

Civil Rights Front End Limited Monitoring and Section 504 Review Documents

- ☐ Affirmative Fair Housing Marketing Plan
- ☐ Tenant Selection Plan
- ☐ Recent Advertising
- ☐ Fair Housing Logo and Fair Housing Poster

ATTACHMENT 8 – TENANT FILE ERROR SUMMARY

Unit No.				Tenant Family:			
	Annual Income	Adjusted Income	TTP	UA	Tenant Rent	Assistance Payment	Total Discrepancy
Owner:	\$	\$	\$	\$	\$	\$	
HUD:	\$	\$	\$	\$	\$	\$	\$
Discussion:							

Unit No.				Tenant Family:			
	Annual Income	Adjusted Income	TTP	UA	Tenant Rent	Assistance Payment	Total Discrepancy
Owner:	\$	\$	\$	\$	\$	\$	
HUD:	\$	\$	\$	\$	\$	\$	\$
Discussion:							

Unit No.				Tenant Family:			
	Annual Income	Adjusted Income	TTP	UA	Tenant Rent	Assistance Payment	Total Discrepancy
Owner:	\$	\$	\$	\$	\$	\$	
HUD:	\$	\$	\$	\$	\$	\$	\$
Discussion:							

Unit No.				Tenant Family:			
	Annual Income	Adjusted Income	TTP	UA	Tenant Rent	Assistance Payment	Total Discrepancy
Owner:	\$	\$	\$	\$	\$	\$	
HUD:	\$	\$	\$	\$	\$	\$	\$
Discussion:							

ATTACHMENT 9 – HUD-50059, OWNER'S CERTIFICATION OF COMPLIANCE WITH HUD'S TENANT ELIGIBILITY AND RENT PROCEDURES

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures****U.S. Department of Housing
And Urban Development**NOT for Submission to the Federal Government
Landlord's Official Record for Certification**Office of Housing
Federal Housing Commissioner****OMB Approval Number 2502-0204
(Exp. 03/31/2011)****Section A. Acknowledgements**

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested, including the Social Security Numbers (SSNs) you, and all other household family members age six (6) years and older, have and use. Giving the SSNs of all family members age six (6) years and older is mandatory; not providing the SSNs will affect your eligibility. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Owner's Certification -I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Tenant(s)' Certification -I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Certification Summary from Page 2

Name of Project	Unit Number	Effective Date	Certification Type
Head of Household	Total Tenant Payment	Assistance Payment	Tenant Rent

Tenant Signatures

Head of Household	Date	Other Adult	Date
Spouse / Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Owner/Agent Signature			
Owner/Agent			Date
Check this box if Tenant is unable to sign for a legitimate reason			Anticipated Voucher Date

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.

Page 1 of __

form **HUD-50059** (04/2005)
HB 4350.3 Rev 1

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures** Record for Landlords

**U.S. Department of Housing
And Urban Development**

For Personal Records ONLY – Not for
Submission to the Federal Government

**Office of Housing
Federal Housing Commissioner**

(Exp. 03/31/2011)

Section B. Summary Information

Project Name 1.		13. Effective Date 14. Anticipated Voucher Date 15.		25. Unit Number 26. No. of Bedrooms 27. Building ID 28. Unit Transfer Code 29. Previous Unit No. 30. Security Deposit 31. Market Rent 32. Contract Rent 33. Utility Allowance 34. Gross Rent 35. Conversion Date Code 36. Age 62 at Conversion Indicator 37. Continuous Section 8 Indicator	
Subsidy Type Secondary Subsidy Type Property ID Project Number Contract Number TRACSMail ID Plan of Action Code HUD-Owned Project? Region Code Field Office Code FIPS County Code 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.		Next Recertification Date			
		16. Project Move-In Date 17. Unit Move-In Date 18. Certification Type 19. Action Processed 20. Correction Type 21. Cert. Correction Date 22. Prev. Subsidy Type 23. Previous Housing Code 24. Displacement Status Code			

Section C. Household Information

38. No.	39. Last Name	40. First Name	41. MI	42. Rel.	43. Sex	44. Race	45. Eth.	46. Birth Date	47. Special Status	48. ID Code (SSN)	49. Elig. Code	50. Alien Reg. Number	51. Age at Cert.	52. Work Codes
53. Family is Mobility Impaired? 54. Family is Hearing Impaired? 55. Family is Visually Impaired?		56. Number of Family Members 57. Number of Non-Family Members 58. Number of Dependents 59. Number of Eligible Members			60. Expected Family Addition -Adoption 61. Expected Family Addition -Pregnancy 62. Expected Family Addition -Foster Children									
63. Previous Head Last Name 64. Previous Head First Name 65. Previous Head Middle Initial									66. Previous Effective Date 67. Previous Head ID 68. Previous Head Birth Date					

Section D. Income Information

Section E. Asset Information

69. Mbr. No.	70. Income Type Code	71. Amount	72. SSN Benefits Claim No.	78. Mbr. No.	79. Description	80. Status	81. Cash Value	82. Actual Yearly Income	83. Date Divested

73. Total Employment Income 74. Total Pension Income 75. Total Public Assistance Income 76. Total Other Income 77. Total Non-Asset Income				84. Cash Value of Assets 85. Actual Income from Assets 86. HUD Passbook Rate 87. Imputed Income from Assets 88. Asset Income					
Section F. Allowances & Rent Calculations									
89. Total Annual Income 90. Lower Income Limit 91. Very Low Income Limit 92. Extremely Low Income Limit 93. Current Income Status 94. Eligibility Universe Code 95. Sec. 8 Assist. 1984 Indicator 96. Income Exception Code 97. Police / Security Tenant? 98. Survivor of Qualifier? 99. Household Assistance Status		100. Allowance for Dependents 101. Child Care Expense (work) 102. Child Care Expense (school) 103. 3% of Income 104. Disability Expense 105. Disability Allowance 106. Medical Expense 107. Medical Allowance 108. Elderly Household Allowance 109. Total Allowances 110. Adjusted Annual Income				111. Total Tenant Payment 112. Tenant Rent 113. Utility Reimbursement 114. Assistance Payment 115. Welfare Rent 116. HCDA percentage 117. Percent Actually Charged 118. Hardship Exemption 119. Waiver Type Code			

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.

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HUD-50059 (04/2005)
HB 4350.3 Rev 1

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures** Record for Landlords

**U.S. Department of Housing
And Urban Development**

For Personal Records ONLY – Not for
Submission to the Federal Government

**Office of Housing
Federal Housing Commissioner**

(Exp. 03/31/2011)

Name of Project	Unit Number	Effective Date	Certification Type
Head of Household	Total Tenant Payment	Assistance Payment	Tenant Rent

Section C. Household Information

38. No.	39. Last Name	40. First Name	41. MI	42. Rel.	43. Sex	44. Race	45. Eth.	46. Birth Date	47. Special Status	48. ID Code (SSN)	49. Elig. Code	50. Alien Reg. Number	51. Age at Cert.	52. Work Codes

Section D. Income Information

Section E. Asset Information

69. Mbr. No.	70. Income Type Code	71. Amount	72. SSN Benefits Claim No.	78. Mbr. No.	79. Description	80. Status	81. Cash Value	82. Actual Yearly Income	83. Date Divested
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Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.

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form **HUD-50059** (04/2005)
HB 4350.3 Rev 1

ATTACHMENT 10– EIV REPORTS

EIV Income Report (Summary)

Enterprise Income Verification HUD Home MF Housing EIV Home Search Email

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External Links

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Income Report Summary

Contracts :	XX00000000
Re-certification Month:	January
Households With Income:	5

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1 - 5 of 5 Households


Summary Reports		Detail Reports			
HOH SSN	HOH Name	HOH DOB	Contract Number	Project Number	Unit Address
***-**-9999	DKZRW AKTEF	XX/XX/9999	XX00000000	55555555	1111 - ABC Drive, XX - 99999
***-**-9999	GXYDBF IHNIGFR	XX/XX/9999	XX00000000	55555555	1111 - ABC Drive, XX - 99999
***-**-9999	JZONBS YVZECBJ	XX/XX/9999	XX00000000	55555555	1111 - ABC Drive, XX - 99999
***-**-9999	LKTRQO DKGL	XX/XX/9999	XX00000000	55555555	1111 - ABC Drive, XX - 99999
***-**-9999	SKOV FKJWHB	XX/XX/9999	XX00000000	55555555	1111 - ABC Drive, XX - 99999

1 - 5 of 5 Households

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EIV Income Report (Detail) Employment and Wages



Enterprise Income Verification

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Income Report Detail

Contracts:	XX000000000
Re-certification Month:	January
Households With Income:	5

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[Summary Reports](#)
[Detail Reports](#)
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Wage and Benefit Report for Household of AKTEF I DKZRW

Contract Number	XX000000000	Subsidy Type:	Section 8
Project Number	XX000000	Project:	ABC Asartasdsad
Next Re-certification Date:	01/01/2009	Form 50059 as of:	05/05/2008
Address:	1111 - ABC Drive, X - 9999		
Most Recent Type of Action:	IR-Interim Recertification	Effective Date:	05/01/2008

Head of Household: AKTEF I DKZRW

Social Security Number:	***-**-9999	Date of Birth:	XX/XX/9999
-------------------------	-------------	----------------	------------

Household Member:

AKTEF I DKZRW	SSN:	***-**-9999	
Date of Birth:	XX/XX/9999	Relationship:	Head of Household

Employment Information


Hire Date	Hire State	FEIN	Employer Name and Address	Date Received by EIV
03/28/2008	XX	XX-XX-XXXXXXX	K I ZDVZKXQWY TCFWUJ WZH 235 T ALAKOU NUC VMS 5709, LITTLE ROCK AR 72201-8051	04/22/2008
02/15/2008	XX	XX-XX-XXXXXXX	CYVQDOKL W ULVLPY VMA8CI CJE 8 ZDORCFW AKTV, REYNOLDSBURG OH 43068-8534	03/14/2008
12/10/2007	XX	XX-XX-XXXXXXX	ZZVQAB8 HURLF HBL ZAKYSXV XRUH 327 LBBHAK VA, LEBANON TN 37087-3402	03/14/2008
08/14/2007	XX	XX-XX-XXXXXXX	GANDORPHOZ BOC8BA FWRDVIHQ ULM 9 VALERHTPF IV, BLOOMINGTON MN 55425-2158	03/14/2008
05/18/2008	XX	XX-XX-XXXXXXX	654 LSK HGH 222 AZDJTVX VAFJC, BNUY 4 NKKV 516, LEWISVILLE TX 75087-8385	03/14/2008

Wages

Pay Period	Amount	FEIN	Employer Name and Address	Date Received by EIV
Q4 of 2007	\$285.00	XX-XX-XXXXXXX	ZZVQAB8 HURLF HBL ZAKYSXV XRU HUTON 91150 NURXSPR 8 SPEEDORP MNP, NASHVILLE TN 37228	05/21/2008
Q4 of 2007	\$1,583.00	XX-XX-XXXXXXX	GANDORPHOZ BOC8BA FWRDVIHQ ULM 636 T ZLTSSBN ZIK BUDDY XLCWNPWYV, LITTLE ROCK AR 72201	05/21/2008
Q3 of 2007	\$3,031.00	XX-XX-XXXXXXX	GANDORPHOZ BOC8BA FWRDVIHQ ULM 636 T ZLTSSBN ZIK BUDDY XLCWNPWYV, LITTLE ROCK AR 72201	03/14/2008
Q2 of 2007	\$98.00	XX-XX-XXXXXXX	GANDORPHOZ BOC8BA FWRDVIHQ ULM 9 VALERHTPF IV, BLOOMINGTON MN 55425-2158	03/14/2008
Q4 of 2008	\$48.00	XX-XX-XXXXXXX	HLZB8WK ZPUBUMZB 8 YTTUNCK 9234 9 NBPXGK IE, N LITTLE ROCK AR 72118-8558	03/14/2008
Q3 of 2008	\$1,133.00	XX-XX-XXXXXXX	654 LSK HGH 222 AZDJTVX VAFJC, BNUY 4 NKKV 516, LEWISVILLE TX 75087-8385	03/14/2008

EIV Income Report (Detail) Social Security

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Detail Reports
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Wage and Benefit Report for Household of JLVEFEIPD EZMDK AFKHOS			
Contract Number	XX00000000	Subsidy Type:	Section 8
Project Number	XX00000	Project:	ABC Asartaadsad
Next Re-certification Date:	08/01/2008	Form 50059 as of:	10/24/2007
Address:	1111 - ABC Drive, X - 9999		
Most Recent Type of Action:	AR-Annual Recertification	Effective Date:	08/01/2007
Head of Household: JLVEFEIPD EZMDK AFKHOS			
Social Security Number:	***-**-9999	Date of Birth:	XX/XX/9999
Household Member:	JLVEFEIPD EZMDK AFKHOS	SSN:	***-**-9999
Date of Birth:	XX/XX/9999	Relationship:	Head of Household
Employment Information			
EIV received no Employment (W4) data.			
Wages			
EIV received no income data.			
Unemployment Benefits			
EIV received no benefit data.			
Social Security Benefits			
Verification Data		Benefit History	
Payment Status Code:	N - Disallowed claim	Date	Gross Benefit
Date of Current Entitlement:	01/01/1900		
Net Monthly Benefit if Payable:	\$0.00		
Payee Name and Address:	JLVEFEIPD P XOCKYW 8386 H HDELINO MRN MLTQQR VS		
	Lump Sum		
	Date	Amount	
	05/01/2008	\$0.00	
Date Received by EIV: 05/02/2008			
Dual Entitlement			
EIV received no benefit data.			
Medicare Data			
EIV received no benefit data.			
Supplemental Security Income Benefits			
Verification Data		Payment History of Net Benefits Paid	
Payment Status Code:	C01 - Current Pay	Date	Federal Amount State Amount Type of Payment
Alien Indicator:	K		
SSI Monthly Assistance Amount (Current):	\$637.00	01/01/2008	\$637.00 \$0.00 Recurring Payment
State Supplement Amount (Current):	\$0.00	01/01/2007	\$623.00 \$0.00 Recurring Payment
Payee Name and Address:	JLVEFSAFKHOS 7629 Z 32FW QV CFU 68 ZVV/PBR DT	01/01/2006	\$603.00 \$0.00 Recurring Payment
		01/01/2005	\$579.00 \$0.00 Recurring Payment
		03/01/2004	\$564.00 \$0.00 Recurring Payment
		01/01/2004	\$564.00 \$0.00 Recurring Payment
		01/01/2003	\$562.00 \$0.00 Recurring Payment
		04/01/2002	\$545.00 \$0.00 Recurring Payment
Date Received by EIV: 05/02/2008			
Disability			
Disability:	Yes	On-set Date:	

EIV Income Discrepancy Report (Summary)



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Income Discrepancy Report by Contract

Contracts:	XX000000000
Re-certification Month:	August
Total Number of Households Evaluated:	8
Households that Exceed Threshold:	3
Percentage of households exceeding threshold:	37.50%
Net Annual Income Discrepancy (Actual):	(\$42,569.95)
Net Annual Income Discrepancy (Annualized Last Quarter):	(\$34,561.29)

1 - 3 of 3 Users

Summary Reports Detail Reports


HOH SSN	HOH Last Name	Project Number	Contract Number	Annual Income Discrepancy		Subsidy Type	Threshold Percentage
				Actual	Annualized Last Quarter		
***-**-9999	lgmrbx	99999999	XX000000000	(\$15,420.45)	(\$13,714.45)	Section 8	100.0%
***-**-9999	ghf-hwizdwy	99999999	XX000000000	(\$6,319.00)	\$1,960.00	Section 8	24.6%
***-**-9999	wlzaarj	99999999	XX000000000	(\$20,830.50)	(\$22,806.84)	Section 8	100.0%

1 - 3 of 3 Users

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EIV Income Discrepancy Report (Detail)



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Income Discrepancy Report Detail

Contracts: XX000000000
Re-certification Month: August
Households that Exceed Threshold: 3

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Summary Reports **Detail Reports**

Head of Household Information

Name:	vmvqlq bgmrtxn
Social Security Number:	999-99-9999
Subsidy Type:	Section 8
Project Number:	XX99999
Contract Number:	XX000000000
Effective Date of Action:	09/01/2008
Next Re-certification Date:	07/09/2009
Projected Annual Wages and Benefits from Form HUD-50059:	\$0.00
Period of Income for Discrepancy Analysis:	06/01/2007 - 05/31/2008


Discrepancy Analysis	Actuals	Annualized Last Quarter
Reported Annual Wages and Benefits from EIV Data:	\$15,420.45	\$13,714.45
Amount of Annual Income Discrepancy:	(\$15,420.45)	(\$13,714.45)
Amount of Monthly Income Discrepancy:	(\$1,285.04)	(\$1,142.87)
Percentage of Income Discrepancy:	100.0%	100.000000%

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Head of Household Information

Name:	ksghv ghft-huizdvv
Social Security Number:	999-99-9999
Subsidy Type:	Section 8
Project Number:	XX00000
Contract Number:	XX000000000
Effective Date of Action:	01/01/2009
Next Re-certification Date:	07/09/2009
Projected Annual Wages and Benefits from Form HUD-50059:	\$19,372.00

EIV New Hires Report (Summary)



Enterprise Income Verification

HUD Home MF Housing EIV Home Search Email

Income Information >> [By Contract Number](#) >> [Report Summary](#) >> New Hires Report Summary

New Hires Report Summary								
Contracts :		XX000000000						
Re-certification Month:		All						
Period Reviewed:		02/02/2009 - 08/01/2009						
Households with New Hires:		4						
Members With New Hires:		4						

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1 - 4 of 4 Households

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Summary Reports		Detail Reports						
HOH SSN	HOH Last Name	HOH First Name	HOH DOB	Member First Name	Member Last Name	Contract Number	Project Number	Unit Address
***-**-9999	DMABDH	AMJD	XX/XX/9999	AMJD	DMABDH	XX000000000	999999	ABC Drive, City XX 99999
***-**-9999	GWFIH	YKNDDEULO	XX/XX/9999	MGQOAKL	GWFIH	XX000000000	999999	ABC Drive, City XX 99999
***-**-9999	NVA	JV BSK	XX/XX/9999	AMQW TRF	HKXS	XX000000000	999999	ABC Drive, City XX 99999
***-**-9999	VKADCBT	GNEIGAQ	XX/XX/9999	MVZXHZ	VKADCBT	XX000000000	999999	ABC Drive, City XX 99999

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EIV New Hires Report (Detail)



Enterprise Income Verification

HUD Home MF Housing EIV Home Search Email

Income Information >> [By Contract Number](#) >> [Report Summary](#) >> New Hires Detail Report

New Hires Report Detail								
Contracts:		XX000000000						
Re-certification Month:		All						
Period Reviewed:		02/02/2009 - 08/01/2009						
Households With New Hires:		4						
Members With New Hires:		4						

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Summary Reports				Detail Reports			
New Hires Report for Household of AMJD G DMABDH							
Contract Number		XX000000000		Subsidy Type:		Section 8	
Project Number		XX000000		Project:		Project Name	
Next Re-certification Date:		04/01/2008		Form 50059 as of:		07/09/2007	
Address:		1111 ABC Drive, City, XX 99999					
Most Recent Type of Action:		IR-Interim Recertification		Effective Date:		05/01/2007	
Head of Household: AMJD G DMABDH							
Social Security Number: ***-**-9999				Date of Birth: XX/XX/9999			
Family Member: AMJD G DMABDH SSN: ***-**-9999 Date of Birth: XX/XX/9999							
Employment Information							
Hire Date	Hire State	FEIN	Employer Name and Address			Date Received by EIV	
04/25/2008	XX	XX-XX-XXXXXXX	JZCBN ULRPB W/GRIPSL HRS 2210 ZIKIAKUJ VDFY CHEYENNE WY 82001-2426			05/21/2008	
New Hires Report for Household of YKNDDEULO E GWFIH							
Contract Number		XX000000000		Subsidy Type:		Section 8	
Project Number		XX000000		Project:		Project Name	
Next Re-certification Date:		04/01/2009		Form 50059 as of:		05/23/2008	
Address:		1111 ABC Drive, City, XX 99999					
Most Recent Type of Action:		AR-Annual Recertification		Effective Date:		04/01/2008	
Head of Household: YKNDDEULO E GWFIH							
Social Security Number: ***-**-9999				Date of Birth: XX/XX/9999			
Family Member: MGQOAKL P GWFIH SSN: ***-**-9999 Date of Birth: XX/XX/9999							
Employment Information							

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EIV Multiple Subsidy Report (Summary)

Enterprise Income Verification HUD Home MF Housing EIV Home Search Email

Verification Reports >> Multiple Subsidy Report >> [Report Selection](#) >> Multiple Subsidy Report Summary

Multiple Subsidy Report Summary			
Contract Number:	XX000000000		
Members Receiving Multiple Subsidies:	1		
Search Criteria:	Within MF Programs Only		
Search Criteria:	All household members		

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1 - 1 of 1 Members

Summary Reports		Detail Reports	
Member SSN	Member Name	Member DOB	Member Subsidy Count
***-**-9999	DKJY-VRS SMC	XX/XX/9999	2

1 - 1 of 1 Members

Note: This report identifies household members that potentially may be receiving multiple subsidies.
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EIV Multiple Subsidy Report (Detail)

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Verification Reports >> Multiple Subsidy Report >> [Report Selection](#) >> Multiple Subsidy Report Detail

Multiple Subsidy Report Detail	
Contract Number:	XX000000000
Members Receiving Multiple Subsidies	1
Search Criteria:	Within MF Programs Only
Search Criteria:	All household members

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1 - 1 of 1 Members

Summary Reports		Detail Reports	
Member Information			
Member SSN	***-**-9999		
Member Name	DKJY-VRS SMC		
Member DOB	XX/XX/9999		
Count of Subsidies	2		
Household Information of Households Where DKJY-VRS SMC Receives Subsidy			
HOH SSN	***-**-9999		
HOH Name	DKJY-VRS SMC		
Relationship to HOH	Head of Household		
Subsidy Type	Section 8		
Contract Number	XX000000000		
Project Number	XX00000		
Owner/Management Agent name	ICAP		
50059 Effective Date	04/01/2007		
Certification Type	Annual Recertification		
Unit Address	1111 ABC Drive, City, XX - 99999		
Household Information of Households Where DKJY-VRS SMC Does Not Receive Subsidy			
HOH SSN	***-**-9999		
HOH Name	WBU ZGVVZ		
Relationship to HOH	Spouse		
Subsidy Type	Section 8		
Contract Number	XX000000000		
Project Number	XX00000		
Owner/Management Agent name	ICAP		
50059 Effective Date	04/01/2007		
Certification Type	Annual Recertification		

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EIV Existing Tenant Search

Search results – search within Multifamily TRACS and PIH PIC databases

Enterprise Income Verification

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Verification Reports >> [Existing Tenant Search](#)

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PIH Tenant Match Results : 1 match found.

SSN:	999-99-9999
HOH SSN:	***-**-9999
HOH First Name	NKmcbrs
HOH Last Name	Yicvhmm
Program Type	Voucher
50058 Type Of Action	New Admission
50058 Effective Date	04/21/2008
PHA	Some PHA Name XX000
PHA Address	1111 - ABC Drive, City, XX 9999
PHA Telephone Numbers	Office: (999) 999 9999 Fax: (999) 999 9999

MF Tenant Match Results : 1 match found.

SSN:	999-99-9999
HOH SSN:	***-**-9999
HOH First Name	NKMCBRBS
HOH Last Name	YICVHMRN
Contract Number	XX000000000
Project Number	XX00000
Subsidy Type	Section 8
Owner/Management Agent name	NTHDC
50059 Type Of Action	Annual Recertification
50059 Effective Date	10/01/2007

ALERT! This individual may be currently assisted.

Follow-up with respective PHA/Owner/Agent to confirm individual's program participation status before admission into program.

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

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EIV Identity Verification Report

Enterprise Income Verification HUD Home MF Housing EIV Home Search Email

Verification Reports >> [Identity Verification Report Selection](#) >> Identity Verification Report


Identity Verification Report	
Contract Number	XX000000000
Re-Certification Month	All

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Identity Verification Report Statistics	
Number of households - excluding Move-Outs	51
Number of households with all members verified (Verified or Deceased)	44
Number of households where one or more members are Not-Verified or Failed	7
• Number of households Not-Verified (verification in process)	0
• Percentage of households Not-Verified	00.00%
• Number of households Failed	7
• Failed EIV Pre-Screening	6
• Failed Verification Report (Failed the SSA Identity Test)	1
• Percentage of households Failed	13.73%
Number of household members	141
Number of deceased members	0
Percentage of verified households	86.27%
Percentage of household members who are Not-Verified	00.00%
Percentage of household members who are Failed	05.67%

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

EIV Failed EIV Pre-screening Report




Enterprise Income Verification

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Failed EIV Pre-Screening Report by Contract		
Contracts	XX000000000	
Re-certification Month	All	
Households with Errors	6	

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[Error Description Help](#)

1 - 6 of 6 Households

Failed EIV Pre-Screening Report for Contract: XX000000000		
HOH SSN: 999-99-9999 HOH Name: GLMMOH BBGSOZD Project Number: XX000000		
Member SSN	Member Name	Error Description
888-88-8888	KVADNOK BBGSOZD	Failed SSN check.
888-88-8888	ZGXDWQKLS BBGSOZD	Failed SSN check.
HOH SSN: 999-99-9999 HOH Name: KBZNBZ SKAUQMJ Project Number: XX000000		
Member SSN	Member Name	Error Description
888-88-8888	PVGORS SKAUQMJ	Failed SSN check.
HOH SSN: 999-99-9999 HOH Name: GTJB EADYEBBL Project Number: XX000000		
Member SSN	Member Name	Error Description
888-88-8888	HGVUHVFI RVJY	Failed SSN check.
HOH SSN: 999-99-9999 HOH Name: FBZDDRP FHNVGO Project Number: XX000000		
Member SSN	Member Name	Error Description
888-88-8888	QKSDGO PLINK	Failed SSN check.
HOH SSN: 999-99-9999 HOH Name: LVJB KXCYLEBHF Project Number: XX000000		
Member SSN	Member Name	Error Description
888-88-8888	IJZN ZGOFQ	Failed SSN check.
HOH SSN: 999-99-9999 HOH Name: OGOW IVJ Project Number: XX000000		
Member SSN	Member Name	Error Description
888-88-8888	HBZRS IVJ	Failed SSN check.

1 - 6 of 6 Households

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

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EIV Failed Verification Report

Enterprise Income Verification HUD Home MF Housing EIV Home Search Email

Verification Reports >> [Identity Verification Report Selection](#) >> [Identity Verification Report](#) >> Failed EIV Verification Report

Failed Verification Report by Contract

Contracts	XX0000000000
Re-certification Month	All
Households with Errors	1

1 - 1 of 1 Households

Failed Verification Report Download Data

Failed Verification Report for Contract: XX0000000000

HOH SSN: 999-99-9999 HOH Name: VGF88MP BLUIQ Project Number: XX000000		
Member SSN	Member Name	Error Description
888-88-8888	PVGCQEPN ZKAJQF	Verification failed - SSN not found in SSA records


1 - 1 of 1 Households

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.
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EIV Deceased Tenant Report



Enterprise Income Verification

[HUD Home](#)
[MF Housing](#)
[EIV Home](#)
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Verification Reports >> [Report Selection](#) >> Deceased Tenants Report

Deceased Tenants Report by Contract for Reexamination Month - All

Contract(s)

Total number of households evaluated	Total number of household members evaluated	Households with deceased members	% of households with deceased members	# of single member deceased households	% of single member deceased households	Deceased Members	Members deceased less than 1 year		Members deceased more than 1 year		Members deceased more than 2 years		Members deceased with no deceased date	
							#	%	#	%	#	%	#	%
195	238	2	01.03%	1	50.00%	2	0	00.00%	1	50.00%	0	00.00%	0	00.00%

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1 - 2 of 2 Households

Note: * = Single member deceased household

Deceased Tenants Report By Contract XX000000000

HOH SSN: ***-**-9999 HOH Name: UNQWF JZONBZOLF HOH DOB: XX/XX/9999	Member SSN	Member Name	Member DOB	Member Deceased Date	Date Received by EIV
***-**-9999	UNQWF JZONBZOLF	XX/XX/9999	03/04/2008 *	04/02/2008	

HOH SSN: ***-**-9999 HOH Name: WB1 ZGVVWZ HOH DOB: XX/XX/9999	Member SSN	Member Name	Member DOB	Member Deceased Date	Date Received by EIV
***-**-9999	WB1 ZGVVWZ	XX/XX/9999	03/20/2007	04/02/2008	

1 - 2 of 2 Households

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

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ATTACHMENT 11– EIV SECURITY CHECKLIST**EIV SECURITY CHECKLIST**

SECURITY ASSESSMENT		
<i>Reviewers should review the Owner's/Agent's (O/A's) (1) security policies and procedures; (2) security and system access files; and (3) any other documents that will provide answers to the questions below. Reviewers may also want to conduct an interview with the O/A and/or other designated staff persons that have knowledge of the O/A's security procedures and policies and are able to respond to the questions below.</i>		
Questions – Place an “X” in the applicable box.	Yes	No
1. Does the O/A have a designated Security Office or equivalent?		
2. Does the O/A have a Security Policies and Procedures document?		
3. Does the O/A enforce security procedures?		
4. Does the O/A keep records and monitor security issues?		
5. Does the O/A conduct and document Security Awareness Training for EIV system users?		
6. Does the O/A maintain a record of all EIV system users and their assigned roles?		
7. Does the O/A ensure that each user has and uses his/her own user ID and password?		
8. Does the O/A maintain copies of signed and access authorization and rules of behavior/user agreement forms for all EIV system users and coordinators?		
9. Does the O/A maintain copies of the completed and signed Security Awareness Training Questionnaires for all EIV system users and coordinators?		
10. Does the O/A conduct a quarterly review of all EIV User Ids to determine if users still have a valid need to access UIV data? (EIV quarterly User Certification process)		
11. Does the O/A maintain a key control log to track the inventory of keys available for secure rooms, buildings or file cabinets?		
12. Does the O/A maintain a log of all destroyed EIV system documents or have a record retention policy?		
13. Does the O/A have valid (dated within the last 15 months) HUD-9887s in the reviewed tenant files?		
14. Does the O/A document the occurrence of all improper disclosures of EIV system information in writing or have a procedure to document improper disclosures?		
15. Does the O/A report any occurrence of unauthorized access or known security breaches to the designated HUD staff person(s) or have a procedure to report an occurrence of unauthorized access or known security breaches to the designated O/A/HUD staff persons(s)?		
16. What security methods does the O/A use to provide physical security of EIV system data? Check all that apply: () Restricted areas () Locked rooms	() Locked file cabinets () None	

<input type="checkbox"/> Other (please specify)		
17. How does the O/A dispose of EIV information once the data retention period has expired? Check all that apply. <input type="checkbox"/> Burn <input type="checkbox"/> Shred <input type="checkbox"/> Erase <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None		