



811 File Compliance Checklist

Development Name: _____

Inspection Date: _____ Compliance Specialist: _____

Household Name: _____

Unit Number: _____ Move-In Date: _____

Number of HH Members: _____ Unit Size: _____

Certification Type: _____ Certification Date: _____

MOVE IN
Indicate whether evidence of the following requirements is found in the tenant file. Note discrepancies.

Forms	Evidence in File		Comments
50059	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Existing Tenant EIV report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9887, 9887-A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HUD Acknowledgments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
VAWA Addendum	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Unit Inspection Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Certification of Age	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification from RI Housing of Program Eligibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sex Offender Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of Social Security Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lead Disclosure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was The Tenant Eligible at Move-In?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are recertifications completed on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has a 30-day notice of increase in rent been provided to the tenant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is The Correct Utility Allowance Used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is The Unit Size Appropriate for Household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reasonable Accommodation Form (If Applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



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INCOME VERIFICATION		
Indicate whether evidence of the following verifications is found in the tenant file. Note discrepancies.		
Forms	Evidence in File	Comments
Zero Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Recurring Gifts:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Income Verification MI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income Verification Recert:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Extremely Low Income at MI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ASSET VERIFICATION		
Indicate whether evidence of the following verifications is found in the tenant file. Note discrepancies.		
Forms	Evidence in File	Comments
Asset Disposition Statement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asset Verification MI:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Asset Verification Recert:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

MEDICAL EXPENSE VERIFICATIONS		
Indicate whether evidence of the following verifications is found in the tenant file. Note discrepancies.		
Forms	Evidence in File	Comments
Medical Reimbursement Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Medical Expenses Verification:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	