

**Management Review for  
Multi-Family Housing Projects**

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

OMB Approval No. 2502-0178  
Exp. 04/30/2018

**Tenant File Review Worksheet**

**Tenant File Review Worksheet**

**Instructions** Review the appropriate number of tenant files and complete a copy of this worksheet for each file reviewed. Indicate the initial move-in date in the appropriate box. Indicate by marking the appropriate box (Yes, No, or N/A) for each document available in the tenant file. For move-out and applicant rejections files, reviewer should only complete the pertinent sections.

**Name of Reviewer:** \_\_\_\_\_

**Type of Review:**     Applicant Rejection     Tenant Move-In     Tenant Move-Out     Certification/Recertification

**Effective date of certification(s) reviewed:** \_\_\_\_\_

**If this is a Certification or Recertification, check the certification type:**

Certification type:     Initial     Annual     Interim     Corrections     Other

Family Name: \_\_\_\_\_    Unit Number: \_\_\_\_\_    Move-in Date: \_\_\_\_\_

Bedroom Size:     0 Bedroom     1 Bedroom     2 Bedroom     3 Bedroom     4 Bedroom     5 or more Bedrooms

A. HOUSEHOLD INFORMATION		Comments:
1. Is the application complete, including the date and time received by the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Is there a form HUD-92006, "Supplement to Application for Federally Assisted Housing" in the files of tenants who applied after 12/14/2009? <b>Tenant completion of this form is optional.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
3. Are the EIV Existing Tenant Search results in the file along with contacts made as a result of the search? <b>Applicable to move-ins after January 31, 2010</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
4. Are the household members identified correctly? (as head, spouse, dependent, co-head, other adult(s), live-in aide, foster child and foster adult)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Is the unit size appropriate for household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Was this household's income eligible at move-in?  <b>(This question applies only to a tenant file move-in review.)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Over income? <input type="checkbox"/> Low income? <input type="checkbox"/> Very low income? <input type="checkbox"/> Extremely low income? <input type="checkbox"/>
7. If household was not income eligible at move-in, was an exception or waiver granted?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Is there a current HUD 9887/9887A Consent Form signed and dated by head, spouse, co-head regardless of age, and family members at least 18 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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<p>10. Is there an acknowledgement and/or signed document in the file indicating receipt by the tenant?</p> <ul style="list-style-type: none"> <li>o Lead based paint</li> <li>o Resident Rights and Responsibilities Brochure</li> <li>o EIV &amp; You Brochure</li> <li>o Fact Sheet on How Your Rent is Determined</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>11. Does the tenant file indicate that the owner/agent has taken the necessary steps to address any EIV reported receipt of multiple subsidies?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>12. Does the file contain documentation to verify discrepant personal identifiers, and/or subsidy paid, as reported on:</p> <ul style="list-style-type: none"> <li>EIV Multiple Subsidy Report?</li> <li>EIV Deceased Tenant Report?</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p><b>B. VERIFICATION</b> Have the following items been properly verified and documented?</p>		<p><b>Comments</b></p>
<p>1. Social Security numbers (except for those exempted by 24 CFR 5.216)?</p> <ul style="list-style-type: none"> <li>EIV Summary Report in file to validate SSNs?</li> <li>Exemption from SSN disclosure?</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>2. Eligible immigrant status or citizenship status?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>3. Criminal and drug screening?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>4. State lifetime sex offender registration check in each state where household members reported they have resided, and/or background checks conducted using a database that checks against all state registries?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>5. Other screening as disclosed in Tenant Selection Plan?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>6. Verification of:</p> <ul style="list-style-type: none"> <li>o Disability status?</li> <li>o Student status?</li> <li>o Ages of occupants?</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p><b>C. LEASE</b></p>		<p><b>Comments</b></p>
<p>1. Is the correct HUD model lease used?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>2. Is the original lease and subsequent leases or addenda signed and dated by the owner/agent, head, spouse, co-head, and all other adult members of the household?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. Are applicable attachments attached to the lease, e.g., house rules, pet rules, unit inspection report?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

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4. If security deposit is required, is it in the correct amount? If required, enter the amount here: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. If pet deposit required, is it in the correct amount? If required, enter the amount here: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
6. If pet deposit was paid in installments, was the payment schedule in accordance with the pet regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
7. Are there inspections in the file? Move-in (dated and signed by tenant and owner/agent)? Annual unit inspections?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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

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

		<b>Comments:</b>	
<b>All reported income and deductions verified and calculated correctly?</b>	<b>3rd Party Verification?</b>	<b>Amount Reported on 50059</b>	<b>Did income information on the 50059 agree with verified file information? If no, comment on discrepancies identified</b>
5. Wages	EIV Income Report <input type="checkbox"/>	\$	
	Traditional 3rd Party <input type="checkbox"/>	\$	
	Other <input type="checkbox"/>	\$	
	Not Verified <input type="checkbox"/>	\$	
	N/A <input type="checkbox"/>	\$	
6. Social Security benefits	EIV Income Report <input type="checkbox"/>	\$	
	Traditional 3rd Party <input type="checkbox"/>	\$	
	Other <input type="checkbox"/>	\$	
	Not Verified <input type="checkbox"/>	\$	
	N/A <input type="checkbox"/>	\$	
7. Unemployment benefits	EIV Income Report <input type="checkbox"/>	\$	
	Traditional 3rd Party <input type="checkbox"/>	\$	
	Other <input type="checkbox"/>	\$	
	Not Verified <input type="checkbox"/>	\$	
	N/A <input type="checkbox"/>	\$	

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

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17. Were income discrepancies reported on the EIV Income Discrepancy Report investigated, resolved and file documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
18. Has tenant entered into a written repayment agreement for monies due to the project?  If yes, does the plan contain the required information?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
19. Does file contain a re-certification as a result of new employment reported on the EIV New Hires Report?  If yes, is the new employment income included in the reported annual income?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>E. BILLING</b>		<b>Comments</b>
1. Does the assistance payment requested on the monthly billing (HUD-52670-A, Part 1) agree with the assistance payment on the applicable form HUD-50059?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
2. If required, have adjustments been made to the monthly billing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>F. MOVE-OUT FILE REVIEW ONLY</b>		<b>Comments</b>
1. Is there a move-out notice from tenant? If yes, Date of Notice: _____ Move-out date: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Is there a move-out inspection? If yes, enter the date of the inspection: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Was the security deposit refunded to the tenant within 30 days, or in accordance with state or local laws, whichever is shorter?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
4. Was an itemized list of damages and charges provided to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Were any additional charges paid by tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
6. Does the tenant move-out date on the voucher match the date the tenant vacated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>G. APPLICANT REJECTION REVIEW ONLY</b>		<b>Comments</b>
1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Was the reason for rejection provided in specific terms and in plain language?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
3. Did the rejection letter provide the applicant the right to appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Was the appeal processed and applicant notified of the appeal decision within five days of the meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	