

ANNUAL REEXAMINATION HOUSING SPECIALIST PROCEDURES CHECKLIST

Unusual or difficult situations should be escalated to supervisors for resolution. If an answer is not available right away, the problem should be noted and work should continue.

Participant Name: _____ ID #: _____

Appointment Date: _____ Housing Specialist: _____

IN FILE	COLLECTED AT INTERVIEW	ACTIONS/REQUIRED FILE DOCUMENTS	COMPLETED		
PREPARATION					
		SET UP FILE FOLDER	Y N		
		OBTAIN, REVIEW AND PRINT EIV REPORT; NOTE DISCREPANCY ON CHECKLIST	Y N		
		CALL HOH FOR EXPECTATIONS AND CLARIFICATIONS; SEND AD'L FORMS	Y N		
IN SOFTWARE					
		REVIEW SOFTWARE MEMOS	Y N		
		REVIEW MOST RECENT 50058/CALC SUMMARY - LOOK FOR FUTURE 58 TRANSACTION	Y N		
		REVIEW MEMBERS TURNING 18 BEFORE EFFECTIVE DATE	Y N		
		REVIEW LANGUAGE NEEDS IF APPLICABLE	Y N		
		REVIEW REASONABLE ACCOMODATION IF APPLICABLE	Y N		
		CHECK STATUS (CURRENT, NOTICE, EVICT, PAST)	Y N		
		CHECK SUBSIDY SCREEN FOR ABATEMENTS, HOLDS, 18 MONTH ISSUES AND DATE LEASE ENDS	Y N		
FILE DOCUMENTS					
Y	N	GOVT ISSUED PHOTO ID FOR EACH ADULT FAMILY MEMBER	Y N		
Y	N	VERIFICATION OF SSN FOR ALL HOUSEHOLD MEMBERS	Y N		
Y	N	BIRTH CERTIFICATE OR PROOF OF AGE FOR ALL HOUSEHOLD MEMBERS IF BIRTH CERTIFICATE NOT AVAILABLE	Y N		
Y	N	CITIZENSHIP DOCUMENTS FOR ALL FAMILY MEMBERS	Y N		
Y	N	CHECK DOCUMENTS FOR DISCREPANCIES IN INFO; IF MISSING, SEE PROCEDURE	Y N		
Y	N	>CURRENT VOUCHER	Y N		
Y	N	>CURRENT REQUEST FOR TENANCY APPROVAL (RTA)	Y N		
Y	N	>CURRENT LEASE	Y N		
Y	N	>CURRENT CONTRACT	Y N		
Y	N	>>VERIFY UTILITY ALLOWANCE FUEL TYPE & RESPONSIBILITIES ON HAP	Y N		
Y	N	>RENT REASONABLENESS & RENT TO OWNER (IS RENT SUPPORTED BY RENT REASONABLENESS)	Y N		
Y	N	>CURRENT AND INITIAL INSPECTION	Y N		
Y	N	>>VERIFY STRUCTURE TYPE & BEDROOM SIZE	Y N		
Y	N	>>VERIFY STRUCTURE TYPE IS SUPPORTED BY RENT REASONABLENESS	Y N		
Y	N	>>VERIFY UA FACTORS ARE CONSISTENT ON HAP CONTRACT, INSPECTION & RTA	Y N		
Y	N	DISCLOSURE OF INFORMATION FOR PRE-1978 HOUSING RENTAL AND LEASES	Y N		
Y	N	DISCLOSURE OF INFORMATION FOR ELEVATED BLOOD LEVEL FOR CHILD UNDER 6	Y N		
DAY BEFORE INTERVIEW					
Y	N	REVIEW SOFTWARE MEMOS; LOOK FOR CALL-INS	Y N		
Y	N	COMPLETE INTERVIEW FOLDER; COMPLETE CHECKLIST TO DATE	Y N		
Y	N	PREPARE EXTRA COPIES OF REQUIRED HUD AND PHA FORMS	Y N		
INTERVIEW ROOM					
Y	N	Y	N	VERIFY ALL ADULT MEMBERS PRESENT; IF NOT, SET 2ND APPOINTMENT	Y N
Y	N	Y	N	>VIEW PICTURE IDS OF ALL ADULT MEMBERS; COPY ANY MISSING IDS	Y N
Y	N	Y	N	>VERIFY ADDRESS, PHONE NUMBERS AND EMAIL; UPDATE IN SOFTWARE	Y N
Y	N	Y	N	ENSURE DOCUMENTS ARE PRESENT, COMPLETED, SIGNED AND DATED	Y N
Y	N	Y	N	>APPLICATION FOR CONTINUED ELIGIBILITY	Y N

Y	N	Y	N	>SUPPLEMENT (HUD-92006)	Y	N
Y	N	Y	N	>DEBTS OWED FORM (ALL ADULTS IN HOUSEHOLD INCLUDING LIVE-IN AIDE)	Y	N
Y	N	Y	N	>CRIMINAL BACKGROUND RELEASE FORMS (ALL ADULTS IN HH INCLUDING LIVE-IN AIDE)	Y	N
Y	N	Y	N	>>RUN CRIMINAL BACKGROUND CHECKS	Y	N
Y	N	Y	N	>HUD-9886 (ALL ADULTS IN FAMILY)	Y	N
Y	N	Y	N	>CITIZENSHIP DECLARATION FORM (ALL FAMILY MEMBERS NOT IN FILE)	Y	N
Y	N	Y	N	OBTAIN SIGNATURES ON ALL MISSING DOCUMENTS IDENTIFIED IN PRE-INTERVIEW REVIEW	Y	N
Y	N	Y	N	BASED ON ACE, COLLECT APPLICABLE VERIFICATION DOCUMENTS - SIGNATURE AND DATE	Y	N
Y	N	Y	N	COPY DOCUMENTS PROVIDED BY FAMILY	Y	N
Y	N	Y	N	OBTAIN SIGNATURE ON THIRD PARTY VERIFICATIONS WHERE NEEDED	Y	N
Y	N	Y	N	>IF APPLICABLE: FULL-TIME STUDENT STATUS VERIFICATION	Y	N
Y	N	Y	N	>IF APPLICABLE: MEDICAL EXPENSES VERIFICATION	Y	N
Y	N	Y	N	>IF APPLICABLE: DISABILITY ASSISTANCE EXPENSES VERIFICATION	Y	N
Y	N	Y	N	>IF APPLICABLE: CHILD CARE EXPENSE VERIFICATION	Y	N
Y	N	Y	N	>IF APPLICABLE: ZERO INCOME AFFIDAVIT IF ADULT IS ZERO INCOME	Y	N
Y	N	Y	N	>IF APPLICABLE: ZERO INCOME QUESTIONNAIRE IF ENTIRE FAMILY IS ZERO INCOME	Y	N
Y	N	Y	N	PROVIDE OUTSTANDING DOCUMENTS LIST (RECEIPT) TO FAMILY	Y	N
				CONFIRM INCOME ON ACE, EIV AND TENANT-PROVIDED DOCUMENTS	Y	N
				DISCUSS POLICY CHANGES SINCE LAST REEXAM	Y	N
Y	N	Y	N	NOTE SOFTWARE INTERVIEW STATUS (I.E. NO SHOW, INTERVIEW ATTENDED, ETC.)	Y	N
AFTER INTERVIEW						
Y	N			SEND OUT ADDITIONAL DOCUMENTS REQUEST LETTER IF APPLICABLE	Y	N
Y	N			SEND OUT 2ND & FINAL APPOINTMENT LETTER IF APPLICABLE	Y	N
Y	N			SEND OUT THIRD PARTY VERIFICATION FORMS IF APPLICABLE	Y	N
				DOCUMENT SOFTWARE MEMOS	Y	N
				REVIEW CRIMINAL BACKGROUND CHECKS	Y	N
Y	N			>PRINT OUT ANY CONDITIONAL/DENIED BACKGROUND CHECKS FOR SUPERVISORY REVIEW	Y	N
				>IF DENIED BY SUPERVISOR, SEND ITT AND NOTE STATUS IN SOFTWARE; CHECK IN 10 DAYS	Y	N
SOFTWARE						
				VERIFY HEAD OF HOUSEHOLD, ADDRESS, PHONE AND EMAIL ARE ALL CORRECT	Y	N
				VERIFY STATUS IS CORRECT	Y	N
				VERIFY CASEWORKER AND PROGRAM	Y	N
				ENTER REEXAMINATION ACTION CODE & EFFECTIVE DATE	Y	N
				VERIFY FAMILY MEMBERS ARE ALL IN SOFTWARE & CHECK DOBS, SSNS, AND NAMES	Y	N
				CHANGE NEXT REEXAM DATE	Y	N
				CHECK \$50 MIN RENT	Y	N
				VERIFY AND ENTER ALL ASSETS IN SOFTWARE	Y	N
				VERIFY AND ENTER ALL INCOME ON EIV (SSI, SS)	Y	N
				ENTER/VERIFY ALL NON-EIV INCOME; SEND VERIFICATIONS AS NEEDED	Y	N
				>IF APPLICABLE, CALL RE FOOD STAMPS AND TANF AND ENTER DATES	Y	N
				>IF APPLICABLE: INPUT & VERIFY STUDENT STATUS FOR ADULTS	Y	N
				>RUN INCOME REVIEW REPORT TO CHECK ALL INCOME-RELATED DATA	Y	N
				ENTER/VERIFY ALL EXPENSES; SEND VERIFICATIONS AS NEEDED	Y	N
				>IF APPLICABLE: INPUT & VERIFY MEDICAL EXPENSES	Y	N
				>IF APPLICABLE: INPUT & VERIFY DISABILITY EXPENSES	Y	N
				>IF APPLICABLE: INPUT & VERIFY CHILD CARE EXPENSES	Y	N
				>RUN EXPENSE REVIEW REPORT TO CHECK ALL EXPENSE DATA	Y	N
Y	N			REVIEW CALCULATION SUMMARY SHEET TO ENSURE ALL DATA HAS BEEN ENTERED	Y	N
Y	N			UPDATE AND PRINT VERIFICATION SCREENS FOR EACH SOURCE; SHOW ALL CALCULATIONS	Y	N

		UPDATE SOFTWARE MEMOS FOR ALL CALCULATIONS	Y	N
		ENSURE VERIFICATION LETTERS WERE PRINTED AND MAILED WITHIN 48 HRS OF INTERVIEW	Y	N
		OBTAIN OUTSTANDING DOCUMENTS WITHIN 5 DAYS OF INTERVIEW	Y	N
		REVIEW VOUCHER SCREEN	Y	N
		> VERIFY NUMBER OF BEDROOMS ON VOUCHER	Y	N
		>>UPDATE VOUCHER SIZE PER FAMILY COMPOSITION	Y	N
		>REVIEW IF FAMILY IS MOVING TO UNIT = "NO" CHECKED IF APPLICABLE	Y	N
		>REVIEW PAYMENT STANDARD FOR ACCURACY	Y	N
		REVIEW UTILITY ALLOWANCE ACCURACY	Y	N
		>VERIFY STRUCTURE TYPE ON MOST RECENT INSPECTION MATCHES 50058	Y	N
		> VERIFY NUMBER OF BEDROOMS IN UNIT; ENSURE MATCHES INSPECTION REPORT	Y	N
		> REVIEW OVERRIDES &A DEFAULTS IF NOT MATCHING	Y	N
		>VERIFY RESULTING INFO FOR RENT PORTION CHANGES	Y	N
Y	N	>IF HAP EQUALS ZERO, SEND OUT ZERO HAP LETTER	Y	N
		SAVE SOFTWARE SCREENS IF NECESSARY	Y	N
		ADD 50058	Y	N
		>ENSURE CORRECT MIN RENT HAS BEEN PICKED UP ON 50058	Y	N
		>ENSURE CORRECT CASEWORKER ID	Y	N
		>CHECK NEXT REEXAM DATE; VERIFY ANNUAL DATE IS ENTERED	Y	N
		SAVE 50058 & APPROVE	Y	N
		CHECK SUBSIDY SCHEDULE FOR CORRECT HAP & EFFECTIVE DATE	Y	N
Y	N	PRINT & SEND RENT ADJUSTMENT LETTERS TO OWNER/TENANT	Y	N
Y	N	FILE DOCUMENTS	Y	N
		DOCUMENT SUCCESSFUL REEXAMINATION IN SOFTWARE	Y	N
		FORWARD FILE TO SUPERVISOR FOR APPROVAL	Y	N

RECERTIFICATION COMPLETION DATE: _____

HOUSING SPECIALIST SIGNATURE: _____

REVIEWER SIGNATURE: _____

NOTES: