HOUSEHOLD Income Certification File Review Worksheet

Please use the back of the form for additional notes or calculations if necessary.

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| **Date of Review:** **Name of Reviewer:** [ ]  **Tenant**[ ]  **Home Buyer or Homeowner****Grantee:****Phone:**  |
| **Project #** **Address or Unit #**       |
| **Number of Bedrooms**       **Rent** $     OR **Sales Price** $     [ ] Check if currently VACANT |

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| Application: |
| Was application complete? All spaces completed, Signed and Dated [ ]  **Y** or [ ]  **N** |
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| List the date the application was signed       |
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| Were there any zero income adult household members? (no employment or unearned income)[ ]  **Y** or [ ]  N List names of persons with zero income:      |

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| Household Members: |
| HOH:       DOB:      Marital Status:       Student Status: [ ] Y [ ]  N [ ]  PT [ ]  FT |
| List Co-Head/Spouse/Adult Members: |
| 1. DOB:      Marital Status:       Student Status: [ ] Y [ ]  N [ ]  PT [ ]  FT
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| 1. DOB:      Marital Status:       Student Status: [ ] Y [ ]  N [ ]  PT [ ]  FT
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| 1. DOB:      Marital Status:       Student Status: [ ] Y [ ]  N [ ]  PT [ ]  FT
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| **Total # in Household**        |

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| Income Certification |
| Effective DateMove-in Date (if applicable): |
| Total Income (A): $       |
| Total Income from Assets (B): $       |
| **TOTAL Household Income (A) plus (B):**  |
| Did all adults sign and date application? [ ]  **Y** or [ ]  **N Date(s) Signed:**  |

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| Income Eligibility:**Current Income Limit per Family size: $** Household meets restrictions at **%**  |
| *RENT (if applicable):*Tenant paid rent: $      Rent Assistance: $     Utility Allowance: $     **GROSS RENT:** $     Unit meets rent restrictions at:      %**Maximum Rent Limit for Unit: $** |
| *Indicate if the rent (less UA), rent assistance and other non-optional charges are consistent with the lease?* [ ]  **Y** or [ ]  **N**   |

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| **LIST ALL INCOME and ASSET VERIFICATIONS:** **Source, calculations and comments:****(NOTE: List Date of Hire and List YTD through Date for employment verifications)** | **Verification Type** | **If no 3rd party verification. Was a** **3rd Party Verification Attempted and Documented?** | **Verification Date****mm/dd/yy** |
| 1. **Source:**
 | [ ]  3rd Party [ ]  Review of Documents [ ]  Self Cert.[ ] None  | [ ]  Yes[ ]  No[ ]  N/A |       |
| 1. **Source:**
 | [ ]  3rd Party [ ]  Review of Documents [ ]  Self Cert.[ ] None  | [ ]  Yes[ ]  No[ ]  N/A |       |
| 1. **Source:**
 | [ ]  3rd Party [ ]  Review of Documents [ ]  Self Cert.[ ] None  | [ ]  Yes[ ]  No[ ]  N/A |       |
| 1. **Source:**
 | [ ]  3rd Party [ ]  Review of Documents [ ]  Self Cert.[ ] None  | [ ]  Yes[ ]  No[ ]  N/A |       |
| 1. **Source:**
 | [ ]  3rd Party [ ]  Review of Documents [ ]  Self Cert.[ ] None  | [ ]  Yes[ ]  No[ ]  N/A |       |
| 1. **Source:**
 | [ ]  3rd Party [ ]  Review of Documents [ ]  Self Cert.[ ] None  | [ ]  Yes[ ]  No[ ]  N/A  |       |
| **Review Totals**: **Total Income $** **+ Total Income from Assets $** **= TOTAL GROSS INCOME $***Was the correct Income Limit per Family size used?*[ ]  **Y or** [ ]  **N If No, explain:** *Were the correct Rent + Utility Allowance used for bedroom size?*[ ]  **Y or [ ]  N If No, explain:**  |

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| Verification Review: |  |
| Were all verifications obtained within 120 days of move-in or effective date of recertification? | [ ]  **Y** or [ ]  **N** |
| Did all households certify whether or not they disposed of assets during the past two years? | [ ]  **Y** or [ ]  **N** |
| Did the owner obtain the household’s consent for release of information specifically for each identified 3rd party source so verification attempts could be made?(Blank verification forms should not be used or found in the file due to privacy laws.) | [ ]  **Y** or [ ]  **N** |
| Did all zero income household members complete the **required** Zero Income Certification form? (The household member must answer all questions on the form) | [ ]  **Y** or [ ]  **N** [ ]  **N/A** |
| Is the file organized? | [ ]  **Y** or [ ]  **N** |