

TBRA

CLIENT NAME: _____

CLIENT ADDRESS: _____

TENANT INFORMATION (24 CFR 35, HHB Section 4 & OCD 13-02)

APPLICATION DATE:		LEAD BASED PAINT NOTICE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NUMBER IN HOUSEHOLD:		FAIR HOUSING NOTICE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PROOF OF OWNERSHIP	YES <input type="checkbox"/> NO <input type="checkbox"/>	CONFLICT RESOLUTION RECEIVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

TENANT INCOME VERIFICATION (HOME Rule 92)

WHAT METHOD WAS USED: <input type="checkbox"/> 24 CFR PART5 <input type="checkbox"/> IRS FORM 1040						
HOUSEHOLD MEMBER:	AMOUNT:	MULTIPLIER	ANNUAL AMOUNT:	DATE:	TYPE OF SOURCE DOCUMENTATION:	3RD PARTY:
	\$	X	\$			<input type="checkbox"/>
	\$	X	\$			<input type="checkbox"/>
	\$	X	\$			<input type="checkbox"/>
	\$	X	\$			<input type="checkbox"/>
	\$	X	\$			<input type="checkbox"/>
	\$	X	\$			<input type="checkbox"/>
	\$	X	\$			<input type="checkbox"/>
	\$	X	\$			<input type="checkbox"/>
TOTAL ANNUAL HOUSEHOLD INCOME:			\$	INCOME THRESHOLD:	\$	

TENANT ELIGIBILITY QUESTIONS

WERE TWO MONTHS WORTH OF INCOME VERIFICATION DOCUMENTS COLLECTED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TOTAL HOUSEHOLD ANNUAL INCOME IS WITHIN MAXIMUM THRESHOLD:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
INCOME WAS VERIFIED WITHIN 6 MONTHS OF THE DATE OF ASSISTANCE (CONTRACT DATE):	YES <input type="checkbox"/>	NO <input type="checkbox"/>

TENANT BASED RENTAL ASSISTANCE

WERE GROSS RENTS CALCULATED (CONTRACT RENT + UTILITY ALLOWANCE):	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
WAS THE MINIMUM TENANT CONTRIBUTION POLICY FOLLOWED WHEN DETERMINING RENT SUBSIDY:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
WAS A LEASE EXECUTED BETWEEN THE LANDLORD AND TENANT THAT MEETS THE REQUIREMENTS OF 24 CFR 92.209 (G)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>