

INDIVIDUAL TENANT RECORD

NAME: _____

ADDRESS: _____

	YES	NO	N/A
Is the tenant's application on file? Date: _____ Move in date: _____ Household size: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is income verified? Source: _____ Total income: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages: _____ Child Support: _____ Other income: _____			
Is income within required guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a completed lease agreement? Date: _____ Effective: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a signed Lead-Based Paint Disclosure (RH-5)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there utility allowances for the unit? Amount: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the rent within HOME rent limits? # of bedrooms: _____ Rent: _____ Effective: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High rent: _____ - _____ (U. A.) = _____			
Low rent: _____ - _____ (U. A.) = _____			
Is this a Section 8 tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Recertification (If applicable) completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years 2 - 5, was at least a tenant cert. of income in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 6, was verification of income in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CM Initials: _____

Date: _____

