RENTAL HOUSING PROGRAMS

Property Owner: _____

Property Address: _____

Number of Units: _____

	YES	NO	N/A
If this is a third-party rental, is there a subrecipient agreement?	☐	☐	☐
Are there rental policies or a management plan which have been adopted for the operation of the rental program?	☐	☐	☐
How are waiting list maintained?			
Is there an established tenant selection process with policies available to applicants?	☐	☐	☐
Is there documentation to demonstrate that the selection process is being followed?	☐	☐	☐
Is there adequately trained staff to determine tenant eligibility?	☐	☐	☐
Is the Grantee taking appropriate steps to ensure that composition of units meets income guidelines for initial and long-term occupancy?	☐	☐	☐
For Multi-family projects, is the level of HOME Subsidy within State Limits? Number of units:_____ Total HOME subsidy: _____	☐	☐	☐
Is there a 12-month lease with tenant protections?	☐	☐	☐

RENTAL HOUSING REHABILITATION OR NEW CONSTRUCTION

	YES	NO	N/A
Site Specific Checklist, if applicable?	☐	☐	☐
Are contracts and work write-ups on file?	☐	☐	☐
Contractor Bid Tabulation? (list contractors/bids)	☐	☐	☐
Contractor's Certification of eligibility to participate?	☐	☐	☐
Contract for Rehabilitation or Construction? Contractor Name: Date: _____ Amount:_____	☐	☐	☐
Non-Kickback Certification?	☐	☐	☐
Notice to Proceed?	☐	☐	☐
Dates of Inspection Reports?	☐	☐	☐

Change orders: #1 #2 #3 Final Amount:	☐	☐	☐
Final Invoice, Release of Liens and Warranty?	☐	☐	☐
Certification of Completion and Final Inspection? Date:_____ Amount: _____	☐	☐	☐

Copies of cancelled checks to contractors:	☐	☐	☐
Check #: Amount#: Date: Check #: Amount#: Date: Check #: Amount#: Date: Check #: Amount#: Date: Check #: Amount#: Date: Check #: Amount#: Date: Check #: Amount#: Date: Check #: Amount#: Date: Check #: Amount#: Date:			
Receipt of final payment?	☐	☐	☐
Grant Note (Promissory note) Date:_____ Amount: _____	☐	☐	☐
Recorded Deed of Trust? Book: ____ Page(s): _____ Date:_____ Amount: _____	☐	☐	☐
Recorded Restrictive Covenant? Affordability Period: _____years Book: _____ Page(s) _____ Per unit HOME subsidy:_____	☐	☐	☐
Site Visit?	☐	☐	☐
Does the completed work appear to be satisfactory and consistent with the contract/work write-ups?	☐	☐	☐

LEAD-BASED PAINT REQUIREMENTS			
RH-5: Disclosure of information on LBP?	☐	☐	☐
Visual assessment of all painted surfaces by qualified inspector or Risk Assessment	☐	☐	☐
LBP-3: Clearance Report?	☐	☐	☐

Level of HOME Subsidy within State Limits? Number of Bedrooms: Home Subsidy:	☐	☐	☐

INDIVIDUAL TENANT RECORD

NAME: _____

ADDRESS: _____

	YES	NO	N/A
Is the tenant's application on file? Date: Household size:	☐	☐	☐
Is total household income verified? Date of verification: _____ Amount: _____ Source: _____ Date of re-certified: _____ Amount: _____ Source: _____	☐	☐	☐
Is income within required guidelines? County Program Limit for household size:	☐	☐	☐
Is there a completed lease agreement? Original Lease Date from:_____ to _____ Amount: _____ Renewal Lease Date from: _____ to _____ Amount: _____	☐	☐	☐
Fair Housing-Equal Opportunity for All Notice (EO-8)?	☐	☐	☐
Is there a signed Lead-Based Paint Disclosure (RH-5)?	☐	☐	☐
Utility Allowances for this unit? Amount: _____ Date:_____Applicable HUD utility allowance for this unit: _____	☐	☐	☐
Is the rent within HOME rent limits? # of bedrooms: Current rent charged for this unit: _____ HUD HOME rents for this unit: _____	☐	☐	☐