**HCV – ANNUAL REVIEWS**  Head of Household: ________________________________

**AR Forms**
- Personal Declaration
- Release of Information HUD 9886
- ADA form
- LEP form
- Upfront/Third Party income verification
- Asset verification, if applicable
- Medical expenses verification, (incurred and project what they will be paying), if applicable
- Childcare expense verification, if applicable
- Student Eligibility Checklist with student status and financial aid verification, if applicable

**Key AR Certification**
- New lease: change Lease Start Date in Elite
- Update VPS Locality and FMR Region by tier in Unit Entry
- In Elite’s Unit Entry update the Utilities, if applicable
- Key the Annual Review Certification; check for accuracy of names, SSNs, birthdates, citizenship fields, income, assets, deductions, veteran status, homeless at admission, contract rent, etc.
- Print Notice of Rent & Resident Worksheet; mail both to HOH. Only mail notice of rent to owner. Add notice of rent page 2 and SAFMR Impact letter, if applicable.

**File Review**
- Proof of identity/proof of birth and SSN for all HH members
- Disability verification, if applicable
- 214 Immigration Status forms
- HUD_52675 Debts owed & Terms form for each adult
- Reporting/Drug form/Lead based
- RHIIP for each adult
- Resident Information: phone, lease start date, contract signed date, deposit, increment number and size, etc.
- Hot List items: language and interpreter, ROI, SPV ROI, Optional Contact
- If FSS, email FSS Specialist and receive confirmation before keying cert

**Check if applicable**
- EID: ___100% ___50% ___None
  Mandatory IR date: ______________
- Review system-generated adjustments and/or create manual adjustments (Delayed Review letter)
- Minor becomes an adult by the effective date of the AR? Missing info letter: picture ID/ROI/Debts Owed/FT Student verification
- IR needed (attach checklist)
- $0 HAP: Over income letter (set Outlook alert)

**Notes:**
______________________________________________________________

Review Completed by PHS (sign & date): ____________________________

Revised by PHS (reason, sign, & date): _____________________________

Bedroom size:  0  1  2  3  4  5  6  7  8
Voucher size:  0  1  2  3  4  5  6  7  8
Building Type: Duplex  Highrise  Lowrise  Single family  Townhouse

<table>
<thead>
<tr>
<th>SAFMR</th>
<th>01/01/2020</th>
<th>01/01/2021</th>
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<tbody>
<tr>
<td>Tier</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>Impacted next A/R</td>
<td>Y</td>
<td>N  Y</td>
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<tr>
<td>PS at next A/R</td>
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**A/R Effective Date:** ________________

Y:\0245_SBP\HCV\Checklists, file order, volume directory Revised 11/2019
HCV – INTERIM REVIEWS

Head of household______________________________

What type of special review is this (check all that apply)?

□ Increase in HH income (30day notice if $0 income)  □ Decrease in HH income
□ Contract rent/UE increase/decrease  □ HH composition change
□ Other/EID: ________________________________

Income/Asset/Expense Changes

□ Change of Income or Household Conditions or written request
□ EIV and other applicable income verifications
□ Verification of childcare expenses being reported; re-verify if circumstances have changed
□ Asset verification ($5,000 or more)
□ Student Eligibility Checklist with student status and financial aid verification, if applicable
□ Medical expenses
□ EID eligibility: create new or update existing

Household Composition Changes

□ Removal: written notification of move out (send the Rent Increase/Bedroom Decrease if applicable)
□ Request to Add a HH Member or Live In Aide
□ Verification of original SSN and immigration status, and ID (adults) or birth certificate (minors)
□ All additions: EIV Existing Tenant Search, immigration declaration (if non-citizen, Homeland Security check)
□ Adults and/or LIA:
  ○ Criminal Check
  ○ Elite compliance check, HPHA debt, EIV Debts Owed & Terms, RHIIP, EIV Former and Existing Tenant Search
  ○ Adults only: Release of Info, EIV Debts Owed/Terms
□ New head of household:
  ○ Lease (and HAP Contract if new addition)
  ○ Release of Info, Reporting/Drug, Part. Obligations
  ○ Declaration of 214 form
  ○ Volume Directory & file label

Key the Certification

□ If FSS, email FSS caseworker for confirmation before keying cert
□ Resident Information: phone, language & interpreter, lease start date, deposit, increment number/type/size, Hot List items, etc.
□ Check for accuracy of names, SSNs, birthdates, citizenship fields, income, assets, deductions, veteran status, homeless at admission, contract rent, minors who have become adults, etc.
□ Over Income Notification (set Outlook alert)
□ Contract Rent/Utility Change
  ○ Rent Reasonableness
  ○ New lease: change Lease Start Date in Elite
  ○ Utility change
□ 50058 Validated & Completed
□ Review adjustments and/or create manual adjustments
□ Enter an Elite Note with Interim reason and effective date
□ Print Notice of Rent and Resident Worksheet. Add page 2 and Delayed Review letter, if applicable

Notes:

________________________________________________________

________________________________________________________

Completed by: ____________________________ Date: ________________

Interim effective: ____________________________
### Sample Tenant File Review Summary Report

**Service Provider:**

**Reviewer Name:**

**Contract No.:**

**Report Date:**

<table>
<thead>
<tr>
<th>Tenant Name (Last, First)</th>
<th>Last 4 Digits of SSN</th>
<th>QC Review Completion Date</th>
<th>Accurate Selection of Tenant from Waitlist Yes or No</th>
<th>Reasonable Rent Determination Yes or No</th>
<th>Correct Determination of Adjusted Income Yes or No</th>
<th>Completion of a HQS Quality Control Inspection Yes or No</th>
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**Sample 2021 Tenant Income Recertification File Quality Control Log**

<table>
<thead>
<tr>
<th>Tenant Name (Last, First)</th>
<th>Last 4 Digits of SSN</th>
<th>Effective Date</th>
<th>File Type (New Admission or Recertification)</th>
<th>Date Received</th>
<th>Completion Date</th>
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