

Date: _____

**APPROVAL / DENIAL CHECKLIST
RECERTIFICATION**

Pages: _____ + cover sheet

Resident: _____ NAHASDA Unit #: _____ Expiration Date: _____

- | | | | |
|------------------------------|-----------------------------|--------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 1. Recertification Application - Complete & Signed by all adult residents |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 2. Income/Expense Checklist and/or Non-Income Documentation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 3. 3 rd Party Verifications (Income, SSI, TANF, Childcare, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 4. 3 rd Party Asset Verification (Checking/Saving Accounts, Bonds, etc. w/calculation tape) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 5. Calculation Worksheet with calculation tape |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 6. Income Guideline and current Rent Schedule |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 7. Asset Current & Disposed, Divestiture of Assets |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 8. Current Consent for Release form, or HUD-9887/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 9. Page 1 and 2 of Lease |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 10. Page 1 and 2 of Certification 3560-8 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 11. Sex Offender checks (Dru Sjodin) on all adult household members |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 12. Student Certification and Financial Aid information if applicable |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 13. Most recent recertification 3560-8 or initial and income to back it up |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 14. Copy of Unit Inspection sheet conducted with resident |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 15. Add On screening/verification or Vacated Family Member form |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 16. Rent Increase? If yes, 30 Day Notice of Rent Increase |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 17. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | 18. |

Reviewed by: _____ Assistant Manager

Date: _____

Reviewed by: _____ Manager

Date: _____

Application incomplete due to:

- ☐ _____
- ☐ _____
- ☐ _____

Reviewed by: _____, Assistant Compliance Manager Date: _____

☐ Approved / Denied ☐ by: _____, Compliance Manager Date: _____