

Application Checklist

Use this document to determine if the required eligibility information is included on the application. The information below may or may not be required depending on the contract type.

On App?	Type of Information	On App?	Type of Information
<input type="checkbox"/>	Household characteristics – name, sex, age, disability status (only where necessary to establish eligibility) of each household member, need for an accessible unit, and race/ethnicity of head of household <i>4350.3 Revision 1, C2, P– 3-14-B-1 Note key word “should” when checking this reference.</i>	<input type="checkbox"/>	Screening information – prior landlords, credit, and drug and criminal history consistent with the property’s resident selection policies <i>4350.3 Revision 1, C2, P– 3-14-B-6 Note key word “should” when checking this reference.</i> <input type="checkbox"/> Evicted in the last three years from federally assisted housing for drug-related criminal activity. (required) <i>4350.3 Revision 1, C2, P– 4-7-C-2-a</i> <input type="checkbox"/> Current Drug Use <i>4350.3 Revision 1, C2, P– 4-7-C-2-b</i> <input type="checkbox"/> Sex offender <i>4350.3 Revision 1, C2, P– 4-7-C-2-c</i> <input type="checkbox"/> Prior landlord
<input type="checkbox"/>	General household contact information – address, phone number <i>4350.3 Revision 1, C2, P– 3-14-B-2 Note key word “should” when checking this reference.</i>	<input type="checkbox"/>	Student Enrolled in an Institute of Higher Education (full time or part time)
<input type="checkbox"/>	Source(s) and estimate(s) of household’s anticipated annual income and assets; <i>4350.3 Revision 1, C2, P– 3-14-B-4 Note key word “should” when checking this reference.</i>	<input type="checkbox"/>	Marketing information to understand how the applicant heard about the property <i>4350.3 Revision 1, C2, P– 3-14-B-6 Note key word “should” when checking this reference.</i>
<input type="checkbox"/>	Citizenship declaration (see Exhibit 3-5) and verification consent forms (see Exhibit 3-6). (This is not required for 221(d)(3) BMIR (without Section 8 or any other assistance), 202 (without Section 8), 202 PAC, 202 PRAC, and 811 PRAC properties that have no other subsidy); <i>4350.3 Revision 1, C2, P– 3-14-B-5 Note key word “should” when checking this reference.</i>	<input type="checkbox"/>	<i>Identification of the approved preferences, if HUD approval is required, for which the household qualifies (only if preferences are used at the property); 4350.3 Revision 1, C2, P– 3-14-B-3 Note key word “should” when checking this reference.</i> <input type="checkbox"/> Involuntary Displacement (if applicable) <input type="checkbox"/> Existing Resident (if applicable) <input type="checkbox"/> Victim of Domestic Violence (if applicable) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<input type="checkbox"/>	Birth Date	<input type="checkbox"/>	Currently Receiving Assistance from HUD (Tenant-based or Project-based)
<input type="checkbox"/>	Social Security Number	<input type="checkbox"/>	Single Residence
<input type="checkbox"/>	Total Number Household Members	<input type="checkbox"/>	Other _____

