

# Move-In Master File Checklist- LIHTC

Property: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Unit Size: \_\_\_\_\_ Unit #: \_\_\_\_\_

## CHECKLISTS

Form Name	PPMG
_____ Move-In File Checklist	17a

*Check all that apply:*

<input type="checkbox"/> TC	<input type="checkbox"/> BD	<input type="checkbox"/> HM	<input type="checkbox"/> Other
(Set Aside)	(Set Aside)	(high/low)	
<input type="checkbox"/> SHP	<input type="checkbox"/> S&C	<input type="checkbox"/> AHP/M HP	<input type="checkbox"/> S8
<input type="checkbox"/> 202	<input type="checkbox"/> 811	<input type="checkbox"/> 236	<input type="checkbox"/> HCD/RHCP
Homeless/at risk			

## INSPECTIONS TAB

Form Name	PPMG
_____ Unit Inspection report-Move-In	71

## LEGAL DOCUMENTS

Form Name	PPMG
_____ House and Ground Rules-TC	63TC
_____ Policy Regarding Pets (If App.)	36
_____ Lease Addendum -PA	121
_____ Lease Rider Resident Notification Letter	35
_____ HUD VAWA Lease Rider (HUD - 91067)	
_____ Rental Agreement	61

## NOTICE AND CORRESPONDENCE

Form Name	PPMG
_____	

## FINANCIAL DATA

Form Name	PPMG
_____ Bank Note-Security Deposit	

## MI TAB

*Include the mandated form pertaining to your State*

Form Name	PPMG
<input type="checkbox"/> Income Certification (TIC, IC HEC, etc.)	116
<input type="checkbox"/> Race/Ethnicity Data Form (If app.)	
<input type="checkbox"/> Tenant/Resident Release and Consent	24
<input type="checkbox"/> TICQ/ Income Certification Checklist/REA	117
<input type="checkbox"/> Income Verifications	
<input type="checkbox"/> Asset Verifications	
<input type="checkbox"/> Child Support Affidavit	131
<input type="checkbox"/> Child/Spousal Sup. Ver. (If App.)	128
<input type="checkbox"/> Income Calculation Sheet	127
<input type="checkbox"/> Student Certification	120
<input type="checkbox"/> Student Verification (If App.)	122/123
<input type="checkbox"/> Under 5,000 Asset Certification	118
<hr/>	
<input type="checkbox"/> Landlord Referral(s)	205
<input type="checkbox"/> Institution/Agency Reference	206
<input type="checkbox"/> Home Visit (w/MapQuest)	31
<input type="checkbox"/> 3rd Party Housing Provider	207
<input type="checkbox"/> Income Tax Returns	
<input type="checkbox"/> Tax Return Request & Response	4506T
<hr/>	
<input type="checkbox"/> Copy of SSN Card(s)	
<input type="checkbox"/> Copy of Driver's License/ID's	
<hr/>	
<input type="checkbox"/> Credit/Criminal Report	
<input type="checkbox"/> Consent & Release for Criminal	4
<hr/>	
<input type="checkbox"/> Original Application	2TC

- During application
- During Interview
- Prior MI
- During MI

All items in orange/yellow/blue must be submitted at the time of file approval. Items in blue not have to be signed by applicant until MI. Items in green area must be done at timr of MI.

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Incomplete:  Date: \_\_\_\_\_  
 Denied:  Date: \_\_\_\_\_  
 Approved:  Date: \_\_\_\_\_

CM/RM: \_\_\_\_\_