***Use this document to note any tasks that will need to be completed when orders to shelter in place are lifted. This will help you ensure that required tasks are completed.***

|  |  |  |  |
| --- | --- | --- | --- |
| **HOH** |  | | |
| **Unit Number** |  | | |
| Phone |  | email |  |
| Other Household Members | ,      ,      ,      ,      , | | |
| AR Completed by: |  | | |

* Send Notice of Requirement to Meet to collect signatures and other required documents. Notice should indicate a timeframe to meet and indicate that failure to meet will result in termination of assistance effective the day before the AR Effective Date. Include VAWA forms 5380 and 5382 (electronic or paper). If unit inspections are usually conducted in conjunction with the AR, provide notice of intent to inspect the unit as well.

Notes:

* Have resident review and sign AR questionnaire if AR interview was conducted over the phone or if the AR questionnaire was submitted without signature. Correct AR if information is different.

Notes:

* If you completed the certification, verified all information and accepted the certification with an electronic signature, obtain tenant signature, provide tenant with a copy and maintain the original in the tenant file.

Notes:

* If you sent the certification using your Extenuating Circumstance Process because you could not complete verification (because of COVID-19) or because you implemented a policy to eliminate any unnecessary contact, complete the required tasks indicated below, correct any 50059 data, obtain tenant signature, correct the AR by removing the Extenuating Circumstance Code and entering the tenant signature date and transmit correction to TRACS. Provide tenant with a copy and maintain the original in the tenant file.

Notes:

* If you do not have signed 9887s from the HOH, co-HOH/spouse and all adult household members, obtain signed 9887 and 9887A. Provide tenant with a copy and maintain the original in the tenant file.

Notes:

* Review EIV Reports if you did not do so previously. Review discrepancies and discuss with resident if possible. .

Notes:

* Verify Fixed Income (Not necessary if you used Streamlined Verification, but you must witness tenant signature on self-certification if you did not do so previously).

Notes:

* Verify Income that is Not Fixed (Not necessary if you attempted 3rd party verification, documented the tenant file and accepted self-certification. You must witness tenant signature on self-certification if you did not do so previously.) Correct certification if necessary.

Notes:

* Verify Cash Value of Assets/Income From Assets $5000 or less (not necessary if last years verified assets totaled $5000 or less and if you used Streamlined Verification, but you must witness tenant signature on self-certification if you did not do so previously).

Notes:

* Verify Cash Value of Assets/Income From Assets more than $5000.

Notes:

* Verify out of pocked Medical Expenses (do this if you were not able to verify all out of pocket medical expenses. Correct AR if necessary).

Notes:

* Verify out of pocked Disability Assistance Expenses (do this if you were not able to verify all out of pocket medical expenses and you used previous year’s recurring medical expenses. Correct AR if necessary).

Notes:

* Verify child care expenses if the resident was working, looking for work or going to school when AR was effective.

Notes:

* Verify student status (if necessary).

Notes:

* Obtain Acknowledgement of Receipt of Required documents.

Notes:

* Provide Initial Notice of Requirement to Report annually. Obtain tenant signature. File original and provide tenant with copy.

Notes:

Additional notes: