

**ATTACHMENT III**

**Community Housing Assistance Program (CHAP)  
File Checklist**

**NAME:** \_\_\_\_\_ **CASE #:** \_\_\_\_\_

**CHECK ONE:**  RE-HOUSING ASSISTANCE OR  PREVENTION ASSISTANCE

**CONFIRMATION OF NON-DUPLICATION OF SERVICES:**  Check HMIS System **TBIN #** \_\_\_\_\_

**(Check All Adult Household (HH) Members)** Duplicate Rental Service:  Yes  No

**PHASE 1: PROGRAM /INCOME ELIGIBILITY**

<b>Section I: Housing Composition / Status</b>	<b>Date Rec'd</b>	<b>Initial</b>	<b>Comments</b>
<input type="checkbox"/> CHAP File Checklist			
<input type="checkbox"/> TBIN Client History			
<input type="checkbox"/> Case Notes-to-File			
<input type="checkbox"/> Housing Stability Action Plan, Including Referrals and other Services Provided			
<input type="checkbox"/> Application (signed by <u>all</u> adult HH members)			
<input type="checkbox"/> Authorization to Release Information Form (signed by <u>all</u> adult HH members)			
<input type="checkbox"/> TBIN Client Informed Consent Form (for <u>all</u> HH members)			
<input type="checkbox"/> Declaration of Citizenship (for <u>all</u> household members)			
<input type="checkbox"/> Photo ID (for <u>all</u> HH members - copy)			
<input type="checkbox"/> Social Security Cards (for <u>all</u> HH members - copy)			
<input type="checkbox"/> Birth Certificates (for <u>all</u> minor HH members - copy)			
<b>Section II: Income / Asset Documentation</b>	<b>Date Rec'd</b>	<b>Initial</b>	<b>Comments</b>
<b>(All supporting documents must be dated within 120 days of receipt of application)</b>			
<input type="checkbox"/> Income Summary Sheet			
<input type="checkbox"/> Staff Certification Form			
<input type="checkbox"/> Third Party Verification of Income			
<input type="checkbox"/> Third Party Verification of Assets			
<input type="checkbox"/> If Self-employed, Provide the Following:			
1. Year to Date Profit & Loss Statement; and			
2. Letter Stating Anticipated Business Income for Next 12 months; and			
3. Copy of the Most Recent Tax Return			
<input type="checkbox"/> Proof of Non-cash Benefits (Food Stamps/Medicaid)			
<input type="checkbox"/> TBIN Intake Form			

**ATTACHMENT III**

<b>Section III: Property Information / Inspection</b>	<b>Date Rec'd</b>	<b>Initial</b>	<b>Comments</b>
<input type="checkbox"/> Eviction Notice, Court Order, Hotel/Motel Receipts, Homeless Certification, Shelter Verification or Verification of Other Housing Not Meant for Human Habitation, etc.			
<input type="checkbox"/> Lease Agreement ( <b>copy</b> )			
<input type="checkbox"/> Written Agreement Between Landlord, Tenant, and Participating Agency Terminating Eviction Process and Acceptance of Past Due Rents ( <b>if applicable</b> )			
<input type="checkbox"/> Property Card ( <b>to verify ownership and year built</b> )			
<input type="checkbox"/> Deposit Letters from Utility Companies ( <b>if moving to a new unit</b> )			
<input type="checkbox"/> HQS Inspection/Lead-based Paint Visual Assessment for <b>ALL</b> Housing Units Constructed Before 1978			
<input type="checkbox"/> Rent Reasonableness/FMR Form			
<input type="checkbox"/> Additional Counseling Questionnaire/Budget Form			
<b>Section IV-Payment Information</b>	<b>Date Rec'd</b>	<b>Initial</b>	<b>Comments</b>
<input type="checkbox"/> Case Action Ledger Sheet			
<input type="checkbox"/> W-9 Form			
<input type="checkbox"/> Rental Agreement Form(s)			
<input type="checkbox"/> Services Payment Guarantee (Utilities)			
<input type="checkbox"/> Signed CDOT Request for Payment Voucher(s)			
<input type="checkbox"/> Oracle			

First Review By: \_\_\_\_\_

**PHASE 2: COMPLIANCE REVIEW**

File Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

**TBIN Entry/Exit**

Entered By: \_\_\_\_\_

Date: \_\_\_\_\_