



Contract Management Services



CONTRACT MANAGEMENT SERVICES

Management and Occupancy Review (MOR) Addendum A Review



CONTRACT MANAGEMENT SERVICES



Introduction

- Beth Novak, Nebraska Compliance Manager



File Reviews



Common File Findings

Most MOR findings are the result of errors and/or omissions associated with the processing of tenant files.



Common File Findings

For HUD tracking purposes, four general error categories are used to identify those findings that may impact HAP amounts.

- Eligibility
- Calculation
- Timing
- Reporting



Common File Findings

Eligibility Errors

- ✓ Current income limits
- ✓ Age verifications
- ✓ Citizenship documentation
- ✓ Disability verification
- ✓ Student certification



Common File Findings

Calculation Errors

- ✓ Reported amounts that do not match verification(s) in file
- ✓ Calculations for income, assets, medical expenses, etc.
- ✓ Allowances



Common File Findings

Timing

- ✓ Certification dates
- ✓ Voucher does not agree with move-in/move-out date
- ✓ 3rd party verifications
- ✓ 50059 not signed before sending to TRACS



Common File Findings

Reporting

- ✓ 50059 data
- ✓ Social security numbers
- ✓ Birthdates



Addendum A

Review

Tenant File Review Worksheet

Instructions: Review the appropriate number of tenant files and complete this worksheet for each file reviewed. Indicate the initial move-in date in the appropriate box. Indicate by marking the appropriate box (Yes, No, or N/A) for each document available in the tenant file. For move-out and applicant rejections files, reviewer should only complete the pertinent sections.

Name of Reviewer: _____		
Type of Review: <input type="checkbox"/> Applicant Rejection <input type="checkbox"/> Tenant Move-In <input type="checkbox"/> Tenant Move-Out <input type="checkbox"/> Certification/Recertification		
Effective date of certification(s) reviewed: _____		
If Certification/Recertification, indicate certification type: Certification type: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Interim <input type="checkbox"/> Other		
Family Name: _____	Unit Number: _____	Move-in Date: _____
Bedroom Size: <input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> 5 or more Bedrooms		
A. HOUSEHOLD INFORMATION		
1. Is the application complete, including the date and time received by the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____
2. Are the household members identified correctly? (head, spouse, dependent, co-head, other adult(s), live-in aide)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____
3. Is the unit size appropriate for household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____
4. Was household income eligible at move-in? (This question applies only to a tenant file move-in review.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____
		Over income? <input type="checkbox"/> Low income? <input type="checkbox"/> Very low income? <input type="checkbox"/> Extremely low income? <input type="checkbox"/>
5. If household was not income eligible at move-in, was an exception granted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____
6. Is the lead-based paint acknowledgement in the file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments: _____
7. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____
8. Have the HUD-9887/9887-A Consent Forms been signed by head, spouse, co-head regardless of age and family members at least 18 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____
9. Was the HUD-9887 Fact Sheet provided to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____
10. Does the file contain the Resident Rights and Responsibilities acknowledgement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____

B. VERIFICATION		
Have the following items been properly verified and documented?		
1. Social security numbers for all family members at least 6 years of age and older or certification, if no SSN	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Eligible immigrant status or citizenship	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Criminal and drug screening; sex offender registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Other screening as disclosed in Tenant Selection Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
5. Disability	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
6. Student status	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Age	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
8. Did the household certify whether or not they disposed of assets during the past two years?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
C. LEASE		
1. Is the correct HUD model lease used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Is the original lease and subsequent leases or addendums signed by the owner/agent, head, spouse, co-head, and all other adult members of the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Are applicable attachments attached to the lease, e.g., house rules, pet rules, unit inspection report?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. If security deposit is required, was it correct? If required, enter amount here:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
5. If pet deposit required, was it correct? If required, enter amount here:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
6. If pet deposit was paid in installments, was payment in accordance with the pet regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Is the move-in inspection dated and signed by tenant and owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
8. Are Annual inspections documented in file?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
D. CERTIFICATION/RECERTIFICATION ACTIVITIES		
1. Were recertification notices provided within the required timeframe?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Were recertifications completed on time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Is the certification signed and dated by the appropriate parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

ADDENDUM A

OMB Approval No. 2502-0178

Exp. 09/30/08

All reported income and deductions verified and calculated correctly?	3rd Party Verification?	Amount Reported on 59	Did income information on the 50059 agree with verified file information? If no, comment on Discrepancies Identified
4. Wages	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
5. Social Security Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
6. Welfare/Public Assistance/TANF	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
7. Other Income	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
8. Actual Income from Assets	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
9. Imputed income when assets are greater than \$5,000	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
10. Dependent Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
11. Medical Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
12. Disability Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
13. Childcare Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
14. Elderly/disabled household allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
15. Are all expenses/allowances claimed eligible under the HUD Handbook 4350.3 REV-1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
16. Was the correct unit rent used for rent determination?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Enter the reviewer verified amounts for the following:	Amount Reported on the 50059	Did income information on the 50059 agree with verified file information? If no, comment on Discrepancies Identified	
17. Total Tenant Payment \$	\$	Comments:	
18. Tenant Rent \$	\$	Comments:	
19. Utility Reimbursement \$	\$	Comments:	
20. Assistance Payment \$	\$	Comments:	
21. Is the tenant paying minimum rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	
22. Has a hardship exception been granted for paying minimum rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	
23. Was a 30-day rent increase notice provided to tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	
24. If applicable, has tenant entered into a written payment plan for monies due to the project?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:	

ADDENDUM A

OMB Approval No. 2502-0178
Exp. 09/30/08

E. BILLING		
1. Does the assistance payment requested on the monthly billing (HUD-52670-A, Part 1) agree with the assistance payment on the 50059 data requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
2. If required, have adjustments been made to the monthly billing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
F. MOVE-OUT FILE REVIEW ONLY		
1. Was there a move-out notice from tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Was there a move-out inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. If there is a move-out inspection, is it dated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Was the security deposit refunded to tenant within 30 days or in accordance with state/local laws whichever is shorter?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
5. Was an itemized list of the damages and charges provided to the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
6. Were any additional charges paid by tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
7. Does the tenant move-out date on voucher match the date the tenant vacated unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
G. APPLICANT REJECTION REVIEW ONLY		
1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Did the rejection letter provide the applicant the right to appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:
4. Was the appeal processed and applicant notified of appeal decision within five days of the meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comments:

A. Household Information

1. Does the application include the date and time received by Owner/Agent? Is the applicant stating that all information on the application is true and complete to the best of the applicant's knowledge?
 - ❖ All applications received after 1/1/2001
 - ❖ Applicant Signature



A. Household Information

2. Are the household members identified correctly?
 - ❖ head, spouse, dependent, co-head, other adult(s), live-in aide
 - ❖ student(s)

A. Household Information

3. Is the unit size appropriate for household?

❖ Occupancy Standards

A. Household Information

4. Was household income eligible at move-in?

- ❖ Identify income level
- ❖ Current income limits

A. Household Information

5. If household was not income eligible at move-in, was an exception granted?

❖ HUD approved income waiver



A. Household Information

6. If the property was built before 1977 and changed from an elderly property to a family property, has a lead-base paint inspection been conducted? If so and Lead-Base paint was found on the property, was the Lead-Base paint brochure handed out to all current and new residents? Was the lead-based paint acknowledgement form initialed, signed, and dated by the tenant and O/A and a copy put in the tenant file?

- ❖ If built prior to 1977
- ❖ Elderly excluded



A. Household Information

7. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent?

- ❖ OMB Approved 2502-0204, Exp. 5/31/2011.
- ❖ Owner created



A. Household Information

8. Have the HUD-9887/9887A Consent Forms been signed by head, spouse, co-head regardless of age and family members at least 18 years of age?
 - ❖ 9887/9887A version 2/2007
 - ❖ Correct addresses in boxes

A. Household Information

9. Was the HUD-9887 Fact Sheet provided to the tenant?

- ❖ How Your Rent is Determined (7/1/07)
- ❖ Initial and Annual
- ❖ Resident Acknowledgements



A. Household Information

10. Does the file contain the Resident Rights and Responsibilities acknowledgement?

- ❖ Secretary of HUD
- ❖ Initial and Annual



B. Verification

1. Social security numbers for all family members at least 6 years of age and older or certification if no SSN.
- ❖ New rule effective September 30, 2009
All family members must have SSN



B. Verification

2. Eligible immigrant status or citizenship.

- ❖ Owner's Notice No. 1
- ❖ Declaration
- ❖ Owner's Summary of Family
- ❖ Family Summary Sheet

B. Verification

3. Criminal and drug screening; sex offender registration. Reports must be run in every state the tenant has lived in.
- ❖ Required for new move-ins as of 10/29/2002



B. Verification

4. Credit and other screening as disclosed in Tenant Selection Plan.

B. Verification

5. Disability

- ❖ EIV
- ❖ SSI
- ❖ SSDI



B. Verification

6. Student status

- ❖ Initially and Annually

B. Verification

7. Age

B. Verification

8. Did the household certify whether or not they disposed of assets during the past two years?

❖ Initially and Annually



C. Lease

1. Is the correct HUD model lease used?
 - ❖ Change 3 with OMB # exp. Date 5/31/2011
 - ❖ Initial lease term correct
 - ❖ VAWA – effective 9/30/2008



C. Lease

2. Is the original lease and subsequent leases or addendums signed by the owner/agent, head, spouse, co-head, and all other adult members of the household?



C. Lease

3. Are applicable attachments attached to the lease?

- ❖ House Rules
- ❖ Pet Rules
- ❖ VAWA

C. Lease

4. If security deposit was required, was it correct?

❖ Subsequent leases

C. Lease

5. If pet deposit required, was it correct?



C. Lease

6. If pet deposit was paid in installments, was payment in accordance with the pet regulations?



C. Lease

7. Is the move-in inspection dated and signed by tenant and owner/agent?
 - ❖ Statement: Unit is in decent, safe and sanitary condition – required 7/1/2007



C. Lease

8. Are annual inspections documented in file?



D. Certification/Recerts

1. Were re-certification notices provided within the required timeframes?
 - ❖ Initial notice
 - ❖ 120, 90, 60 and 30 day notices

D. Certification/Recerts

2. Were re-certifications completed on time?



D. Certification/Recerts

3. Is the certification signed and dated by the appropriate parties?
 - ❖ 50059 signature and date (tenant)
 - ❖ 50059 signature and date (O/A)



D. Certification/Recerts

- ❖ All reported income and deductions verified and calculated correctly?
- ❖ Are all expenses/allowances claimed eligible under the HUD Handbook 4350.3 REV-1?
- ❖ Was the correct unit rent used for rent determination?
- ❖ Is the tenant paying minimum rent?
- ❖ Has a hardship exception been granted for paying minimum rent?



D. Certification/Recerts

- ❖ Was a 30-day rent increase notice provided to tenant?
- ❖ If applicable, has the tenant entered into a written payment plan for monies due to the project?



E. Billing

1. Does the assistance payment requested on the monthly billing (HUD-52670-A, Part 1) agree with the assistance payment on the 50059 data requirements?
2. If required, have adjustments been made to the monthly billing?



F. Move-out File Review

1. Was there a move-out notice from tenant?
2. Was there a move-out inspection?
3. Is the move-out inspection dated?
4. Was the security deposit refunded to the tenant within 14 days?
5. Was an itemized list of damages and charges provided to the tenant?
6. Any additional charges?
7. Does the move-out date match voucher?

G. Applicant Rejection

1. Was the reason for rejection in accordance with TSP?
2. Did rejection letter provide for an appeal?
3. If appealed, was the appeal reviewed by someone other than the person who made the original decision and were reasonable accommodations made if necessary?
4. Was the appeal processed and applicant notified of appeal decision within five days of the meeting?



Resources

- CMS Website
 - www.contractmgmt.org
- RHIP List Serve
 - <http://www.hud.gov/subscribe/maillinglist.cfm>
- HUDBlast
 - www.rbdnow.com
- HUD Clips
 - www.hudclips.org

