

2008

Intake Process & Income Verification



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

New Grantee Orientation Conference

Intake Process

- Outreach & Education
- County Violations
- Word of Mouth
- Request for application



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Intake Process ~ Qualifications

- Pre-1978
- Owner Data
- Income Eligible
- Child under 6 years
- Blood Authorization
- Deed
- Homeowner Insurance
- Mortgage Statement
- City/County Taxes
- Water Bill
- Historic Review
- Floodplain Review
- No major structural deficiencies
- Visiting Child



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Intake Form

INTAKE INFORMATION

EMERGENCY CASE? _____

Street# _____ Street Name _____ Zip _____

Initial Contact Date _____

HUD I.D. # _____

No. of Units _____

Owner-Occupied: Yes _____ No _____

Vacant: Yes _____ No _____

Other City Property: Yes _____ No _____

Square Footage: _____

Year Built: _____

Owner _____

Owner _____

Home # _____ Work # _____ Cell # _____

Contact Person: _____ Phone # _____

Have you gone through the program before? Yes _____ No _____

If yes, Date and Address? _____

Owner's Address if different from above:

Street # _____ Street Name _____

City _____ State _____ Zip Code _____



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Case Progress

Property Address:

Owners Name:

Owners Phone #

Home _____ Work _____ Cell _____

HUD I.D. # _____ Age of Structure _____ Sq. Ft. _____

Property # _____ - _____ Census Tract# _____

NSA/Neighborhood ____/____

Assessed Value _____ Units ____ I/O ____ O/O ____



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Case Progress

Procedure	Date Requested	Date Completed	Initial
Intake Application			
Courtesy Letter Sent			
County Violations			
Historic/Photo Review			
Floodplain Review Blood			
Blood Authorization			
Tenant Data			
Check Taxes & Water			
Deed			
Certificate of Insurance			
Mortgage Cert of Comp.			
Initial Inspection			
Preliminary Approval			



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Intake Process

- Preliminary Approval
- Schedule Initial Inspection

2008



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Income Verification

- HUD Policy Guidance Number 2005-01
- Annual Income
- Owner-Occupied



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Income Verification

- Determine whose income to count
- Collect income forms
 - Most current Income Tax Form
 - Written Statements from “Third Party”
 - “Source” Documentation
- Determine household size
- Assess income information
- HOME Program Income Limits table



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Lead Tenant/Owner Data Form

OWNER DATA FORM

Name of Owner: _____

Subject Property Address: _____

Name of Tenant or Owner: _____ Apt. # _____

Tenant's Phone Number: _____ Work # _____

Head of Household: Age ___ Male ___ Female ___ Race ___ Handicapped? ___

Name of Household Member Age Employment Gross Annual Income

Name of Household Member	Age	Employment	Gross Annual Income

Actual number of bedrooms within your apartment: _____

When did you begin to occupy this apartment: _____

What is the monthly rent for this apartment: _____

Please indicate the amount of your gross income: Weekly \$ _____

Monthly \$ _____

Yearly \$ _____

Please indicate source of income: Child Support \$ _____

Social Security \$ _____

Section 8 \$ _____

Other \$ _____

Place of Employment: _____

Please submit copy of Income/Tax documents: _____

I/We understand that it may be a Federal crime punishable by fine or imprisonment to knowingly make any false statements concerning any of the about facts as applicable under the provisions of the United States Criminal code. I/We attest that all of the above information is true and accurate. Furthermore, I/We consent and authorize the Department of Community Development to verify any and all information contained herein.

Tenant Signature

Date



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