

APPENDIX 1 - OCCUPANCY REVIEW FORM

Recipient: _____

Family Name: _____

1. Date of Application _____

Place on Waiting List _____

2. Type of Assistance: _____

3. If possible, take photo of assisted housing.

Date of photo: _____

Does the File Document:	Yes	No	N/A	Comments
4. Native family, with proof of enrollment or other documentation on file? Or if the family was not Native, is there documentation for the essential to the well-being of the community?				
4. Annual income at time of application:	\$			
5. Family size at time of application:				
6. Number of bedrooms:				
7. Income limit for family size at time of application.	\$			
8. Is applicant eligible?				
9. Selection in accordance with place on wait list?				
10. Amount of assistance/purchase price:	\$			

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Does the File Document:	Yes	No	N/A	Comments
11. Assistance/price within TDC limit?				
12. Signed contract for assistance?				Date application was received:
13. Recorded useful life agreement?				
14. Insurance equal to the amount of assistance?				
15. Pre-occupancy inspection documented?				Date conducted:
16. Post-occupancy inspection conducted?				Date conducted:
17. Inspection conducted in accordance with maintenance or inspection standards?				
18. Lead-based paint?				
19. Counseling provided to the family?				
20. Is applicant current on payments, if required?				
21. Does there appear to be a conflict of interest?				
22. Was ONAP notified of conflict of interest?				
23. Other: Relocation				
24. Other: Non low income 80-100%. Is the amount of assistance pro-rated?				
25. Other: ERR				

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Does the File Document:	Yes	No	N/A	Comments
26. Other:				
27. Other:				

Reviewed by: _____

Date: _____