

APPLICATION REVIEW CHECKLIST

NAME OF APPLICANT:

NAME OF REVIEWER:

REVIEWING OFFICE:

PART 1

INITIAL SCREENING CRITERIA

(To be completed by Office of Public Housing)

	Yes	No	N/A
1. Application received from PHA which currently administers a Section 8 rental voucher or certificate program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In reviewing applications, the local HUD Field Office agrees that:			
(a) The PHA has not been charged with a violation of the Fair Housing Act by the Secretary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) The PHA is not the defendant in a Fair Housing Act lawsuit filed by the Justice Department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) The PHA has not received a letter of noncompliance findings under Title VI of the Civil Rights Act, section 504 of the Rehabilitation Act, or section 109 of the Housing and Community Development Act.			
Note: The PHA is not eligible to apply for funding under NOFA FR-4359 until it resolves such charge, lawsuit, or letter of findings to HUD's satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) The PHA's application complies with the requirements of 24 CFR 982.102 and NOFA FR-4359 after the expiration of the 14-calendar day technical deficiency correction period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) The PHA has no serious, unaddressed outstanding Inspector General audit findings or HUD management review findings for its rental voucher or rental certificate programs. (Check YES if the PHA is required under the NOFA to apply for rental vouchers or certificates with a contract administrator and the contract administrator has sufficient experience to administer a rental voucher or certificate program.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) The PHA has no serious under- utilization of rental vouchers or certificates not attributable to the three-month statutory delay for the reissuance of rental vouchers and certificates. (Check YES if the PHA has such a serious underutilization of rental vouchers or certificates, but the HA makes application with a designated contract administrator having sufficient experience to administer a rental voucher or certificate program.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(g) The PHA is not involved in litigation that may seriously impede the ability of the PHA to administer an additional increment of rental vouchers or certificates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STOP. If the answer to any of the above questions is "NO," then the application is **NOT ACCEPTABLE.** If all above answers are "YES," then complete remainder of checklist.

PART 2

ADDITIONAL SCREENING CRITERIA

(To be completed by Office of Public Housing)

	YES	NO	N/A	N In
2. In reviewing applications, local HUD Field Office agrees that:				
(h) The application contains a signed, completed form HUD-52515.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(i) The application specifies the number of rental vouchers and/or certificates requested (not exceeding 200).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(j) The application states, by number of bedrooms, the total number of rental vouchers or certificates requested by the PHA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(k) The application demonstrates that it is responsive to the condition of the housing stock in the community and the housing assistance needs of low-income families (including large families and those displaced) residing in or expected to reside in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(l) The application demonstrates that the applicant qualifies as a PHA and is legally qualified and authorized to participate in the rental assistance programs for the area in which the programs are to be carried out. Such demonstration includes: (i) The relevant enabling legislation, (ii) any rules and regulations adopted or to be adopted by the PHA to govern its operations, and (iii) a supporting opinion from the PHA counsel. (Check YES if documents are currently on file in the local HUD Field Office).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(m) The application indicates that the housing quality standards to be used in the operation of the program will be HUD's HQS, or that variations in the HQS acceptability criteria are proposed or have been approved by the local HUD Field Office. In the instance of proposed HQS acceptability criteria variations, each proposed variation shall be specified and justified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	N/A	N In

<p>(n) The application contains estimates of the average adjusted income of prospective participants for each bedroom size for each program.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>(o) The application contains an executed Certification regarding Equal Opportunity, Lobbying, and Drug-Free Workplace Requirements.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>(p) The application includes Section 213 comments. (If not, the local HUD Field Office must request comments from local government providing a 30-calendar day comment period.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>(q) The application includes a certification from the owner of a covered development(s) that the development is a covered development, was developed primarily for occupancy by elderly families, the owner has established preferences for the admission of elderly families, and indicating the number of non-elderly disabled families on the owner's waiting list for the development. Also, if the PHA is requesting rental vouchers or certificates for non-elderly disabled families in excess of the number on the owner's waiting list, the PHA has submitted information supportive of the number of such families residing within its community who would qualify for zero-bedroom or one-bedroom units.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Pass -
Continue
Processing

Fail -
Identify
Deficiencies

Reviewer's Signature & Date

Agree with
Screening
Results

Supervisor's Signature & Date

ANY CHANGE MADE TO THE APPLICATION REVIEW CHECKLIST MUST BE EXPLAINED; E.G., MISSING OR CORRECTED INFORMATION WAS SUBSEQUENTLY RECEIVED FROM THE PHA WITHIN THE ALLOWED 14 DAY PERIOD AND WAS DETERMINED ACCEPTABLE. INDICATE NAME AND TITLE OF INDIVIDUAL CHANGING THE CHECKLIST AND DATE OF CHANGE.

Disagree/change
Screening
Results

Supervisor's Signature & Date

Explanation for change:

Attachment 2

HUD Notification

**U.S. Department of Housing and Urban
Development**

Washington, D.C. 20410-8000

OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC AND INDIAN HOUSING

MEMORANDUM FOR: Hal C. DeCell III, Assistant Secretary for
Congressional and Intergovernmental Relations

FROM:

ACTION: (program title)

PROJECT DESCRIPTION

An allocation of funding has been approved to provide (name type of effort; i.e: rehab, new construction, elderly housing or other as follows:

Project Number/Name:

Sponsor/Address

Number of Units:

Contract Authority: \$ Budget Authority: \$

Project Address:

Zip code:

Project Contact/Phone Number:

PROGRAM HIGHLIGHTS

(name of program) is an assistance program that _____.
Its primary purpose is to (describe in some detail what the award will be used for by the recipient).

STATUS

All administrative, regulatory and statutory requirements have been met.

HUD Program Contact/Phone # (Hdqtrrs) or Field Office Coordinator:

CONGRESSIONAL DELEGATION

Senator:

Senator:

Member of Congress/District:

OCIR please furnish a release date to Field Office Contact/Phone: