

Attachment 1

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 was received before the deadline date (see paragraph 2 of this Notice for deadline date/time for delivered applications, mailed applications, or applications sent by overnight delivery).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In reviewing the application, the local HUD Field Office agrees that:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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 Department of Justice.	<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 this NOFA 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 and/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 PHA 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 rental vouchers or certificates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Need Info.
<p>2. In reviewing the application, the local HUD Field Office agrees that:</p> <p>(h) The application contains a signed, completed form HUD-52515.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(i) The application specifies the number of rental vouchers and/or certificates requested (not exceeding 100, or 200 in the case of a State or Regional PHA), and provides information (using a range of sources) documenting that the demand for housing for persons with disabilities would equal or exceed the requested number of rental vouchers or certificates.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(j) The application states by number of bedrooms the total number of rental vouchers and/or certificates requested by the PHA, and contains a letter of intent and narrative stating whether it will accept a reduction in the number of rental vouchers or certificates, and the minimum number of rental vouchers or certificates (100 or less, or 200 or less in the case of a State or Regional PHA) it will accept.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(l) The application demonstrates that the applicant qualifies as a PHA established pursuant to State law 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).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(m) The application indicates that the housing quality standards (HQS) 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.</p>				

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) The application contains estimates of the average adjusted income of prospective participants for each bedroom size for each program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(o) The application contains an executed form HUD-52515 for the Certification regarding Equal Opportunity, Lobbying, and Drug-Free Workplace Requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(p) The application includes Section 213 comments. (If not, the local HUD Field Office must request comments from the unit of general local government providing a 30-calendar day comment period.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(q) The application includes a description of an adequate plan for operating a program to serve eligible persons with disabilities, including: 1) Description of how the PHA will carry out its responsibilities under 24 CFR 8.28 to assist recipients in locating units with needed accessibility features; and (2) Description of how the PHA will identify private or public funding sources to help participants cover the costs of modifications that need to be made to their units as reasonable accommodations to their disabilities.	<input type="checkbox"/>	<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-CALENDAR DAY TECHNICAL DEFICIENCY CORRECTION 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:

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 # (Hdqtrs) or Field Office Coordinator:

CONGRESSIONAL DELEGATION

Senator:

Senator:

Member of Congress/District:

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