

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:			
(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 NOFA FR-4360 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-4360 after the expiration of the 14-calendar day technical deficiency correction period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) The HA has no serious, unaddressed outstanding Inspector General audit findings or local HUD Field Office management review findings for one or more of its rental voucher, rental certificate or moderate rehabilitation programs, or in the case of a PHA not administering any of these programs, for its public housing program. (Check YES if the PHA is required under the NOFA to apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 1

INITIAL SCREENING CRITERIA

(To be completed by Office of Public Housing)

	Yes	No	N/A
for rental certificates with another PHA, non-profit agency or contractor and that entity has sufficient experience to administer a rental certificate program.)			
(f) The PHA is not involved in litigation that may seriously impede the ability of the PHA to administer rental certificates.			

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.
2. In reviewing the application, the local HUD Field Office agrees that:				
(g) The application contains a signed, completed form HUD-52515.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) The form HUD-52515 specifies the number of rental certificates requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) The form HUD-52515 indicates by number of bedrooms the total number of rental certificates requested by the PHA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Information contained on form HUD-52515 demonstrates that the project 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"/>	<input type="checkbox"/>
(k) The form HUD-52515 indicates 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 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"/>	<input type="checkbox"/>
(l) The form HUD-52515 indicates that the housing quality standards (HQS) to be used in the operation of the program will be as set forth in 24 CFR 982.401 or that variations in the Acceptability Criteria are proposed or have been approved by the local HUD Field Office. In the latter case, each proposed variation shall be specified and justified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A	Need Info.
<p>2. In reviewing the application, the local HUD Field Office agrees that:</p> <p>(m) The form HUD-52515 includes 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"/>	<input type="checkbox"/>
<p>(n) The form HUD-52515 includes an executed certification regarding Equal Opportunity, Lobbying, and Drug-Free Workplace Requirements. The application meets HUD's drug-free workplace requirements set out at 24 CFR part 24, subpart F, and HUD's regulations regarding anti-lobbying set out at 24 CFR 87. If warranted, the PHA has completed and submitted SF-LLL, Disclosure Form to Report Lobbying.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(o) 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"/>	<input type="checkbox"/>
<p>(p) The application package includes in the letter of intent and narrative section of its application:</p> <p>(1) Statement by the PHA indicating whether the PHA will accept a smaller number of rental certificates and the minimum number of rental certificates it will accept.</p> <p>(2) Statement by the PHA certifying that the PHA has consulted with the agency or agencies in the state responsible for the administration of welfare reform for families receiving rental assistance under the family unification program.</p> <p>(3) A letter of intent from the Public Child Welfare Agency (PCWA) stating its commitment to provide resources and support for the family unification program.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. In reviewing the application, the local HUD Field Office agrees that:</p> <p>(q) The PHA's application includes the following evaluation certifications:</p> <p>(1) A certification from the PHA agreeing to cooperate with HUD and provide requested data to the HUD office or HUD-approved contractor delegated the responsibility for program evaluation.</p> <p>(2) A certification from the PCWA agreeing to cooperate with HUD and provide requested data to the local HUD Field Office or HUD-approved contractor delegated the responsibility for program evaluation.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(r) The PHA's application demonstrated the need for an equal or greater number of Section 8 rental certificates under Threshold Criterion 1, Unmet Housing Needs, in the manner required by paragraph III.B.(1) of NOFA FR-4360.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A	Need Info.
(s) The PHA's application received at least 20 points under Threshold Criterion 2, Efforts of PHA to Provide Area-Wide Housing Opportunities for Families. See paragraph III.B.(2) of NOFA FR-4360. Points received for Criterion 2:_____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(t) The PHA's application meets the requirements of Threshold Criterion 3, Coordination between PHA and Public Child Welfare Agency to Identify and Assist Eligible Families. See paragraph III.B.(3) of NOFA FR-4360.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(u) The PHA's application meets the requirements of Threshold Criterion 4, Public Child Welfare Agency Statement of Need for Family Unification Program. See paragraph III.B.(4) of NOFA FR-4360.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applications should be screened at the time they are received.

Pass -
Continue
Processing

Fail -
Identify
Deficiencies

Reviewer's Signature & Date

Agree with
Screening
Results

Supervisor's Signature & Date

ANY CHANGE MADE TO THE INITIAL SCREENING CHECKLIST MUST BE EXPLAINED. (E.G., MISSING OR CORRECTED INFORMATION WAS SUBSEQUENTLY RECEIVED FROM THE HA 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:

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 Relations

Intergovernmental

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: