



**U.S. Department of Housing & Urban Development
Office of Public and Indian Housing (PIH)
Real Estate Assessment Center (REAC)
Deceased Tenant Case Review
Documentation Checklist**

Public Housing Agencies (PHAs) may use this checklist to ensure complete and accurate documentation is submitted to PIH-REAC to close out identified deceased tenant cases. Submit **only** the below requested documentation. No additional explanation or response is required with your submission.

PHAs may submit this completed checklist with the below requested documentation to: PIH.ImproperPayments@hud.gov **or** secure fax number (202) 485-0288. All submissions which do not include this checklist **must include** PHA Code, PHA Name, Telephone Number, and reference

In accordance with 42 U.S.C. 1435, and the Annual Contributions Contract (ACC), PHAs are **required** to provide HUD with the below requested documentation.

DO NOT SUBMIT SCANNED OR PHOTOCOPIES OF FORMS HUD-50058 OR EIV REPORTS TO HUD!

- **Public Housing & Section 8 Programs:** If tenant is **not deceased**, submit the following documentation:
 - Current documentation from SSA which confirms that the tenant is alive **(Required only if EIV shows a current identity verification status of Deceased for the identified tenant)**
- **Section 8 Program Only:** Submit the following documentation for Section 8 Single Member Households **and** Multiple Member Households with Deceased Head of Household **and** Remaining Household Member(s) is a Live-in Aide or Ineligible Household Member:
 - Landlord/tenant payment history (tenant-specific) from the PHA's accounting software for the following time period: **the month and year in which the death occurred** through the current date **(Required)**
 - Landlord/tenant payment history (tenant-specific) from the PHA's accounting software which shows that the improper payment was recovered by offsetting subsequent HAP checks to the landlord or the landlord repaid the PHA **(Required if your agency paid HAP in any month following the month in which the death occurred)**
 - Copies of checks submitted by the landlord to the PHA to repay improper payments, **including** proof of deposit into HCV account **(Required if your agency paid HAP in any month following the month in which the death occurred and the landlord repaid the overpaid HAP which is not reflected on the landlord/tenant payment history)**
 - Documentation from the PHA's accounting software showing that the amount of improper payment was repaid to the HCV program, as evidenced by showing the transfer of funds from either unrestricted net assets, also known as UNA (administrative fee reserves), central office cost center (COCC), or a non-federal account to the net restricted assets (NRA) of the Housing Choice Voucher (HCV) program **(Required if your agency paid HAP in any month following the month in which the death occurred and your agency did not recover the total amount of overpaid HAP from the landlord within 60 days from the date EIV received the death information)**

PHA Code

Submitter's Name

Telephone Number