

**TAX CREDIT MOVE-IN CHECKLIST**

PROPERTY: \_\_\_\_\_ UNIT: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ MOVE-IN DATE: \_\_\_\_\_

- Original Application For Occupancy (**time & date stamped when received**)
- Income & Asset Calculation Worksheet (**use to determine income eligibility to reside at property before continuing**)
- Landlord Reference Verification
- Credit/Criminal Background Check – **All applicant's 18 years or older**
- Performance Deposit Agreement – Must be signed even if they don't pay deposit

<input type="checkbox"/> <b>Resident Handouts</b> <input type="checkbox"/> House Rules
-------------------------------------------------------------------------------------------

**Required for all household members**

- Copy of Birth Certificate or State Issued Identification/Driver's License (**verification of birth date**)
- Copy of Social Security Card (**verification of social security number**)
- Race and Ethnic Data Reporting Form – (**Each household member to have one completed**)

**(The following forms must be signed by the Head of Household and all members 18 years or older.)**

- |                                                                                                            |                                                                |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> MHFA Government Data Practices Act Disclosure Statement <b>with Attachment #2</b> | <input type="checkbox"/> Annual Student Certification (HTC 35) |
| <input type="checkbox"/> VAWA Lease Addendum (HUD-91067)                                                   | <input type="checkbox"/> Sect. 42 Tax Credit Lease Addendum    |
| <input type="checkbox"/> Household Questionnaire                                                           | <input type="checkbox"/> Divestiture of Assets                 |
| <input type="checkbox"/> Under \$5,000 Asset Certification (HTC 24) must complete even if zero             | <input type="checkbox"/> Drug Free Housing Agreement           |
|                                                                                                            | <input type="checkbox"/> Emergency Contact Form (HUD-92006)    |
|                                                                                                            | <input type="checkbox"/> Certification Tracking Sheet          |

**Supporting Verifications**

- Income: \_\_\_\_\_
- Assets: \_\_\_\_\_

If household's total assets are under \$5,000 then no further verification is needed.

**RETURN ALL FORMS IN THE ORDER OF THE CHECKLIST**

**Compliance will produce the following and send to you for signatures. Mail back as soon as they are signed.**

- |                                                                                                             |                                                   |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Initial Tenant Payment Transmittal (To accounting department with checks attached) | <input type="checkbox"/> Lease                    |
| <input type="checkbox"/> Tenant Certification (TIC)                                                         | <input type="checkbox"/> Unit Condition Checklist |