**SAMPLE MOVE-IN CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit No.: \_\_\_\_\_** | **Move-in Date:\_\_\_\_\_\_\_\_\_\_** | **Yes □ No □** |  |
| **Tenant Names: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Over 18** |  |
|  | **2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Over 18** | **Yes □ No □** |  |
|  | **3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Over 18** | **Yes □ No □** |  |
|  | **4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Over 18** | **Yes □ No □** |  |
|  | **5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Over 18** | **Yes □ No □** |  |
|  |  |  |  |  |  |  |  |  |
| **DOCUMENTS AND PROCESSES FOR MOVE-IN** | **1** | **2** | **3** | **4** | **5** | **** | **Int.** |  |
|  | **Original Application** |  |  |  |  |  |  |  |  |
| ***(dated and signed by applicant, time and date stamped upon receipt)*** |  |  |  |  |  |  |  |  |
|  | **Applicant Interview** |  |  |  |  |  |  |  |  |
|  | **Home Visit (if applicable and IAW Tenant Selection Plan)** |  |  |  |  |  |  |  |  |
|  | **Personal References** |  |  |  |  |  |  |  |  |
|  | **Landlord References** |  |  |  |  |  |  |  |  |
|  | **Credit Check** |  |  |  |  |  |  |  |  |
|  | **Age Verification** |  |  |  |  |  |  |  |  |
|  | **Ethnicity and Racial Data Form *(HUD 27061-H)*** |  |  |  |  |  |  |  |  |
|  | **Social Security Number Verifications** |  |  |  |  |  |  |  |  |
| **Supplement to Application for Federally Assisted Housing *(HUD-92006)*** |  |  |  |  |  |  |  |  |
|  | **Citizen Declaration Form** |  |  |  |  |  |  |  |  |
|  | **Domestic Violence Certification *(VAWA)*** |  |  |  |  |  |  |  |  |
|  | **EIV Reports** |  |  |  |  |  |  |  |  |
| **Evidence of Criminal, Drug and Sex Offender Background Checks** |  |  |  |  |  |  |  |  |
|  | **Verification of Disability *(HUD-90102 or HUD-90103)*** |  |  |  |  |  |  |  |  |
|  | **Reasonable Accommodations Request *(if applicable)*** |  |  |  |  |  |  |  |  |
|  | **Student Status Verification** |  |  |  |  |  |  |  |  |
|  | **Release of Information *(HUD-9887/9887A)*** |  |  |  |  |  |  |  |  |
| **Cert. of Domestic Violence, Dating Violence or Stalking *(HUD-91006)*** |  |  |  |  |  |  |  |  |
|  | **Consent Forms to Verify Income** |  |  |  |  |  |  |  |  |
|  | **Consent Forms to Verify Assets** |  |  |  |  |  |  |  |  |
| **Consent Forms to Verify Deductions *(e.g. medical, child care)*** |  |  |  |  |  |  |  |  |
|  | **Divestiture of Assets** |  |  |  |  |  |  |  |  |
|  | **EIV Existing Tenant Search** |  |  |  |  |  |  |  |  |
|  | **Verification of Income** |  |  |  |  |  |  |  |  |
|  | **Verification of Assets** |  |  |  |  |  |  |  |  |
|  | **Verification of Deductions** |  |  |  |  |  |  |  |  |
| **Lease and Attachments *(e.g. Pet Rules, House Rules, Live-In Aide)*** |  |  |  |  |  |  |  |  |
| **Form HUD-50059 and Privacy Disclosure *(part of HUD-50059)*** |  |  |  |  |  |  |  |  |
|  | **Initial Notice to Recertify** |  |  |  |  |  |  |  |  |
|  | **Lead Paint Disclosure Form** |  |  |  |  |  |  |  |  |
|  | **Protect Your Family from Lead in Your Home Brochure** |  |  |  |  |  |  |  |  |
|  | **Move-In Inspection Form** |  |  |  |  |  |  |  |  |
|  | **Security Deposit Collected** |  |  |  |  |  |  |  |  |

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|  | **Pet Deposit Collected *(not for assistive animals)*** |  |  |  |  |  |  |  |  |
|  | **Gather Emergency Contact Information** |  |  |  |  |  |  |  |  |
|  | **HUD Tenant/Income Fact Sheet** |  |  |  |  |  |  |  |  |
|  | **Update Property Waiting List** |  |  |  |  |  |  |  |  |
|  | **EIV & You Brochure** |  |  |  |  |  |  |  |  |
|  | **Resident’s Rights and Responsibilities Brochure** |  |  |  |  |  |  |  |  |
|  | **Submit Move-in to TRACS** |  |  |  |  |  |  |  |  |
|  | **DOCUMENTS AND PROCESSES FOR MOVE-IN** | **1** | **2** | **3** | **4** | **5** | **** | **Int.** |  |
|  | **Explain Heating/Cooling Systems and Common Area Lights** |  |  |  |  |  |  |  |  |
|  | **Explain Laundry Room Facilities Policy** |  |  |  |  |  |  |  |  |
|  | **Review House Rules with Tenants** |  |  |  |  |  |  |  |  |
|  | **Explain Non-Smoking Rules *(if applicable)*** |  |  |  |  |  |  |  |  |
|  | **Explain Maintenance Request Process** |  |  |  |  |  |  |  |  |
|  | **Explain Security System and Policies** |  |  |  |  |  |  |  |  |
|  | **Explain Rent Payment Procedures** |  |  |  |  |  |  |  |  |
|  | **Explain Tenant Guest Policy** |  |  |  |  |  |  |  |  |
|  | **Explain Change in Income Rules** |  |  |  |  |  |  |  |  |
|  | **Explain Change in Household Composition Rules** |  |  |  |  |  |  |  |  |
|  | **Explain Trash Disposal Policy** |  |  |  |  |  |  |  |  |
|  | **Identify Location of Fire Extinguishers and Fire Alarms** |  |  |  |  |  |  |  |  |
|  | **Discuss Resident Service Coordination Availability *(if applicable)*** |  |  |  |  |  |  |  |  |
|  | **Identify Smoke Detector Location and Laws Prohibiting Tampering** |  |  |  |  |  |  |  |  |
|  | **Explain Common Area Use and Policies** |  |  |  |  |  |  |  |  |
|  | **Explain Parking Policy** |  |  |  |  |  |  |  |  |
|  | **Explain Call-to-Aid System *(if applicable)*** |  |  |  |  |  |  |  |  |
|  | **Explain Office Hours and Emergency Contact Procedures** |  |  |  |  |  |  |  |  |
|  | **Provide Tenant with Keys** |  |  |  |  |  |  |  |  |
|  | **Update Tenant Name on Mailbox** |  |  |  |  |  |  |  |  |
|  | **COMMENTS, NOTATIONS AND SPECIAL INSTRUCTIONS:** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **SIGNATURES:** |  |
|  |  |  |
| **Resident 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Resident 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Resident 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Resident 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Resident 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Management Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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