



Miami-Dade County Homeless Trust
 111 NW 1st Street, 27th Floor, Suite 310
 Miami, Florida 33128
 (305) 375-1490
www.homelesstrust.org

CoC TBRA HOUSING PROGRAM
 NEW PROGRAM PARTICIPANTS' APPLICATION CHECKLIST

Agency: _____ HMIS # _____
 Tenant: _____ Grant # _____

- Proof of Household Disability (if chronically homeless household, must be head of household)
- Household Identification for all household members and documentation of legal custody of minor(s)
- Declaration of Immigration 214 Status for all household members
- Proof of Citizenship or Lawful Legal Status for all household members
- Applying for HUD Housing Assistance Notification (HUD form-1141) Certification
- Authorization for Release of Information (HUD form 9886)
- Supplement to Application for Federally-Assisted Housing (HUD form 92006) (at option of applicant)
- Resident Rights and Responsibilities Brochure Acknowledgment
- Tenant Income Calculation Rent Determination Worksheet
- Income Verification Supporting Documentation
- Landlord Rental Assistance Participation Agreement (signed)
- Landlord/Tenant/Housing Specialist Agreement (signed)
- Lease (unsigned)
- Lease Addendum (unsigned)
- Lead-Based Paint Disclosure and Radon Gas Notification
- Applicable New Owner/Vendor/Payee Documents

Verification by:

The above listed check list of required documents have reviewed, provided and verified by the signatory listed below:



Miami-Dade County Homeless Trust
 111 NW 1st Street, 27th Floor, Suite 310
 Miami, Florida 33128
 (305) 375-1490
www.homelesstrust.org

CoC TBRA HOUSING PROGRAM
 PARTICIPANTS' APPLICATION FOR ANNUAL
 RE-CERTIFICATION CHECKLIST

Agency: _____ HMIS # _____
 Tenant: _____ Grant # _____

Recertification with:

- Lease Renewal Lease Renewal with Rent Increase OR Move to New Unit
- Household Identification for all new household members and documentation of legal custody of new household minor(s).
- Applying for HUD Housing Assistance Notification (HUD form-1141) Certification
- Authorization for Release of Information (HUD form 9886)
- Supplement to Application for Federally-Assisted Housing (HUD form 92006) (at option of participant)
- Resident Rights and Responsibilities Brochure Acknowledgment
- Tenant Income Calculation Rent Determination Worksheet
- Income Verification Supporting Documentation
- Landlord Rental Assistance Agreement (signed)
- Landlord/Tenant/Housing Specialist Agreement (if new unit; signed)
- Request to Approve Roommate with Landlord Letter of Approval
- Lease Renewal for 12-Month Term (unsigned) OR Lease (unsigned; if new unit)
- Lease Addendum (unsigned)
- Lead-Based Paint Disclosure and Radon Notice (if new unit)
- Applicable New Owner/Vendor/Payee Documents

Verification by:

The above listed check list of required documents have reviewed, provided and verified by the signatory listed below:

 Case Manager or Agency Representative

 Date

 Miami-Dade County Authorized Representative

 Date



Miami-Dade County Homeless Trust
111 NW 1st Street, 27th Floor, Suite 310
Miami, Florida 33128
(305) 375-1490
www.homelesstrust.org

CoC TBRA PROGRAM
PARTICIPANTS' APPLICATION FOR INTERIM CERTIFICATION CHECKLIST

Agency: _____ HMIS # _____
Tenant: _____ Grant # _____

- Applying for HUD Housing Assistance Notification (HUD form-1141) Certification
- Authorization for Release of Information (HUD form 9886)
- Supplement to Application for Federally-Assisted Housing (HUD form 92006) (at option of participant)
- Tenant Income Calculation Rent Determination Worksheet
- Income Verification Supporting Documentation
- Request to Approve Roommate with Landlord Letter of Approval
- Lease Addendum (unsigned and only if change to household composition and/or tenant share of the rent payment).

Verification by:

The above listed check list of required documents have reviewed, provided and verified by the signatory listed below:

Case Manager or Agency Representative

Date

Miami-Dade County Authorized Representative

Date