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:

Case Manager or Agency Representative  ___________________________  Date

Miami-Dade County Authorized Representative  ___________________________  Date
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 _______________________________
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