

NAME: _____ Ph# _____ PROGRAM: _____

STATUS: () Initial Applicant () Preselected () Recertification () Other _____

OCCUPANCY STAFF: _____ DATE: 1ST NOTICE: _____ 2ND NOTICE: _____

VERIFICATION CHECKLIST*

REQUESTS FOR VERIFICATION	DATE OF INTAKE	DATE REQUESTED		DATE REC'D	COMMENTS
		1ST	2ND		
IRS Form 4056 (OMB No. 1545-0429)					
Employment Verification					
Self Employment Verification					
TANF ~ Public Assistance					
Unemployment Verification					
Social Security Verification					
BIA Verification					
VA Verification					
Educational Status/Assistance					
Child Care Expense Verification					
Child Care Support Verification					
Assets					
Alimony Verification					
Credit Check					
Insurance Verification					
Handicap/Disability Verification					
Verification of Previous Assisted Housing					
Landlord Statement Reference					
Verification of Utilities					
SUPPLEMENTAL DOCUMENTS FOR CERTIFICATION/VERIFICATION					
Applicant/Resident Certification					
Authorization for Release of Information					
Monthly House Payment / Tenant Worksheet					
Family Composition					
Authorization for Release of Realty Information					
Lease Agreement					
Social Security Cards, Tribal IDs and State IDs					

*CDTHA reserves the right to utilize any of the above or any other forms necessary to verify and reverify applicant information.