

## SHA CHECKLIST :: Project-based Program

Sender's name (not agency name) \_\_\_\_\_ Phone or e-mail \_\_\_\_\_ Date \_\_\_\_\_

Applicant's name \_\_\_\_\_ Property name \_\_\_\_\_

Bedrooms requested \_\_\_\_\_ Address & unit number \_\_\_\_\_

APPLICATION	Annual Review	Special Review	Transfers	Is this a Sound Families unit? ( <i>circle one</i> )	
				YES	NO
				☐	☐
				☐	☐
				Required	
				Not Needed	
			*	<i>Required ONLY for a change in household composition</i>	
<b>ASSEMBLE MATERIALS IN ORDER FROM TOP TO BOTTOM</b>					
				1. SHA Checklist	
				2. SHA Application	
				3. Personal Declaration	
				4. Change of Income or Household Conditions (SHA-385PL)	
		*		5. Copy(s) of Social Security Card	
		*		6. Proof of Identity for all Household Members ( <i>photo ID for adult; birth records for minors</i> )	
		*		7. Declaration of Citizenship	
		*		8. Eligible Immigration Status Verification Consent Form & INS Documentation	
		*		9. Authorization for the Release of Information (HUD 9886)	
		*		10. SHA Project-based Release of Information	
		*		11. Criminal Background Check	
		*		12. Debt Owed to PHA's & Terminations (HUD 52675)	
<b>INCOME</b>					
				1. Income Verification ( <i>either WSHFC forms or SHA forms will be accepted</i> )	
				2. Self-Employment Verification <i>Include a signed copy of last year's tax return</i> (WSHFC Self-Employment Verification can be substituted for this form)	
				3. Zero Income Affidavit ( <i>WSHFC or SHA form</i> )	
<b>ASSETS</b>					
				1. Asset Verification (if assets in excess of \$5,000) <i>WSHFC forms or SHA forms</i> )	
<b>ALLOWANCES &amp; DEDUCTIONS (if applicable)</b>					
				1. Professional Certification of Disability	
				2. Out-of-Pocket Childcare/Daycare Expenses ( <i>include receipts</i> )	
				3. Out-of-Pocket Medical Deductions ( <i>include prescriptions printout or receipts</i> )	
<b>PART 2: MOVE IN &amp; TRANSFERS</b>					
				1. Initial Inspection Self-Certification	
				2. Copy of the Lease and Tenancy Addendum	
				3. Change of Income or Household Conditions (SHA-385PL) <i>if applicable</i>	
				4. Reporting Obligations and Drug form	
				5. Lead-based Paint Disclosure <i>if applicable</i>	
				6. Statement of Family Responsibility ( <i>signed by Tenant &amp; Owner</i> )	
<b>⇒ TRANSFERS ONLY</b>				Date of transfer:	Old unit #: New unit #:

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### CONTACT NUMBERS FOR THE PROJECT-BASED PROGRAM

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