



RECORD #: 1

This letter is to inform you that the tenant certification identified below was randomly selected for a review of your file documentation and calculation of Rental Assistance. This review is part of an annual review required to be conducted by the Agency in accordance with the Improper Payment Information Act (IPIA). **Please provide the information identified below by December 22, 2015.**

The Centralized Servicing Center (CSC), which processes your monthly payment, will conduct the review.

Please submit a copy of Form RD 3560-8, "Tenant Certification," and supporting documents for the following tenant:

<u>Property Name</u>	<u>Location</u>	<u>Unit No.</u>	<u>Tenant Name</u>	<u>"Tenant Certification" to be Reviewed</u>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Note: The effective date of the certification may not be the current certification.

Please ensure that the supporting documents consist of all documents that were used to complete the "Tenant Certification" identified above. This includes calculation tapes, internal worksheets, and third-party verifications. Examples of supporting documents are as follows:

- **Verification of Employment:** A copy of verification of employment for each adult household member
- **Zero Income Persons:** Include the Zero Income Verification Checklist from your files.
- **Unemployment and Unemployment Benefits:** Tenants receiving unemployment benefits must provide the most recent award or benefit letter prepared and signed by the authorizing agency to verify the unemployment income.
- **Regular, Unearned Income (e.g., Social Security, pensions, workers compensation):** A copy of the most recent award or benefit letter prepared and signed by the authorizing agency.

- **Public Assistance:** A copy of the most recent award or benefits letter prepared and signed by the authorizing agency to verify the amount of public assistance received.
- **Alimony or Child Support Payments:** A copy of the divorce decree, separation agreement, or other document indicating the amount of the required support payments. (If the tenant reports that the amount required by the agreement is not being received, the tenant must document that assistance has been requested from the state or local entity responsible for enforcing payment.)
- **Support for Foster Children or Adults:** Documentation indicating the amount of money received for the care of foster children or adults, and the anticipated period of time the support will be provided.
- **Income Tax Return:** For self employment, a complete, legible copy of the most recently filed Federal income tax form may be submitted for each applicant/tenant, unless the person was exempted from filing a return.
- **Verification of Assets and Income from Assets:** Financial institution statements to verify account balances. (For some assets, such as mutual funds or 401(k) accounts, copies of year-end statements can provide information about annual income. Documents from tenants that identify if any asset has been disposed of for less than fair market value.)
- **Disability/Handicapped Documentation:** If the tenant has been living in the property for a while, the necessary documentation may have to be retrieved from the application or prior certification documentation.
- **Medical Expense:** Documentation used to calculate medical expenses.
- **Citizenship:** FOR FARM LABOR ONLY, documentation of U.S. citizenship or immigration status (for all household members) is required.

Included is a FAX cover sheet with corresponding Record Number to be submitted with each Tenant Certification and supporting documents.

We request that you fax the documents to 1-844-739-1778 by December 22, 2015.

If faxing is a problem or if you have any questions concerning this letter, you may contact the Audit Unit at 1-800-349-5097, extension 5859, from 8:00 a.m. to 4:30 p.m. Central Standard Time, Monday through Friday.

We appreciate your immediate attention and assistance with this review.

Sincerely,



Stephanie B.M. White
Director
Multi-Family Housing
Portfolio Management Division

**MFH Rental Assistance Audit/Review
FAX COVER SHEET**

Project Name: _____

Date: _____

Unit #: ● _____

Tenant Name: _____

of pgs: _____

To: **CSC – Audit Unit**

Phone: **(800) 349 – 5097 x5859**

FAX #: **1 – 844 – 739 – 1778**

From: _____

Phone: _____

FAX #: _____

Required Documentation from Mgmt Co:

___ Tenant Certification, Form RD 3560-8 (**Submit the tenant cert. based upon the requested effective date.**)

___ Verification of Income.

___ Verification of Assets

___ Medical Expense

___ Verification of Disability

___ Verification of Citizenship
(Farm Labor Only)

Remarks:

Please attach the corresponding cover sheet for each tenant. Include all supporting worksheets and/or checklists. All required documents due by 12/22/2015.

Record #: 1