

Electronic File Protocol Quality Control (EFP QC) Checklist Instructions

A peer review is completed of all 50058s processed using the EFP QC checklist(s) to ensure that all documents are attached and stored correctly within our SharePoint Library. Assignment to The EFP QC Team is also designed to create a pipeline into higher level classifications, exposing entry level positions to Housing Assistant functions to support hiring and retention of the workers that complete recertifications.

Electronic File Protocol QC Checklist Instructions



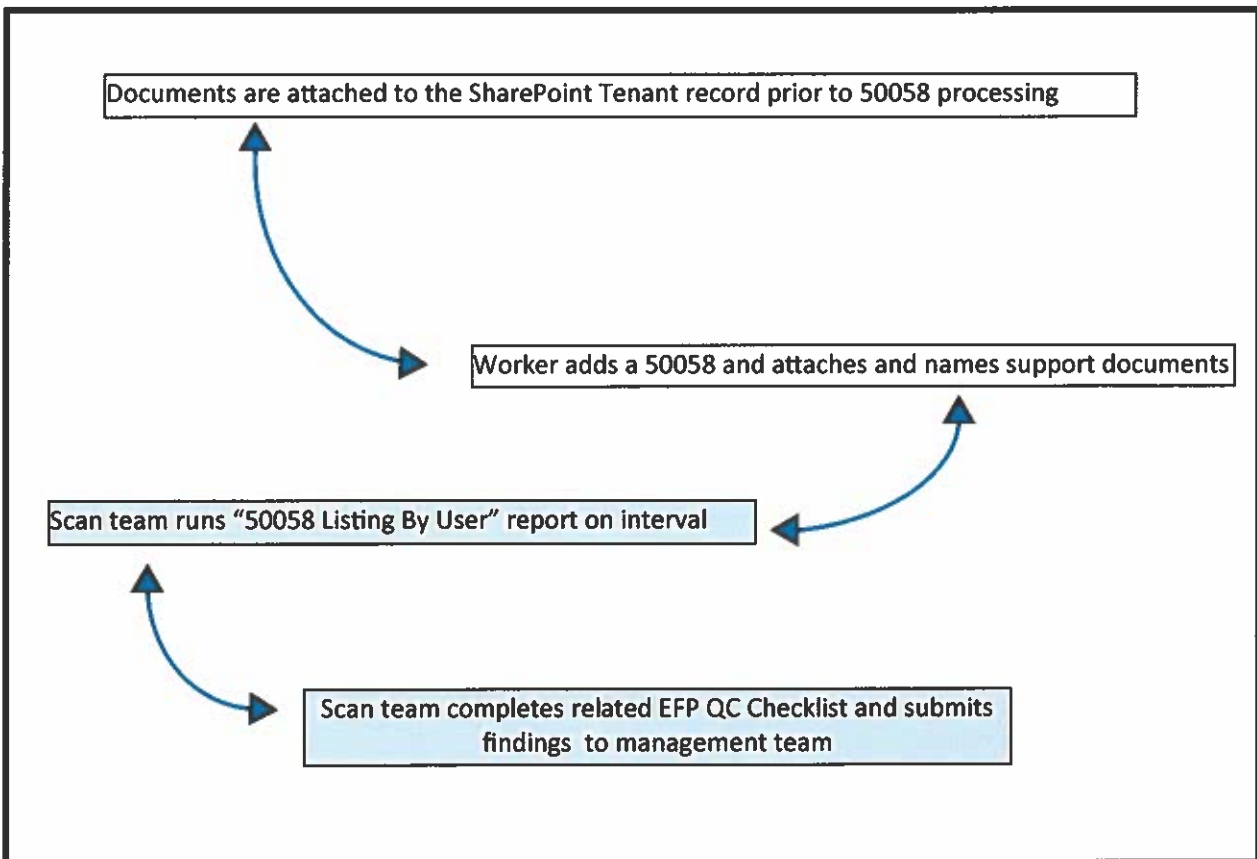
Created: 10/03/2024

Updated: 05/19/2025

Approved by: Jesse Hunter, Senior Management Analyst

Related Files: [Electronic File Protocol QC Checklist.xlsx](#), [Electronic File Protocol.xlsx](#)
[rs_HACCC_58LISTINGBYUSER.txt](#)

When HACCC employees add 50058's, certain documents are required to be retained along with the 50058 in order to support the payments generated by the 50058. The Electronic File Protocol (EFP) General Description of Folders worksheet details the storage and naming requirements for those documents. Separately, the "58 Listing by User" report returns a list of 50058's created with an applied filter for dates ranges of approval and 50058 types. This guide provides instructions for teams assigned to Quality Controlling new 50058's in order to determine if all required documents are attached to the 50058 record and if those documents are stored in accordance with the Electronic File Protocol.



Electronic File Protocol QC Checklist Instructions



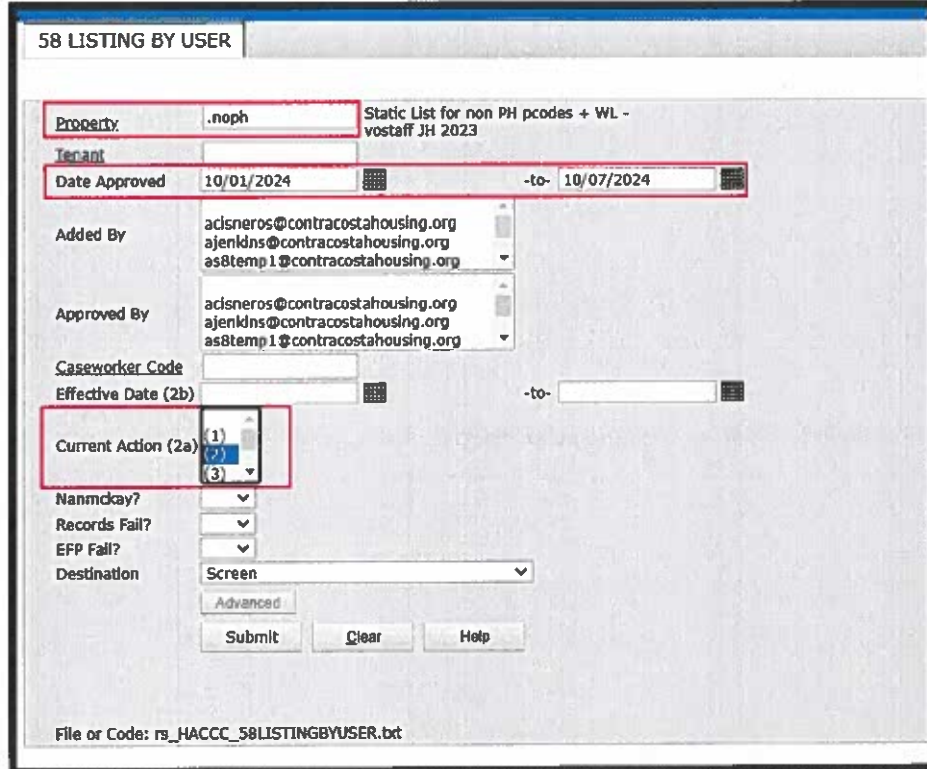
RUNNING THE "50058 LISTING BY USER" REPORT

The 50058 Listing by User report returns a list of 50058's processed

Property	Allows the user to filter for 50058's Note: .NOPH is the property list used for all Housing Choice Voucher properties
Date Approved	This filters for a date range during which new 50058's were added and payment generated
Added By	This filter allows you to return a list of 50058's added by a specific user
Approved By	This filter allows you to return a list of 50058's approved by a specific user
Caseworker Code	This filter allows you to return a list of 50058's for tenants assigned to a specific caseload
Current Action	This filters for specific 50058 type which relate to specific EFPQC Checklists

From the CCCHA_Custom Menu, select 58 Listing by User Report

In the following graphic, the user has selected 50058's in property list ".noph" added/ approved between 10/1/24 and 10/7/24 where the current action type was 2.



58 LISTING BY USER

Property: .noph Static List for non PH pcodes + WL -
vostaff JH 2023

Tenant:

Date Approved: 10/01/2024 -to- 10/07/2024

Added By: acisneros@contracostahousing.org
ajenkns@contracostahousing.org
as8temp1@contracostahousing.org

Approved By: acisneros@contracostahousing.org
ajenkns@contracostahousing.org
as8temp1@contracostahousing.org

Caseworker Code:

Effective Date (2b): -to-

Current Action (2a): (1)
(2) (3)

Namckay?

Records Fail?

EFP Fail?

Destination: Screen

Advanced

Submit Clear Help

File or Code: rs_HACCC_58LISTINGBYUSER.txt

Electronic File Protocol QC Checklist Instructions



On the first day of the workweek, a separate report should be generated for each item below using the previous weeks date range

- a) Annual Recertification (50058 type 2 and 9)
- b) Interim Recertification (50058 type 3)
- c) Portability Admission (50058 type 4)
- d) New Admission (50058 type 1)
- e) New Contract (50058 type 7)

The report and QC assignments should be saved and tracked.

USING THE YARDI ELECTRONIC FILE PROTOCOL QUALITY CONTROL CUSTOM TABLE

From any Family Info 50058, select Functions> Electronic File Protocol Quality Control.

When the relevant EFP Worksheet is completed, the auditor must populate all three fields of the custom table.

A screenshot of a web browser window titled "Yardi Systems, Inc. - Yardi Voyager - ...". The address bar shows "yardiasp.com/02349contra/Pages/SysUserDa...". The main content area has a header "Electronic File Protocol Quality Control". Below the header are two buttons: "Save" and "Close". There are three form fields: "EFP Satisfied?" with a dropdown menu showing "no", "Records Requirement Satisfied?" with a dropdown menu showing "yes", and "Auditor Name" with a text input field containing "jehunter". At the bottom of the form are two buttons: "Save" and "Close".

"EFP Satisfied" implies that the documents were named and stored in accordance with the Electronic File Protocol. "Records Requirement Satisfied" implies that all documents required to support the 58 are present (but may be named or stored incorrectly). If fields contains "no" add comment in "notes" section explaining why. If all 50058 documents are contained in "Filed Packet", mark "EFP Satisfied", "yes". If any "Records Requirement Met?" or "EFP satisfied?" on the relevant EFP Worksheet is "no", the Yardi custom table field must be "no".

Electronic File Protocol QC Checklist Instructions



SHARING AND RECONCILING REPORT FINDINGS

Weekly, once all audits have been completed, the 50058 Listing by User report must be re-run, with “Records Requirement Satisfied?” marked “No” and then again with “EFP Satisfied?” marked “No. Leave the action type blank. These two consolidated reports must be shared with the HCV management team for assignment.

Additionally, once per month, the scan team must return to the previous months “Record Fail?” Items to ensure that the documents were added by the department staff. The Yardi Electronic File Protocol Quality Control Custom Table must be updated according to re-audit. A report showing “second fails” (items where “Records Requirement Satisfied?” cannot be changed to “yes” during the monthly look back) will be shared with the HCV Management team and Analyst once per month.

The file team lead and manager are responsible for completing the report schedule and scan team assignments.

Property	Allows the user to filter for 50058's Note: .NOPH is the property list used for all Housing Choice Voucher properties
Date Approved	This filters for a date range during which new 50058's were added and payment generated
Current Action	This filters for specific 50058 type which relate to specific EFPQC Checklists
Records Requirement Satisfied?	This filters shows only 50058's where the Yardi Electronic File Protocol Quality Control Custom Table shows a "no" in the "Records Requirement Satisfied?" field

Electronic File Protocol QC Checklist Instructions



EFP Satisfied?

This filters shows only 50058's where the Yardi Electronic File Protocol Quality Control Custom Table shows a "no" in the "EFP Satisfied?" field

WORKSHEET "ANNUAL RECERTIFICATION (2,9)"

The scan team generates the 50058 Listing by User Report with the previous week date range, property as .noph and the action type as 2 and 9. An Electronic File Protocol QC Checklist is then completed for each 50058 on the report. The individual Electronic File Protocol QC Checklists are saved to respective 50058 attachments within the "Clarification Documents" Folder.

52665 Email to Initial:	(Applicable if tenant is in property code "voportin") Email to initial PHA and Port containing related 50058 and 52665?
--------------------------------	---

If the property code is in "voportin" this means that the HACCC is billing another PHA for the monthly subsidy.



Workers processing 50058's are required to send the initial PHA an email containing the 50058 and the 52665 for any 50058 processed in this property code. The unencrypted email and documents must be attached here.

The screenshot below demonstrates what the top of the 52665 documents looks like.

Part II-A Receiving PHA Information and Certification	
Instructions: The receiving PHA must always complete Part II-A.	
1. Head of Household Name	2. Head of Household Social Security Number
3. Voucher Bedroom Size (per receiving PHA's policies)	4. HAP Contract Number (if applicable) T0091120
5. Receiving PHA administrative fee rate (Note: include proration, if applicable. For example, if the proration factor for the year is 79% and your column B rate is \$60, enter \$47.4)	\$ 131.04
Certification Statement:	
I certify that the information provided on Part II-A of this form and, if applicable, the attached form HUD-50058 is true and correct and that my agency will	

Electronic File Protocol QC Checklist Instructions



Asset Documents: Is valid verification of all assets reported on the 50058 attached? File name must be projected effective date of recert + short description of document (ex "02012023 Bank of America")

If the subject 50058 contains Asset information, there must be a valid verification attached (ex. All pages of the most recent statement dated within 120 days of the effective date of the 50058). If the total amount of the assets does not exceed \$5,000, the worker may add a memo indicating that the tenant provided self-certification to assets not exceeding \$5,000k in place of verification (it's acceptable for this memo to be contained in the "Clarification Documents" folder instead of the Asset folder). Additionally, the worker may add a completed Third Party Form in cases where the asset needed to be verified but no tenant provided third party documents were available. If an asset account was removed (determined by comparing the subject 50058 asset tab to the previous 50058 (type 1,2,3,4,7,9) asset tab, the worker must add a closure statement or memo.

Display Fields	Audit	Agency	Action	Member	Admin/audit	Unit
Asset	Income		Expense	Adjustments	TTP	
6. Assets						
6a. Member Number	Member Name	6b. Type of asset	Status of Asset	Market Value	6d. Cash Value	6e. Anticipated Income
1		CHECKING 5093	Current	1223.18	1223.00	0.00
				1223.18	1223.00	0.00

Clarification Documents: Memo to file (if applicable), Audit Checklist, Calculation Summary, UA Chart, Payment Standard Notice (if "Program Attached =VO"), Calculation Tape all attached. File name must be effective date of recert + short description of document. (ex. 02012023 Calc Summary).

There are many reports that may not be available after the FDI screen is changed. These reports must be saved by the worker at the time of processing in the "Clarification Documents" folder for the subject 50058. The TTP appearing on the Calculation Tape must match the TTP appearing in 9f of the "TTP" window. In the example below, it doesn't match.

Asset	Income	Expense	Adjusted	TTP
9. Total Tenant Payment (TTP)				
8a. Unadjusted annual income	35,784.00			
8a. Unadjusted monthly income: 8a ÷ 12	2,982.00			
Unadjusted income percent	10.00			
9c. TTP if based on unadjusted annual income		200.00		
8c. Adjusted annual income	35,584.00			
9d. Adjusted monthly income: 8c ÷ 12	2,965.33			
9e. Adjusted monthly income percent				
9f. Adjusted annual income percent				

Chiropractic	\$0
Disab. App	\$0
Total Allowance	\$0

Total Tenant Payment	
Annual Adjusted	\$12,677
Monthly Adjusted	\$1,056
30% of Mo. Adjusted	\$317
Min Rent	\$50
10% of Gross	\$109

Electronic File Protocol QC Checklist Instructions



Correspondence:	Rent Adjustment Letter, Appointment Letter(s) and if applicable, Missing Items letter(s). File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1")
------------------------	---

At a minimum, every recertification requires a first appointment letter and a rent adjustment letter. Additional letters may be generated in the course of an Annual Recertification (2nd Appointment Letter, Missing Items Letter 1, Missing Items Letter 2)

The Tenant Rent and Housing Assistance Payment on the Rent Adjustment Letter should match the "Tenant Rent" and "Housing Assistance Payment" display field. Note that Tenant Rent and Housing Assistance Payment have varying field codes depending on the property/ program code.

Asset	Income	Expense	Adjustments
Display Fields	Audit	Agency	Action
DISPLAY FIELDS ONLY		Last Posted Fields	
TTP	317.00	Date TR Last Posted	
Tenant Rent	239.00	Date HAP Last Posted	10/01/2024
Housing Assistance Payment	1,870.00	Date URP Last Posted	

reflect the change in the family's portion of rent. If necessary, a supplemental check will be sent to the owner.

New Family Rent Payment:	\$ 239.00
New Housing Assistance Payment:	\$ 1870.00
Total Contract Rent	\$ 2109.00

Correspondence:	(If there was a removal of a Household member). Subsidy Size Change Letter. File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1")
------------------------	---

If there was a removal of a household member, the worker is required to mail a Family Composition/ Subsidy Change confirmation letter which would indicate whether or not the family bedroom size is to remain the same. Compare the "Member" tab of the subject 50058 and the prior 50058 (type 1,2,3,4,7,9). The example below requires a subsidy change letter.

13 | 07/01/22

12 | 05/01/22

13 | 09/16/21

2 | 05/01/21 (1)

2 | 05/01/21

2 | 05/01/20

13 | 10/03/19

2 | 05/01/19

2 | 05/01/18

1 | 11/15/17

Tenant	10025136	7b. Date Effective	07/01/2022
Holt Name		Correction #	0
Holt SSN		Date Modified	07/12/2022
Address		Date Lease Ends	
City		Approve 50058	<input type="checkbox"/> Exclude From MTCS
HAP Recipient	38236	Program Attached	PV-Prof Based Voucher
Caseworker	pbv2		
Program Settings			

Save

Print

Help

Alerts (0/1)

Close

Asset	Income	Expense	Adjustments	TTP				
Display Fields	Audit	Agency	Action	Admission				
1 Household								
3a. Member#	Member Name	3c. Birth Date	3f. Age	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability	3n. SSN
1	MSZJINA	[79]	Female	Head	EC-Eligible Citizen	Y		

Electronic File Protocol QC Checklist Instructions



02/01/22
 05/01/22
 07/15/22
 05/01/21 (1)
 05/01/21
 05/01/20
 10/03/19
 05/01/19
 05/01/18
 11/15/17

Tenant: 10025136
 HHH Name: [Redacted]
 HHH SSN: [Redacted]
 Address: [Redacted]
 City: [Redacted]
 HAP Recipient: J82J0
 Caseworker: pbv2
 Program Settings: [Redacted]

2a. Date Effective: 05/01/2022
 2b. Date Effective: 0
 Date Modified: 04/12/2022
 Date Lease Ends: [Redacted]
 Approve 50058: Exclude From: [Redacted]
 Program Attached: PV, Proj Based Voucher

Save Delete Alerts (0/1)

Display Fields	Audit	Income	Agency	Expense	Action	Adjustments	Member	Admission
3. Household								
3a. Member#	Member Name	3c. Birth Date	3f. Age	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability	3n. SSN
1	ELIZABETH		79	Male	Head	EC - Eligible Citizen	Y	
2	JOSIE JANE		79	Female	Spouse	EC - Eligible Citizen	Y	

Correspondence: (If the HAP amount is zero). Zero HAP Letter. File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1")

If the HAP amount is zero, the worker is required to send the family a Zero HAP letter. Check the HAP amount in the "Display Fields"

01/01/24
 01/01/23
 03/24/22
 01/01/22
 01/01/21 (1)
 01/01/21
 11/01/20
 01/01/20 (1)
 01/01/20
 11/14/19
 03/01/19
 03/01/18

Unit: 1069
 Tenant: 10002393
 HHH Name: [Redacted]
 HHH SSN: [Redacted]
 Address: [Redacted]
 City: [Redacted]
 HAP Recipient: 81736
 Caseworker: vorich3
 Program Settings: [Redacted]

2a. Action Type: 2-Annual
 2b. Date Effective: 01/01/2024
 Correction #: 0
 Date Modified: 10/03/2024
 Date Lease Ends: [Redacted]
 Approve 50058: Exclude From: [Redacted]
 Program Attached: PV, Proj Based Voucher

Save Delete Alerts (0/1)

Display Fields	Audit	Income	Agency	Expense	Action	Adjustments	Member	Admission
DISPLAY FIELDS ONLY								
9j TIP		1,465.00				Date TR Last Posted		
13e Tenant Rent		1,256.00				Date HAP Last Posted		
1 Housing Assistance Payment		0.00				Date URP Last Posted		
11k. Contract rent to owner		1,165.00				Date PRF Last Posted		
13m. Utility allowance		209.00				Date FSS Last Posted		
5d Unit Bedroom Size		3				Date TRS Last Posted		

Electronic File Protocol QC Checklist Instructions



Expense Documents:	Is valid verification of all allowances appearing on the 50058 attached? File name must be projected effective date of recert + short description of document (ex "02012023 Pharmacy Receipts")
---------------------------	---

If the subject 50058 contains Expense information, there must be a valid verification attached (ex. Receipts for unreimbursed medical expenses, Invoice for Childcare). Additionally, the worker may add a completed Third Party Form in cases where the expense needed to be verified but no tenant provided third party documents were available. Additionally, EIV may be used as verification but only for Social Security related deductions (ex. Medicare).

Member Number	Member Name	Expense Type	Expense per year
1		M_Medical expense	745.00
			745.00

Income Documents:	Is valid verification of all income appearing on the 50058, zero income form for any zero income adults (if applicable), and EIV attached in order of verification hierarchy? File name must be projected effective date of recert + short description of document (ex "02012023 Tesla Paystubs")
--------------------------	---

If the subject 50058 contains Income information, there must be a valid verification attached (ex. consecutive paystubs for a job, TANF award letter). Additionally, the worker may add a completed "Third Party Form" in cases where the income needed to be verified but no tenant provided third party documents were provided after being requested via a Missing Items Letter. If there is no tenant provided third party documents and a Third Party Form was mailed but not returned, the worker may use a "Third Party Verbal" form as verification. Additionally, EIV may be used as verification but only for Social Security Income or Federal Wages.

Electronic File Protocol QC Checklist Instructions



7a. Member Number	Member Name	7b. Income Code	7d. Income per year	7e. Exclusions per year	7f. Income after exclusions
1		S-SSI	13,605.00	0.00	13,605.00
1		B-Business	192.00	0.00	192.00
2		W-Other Wage	7,327.00	0.00	7,327.00
2		B-Business	290.00	0.00	290.00
			21,414.00	0.00	21,414.00

If there was a removal of an income source that had been included on the previous paying 50058, the worker must include verification showing that the income stopped (ex. Termination Letter, Letter from Calworks ending benefits). Compare the "Income" tab of the subject 50058 and the prior 50058 (type 1,2,3,4,7,9). The example below requires verification of the end of an income source ("N"). Note, that in certain cases (ex. a person with income "W" changed jobs), "W" may appear on both the new 50058 and the old 50058, however the 50058 income table will show that the source of the income has changed, requiring verification of end of income from the previous source).

7a. Member Number	Member Name	7b. Income Code	7d. Income per year	7e. Exclusions per year	7f. Income after exclusions
2	AMI	W-Other Wage	0.00	0.00	0.00
2	AMI	N-Other Income	20,620.00	0.00	20,620.00
			20,620.00	0.00	20,620.00

7a. Member Number	Member Name	7b. Income Code	7d. Income per year	7e. Exclusions per year	7f. Income after exclusions
2	AMI	W-Other Wage	35,784.00	0.00	35,784.00
			35,784.00	0.00	35,784.00

Electronic File Protocol QC Checklist Instructions



Member Documents:	<p>1) If 58 includes adult member, are all vital documents contained in Resident>Initial Eligibility folder? (Ex. Photo ID, Citizenship verification/ Birth Certificate, SS Card, 214 form, What You Should Know About EIV, 52675. 9886 and if applicable, Full-time student verification other than a schedule, disability verification and for member code "L", a Live-in aid agreement). File name must be projected effective date of recert + short description of document (ex. 09012023 Jesse Photo ID).</p>
--------------------------	--

For any new and existing household adult household member, the Housing Authority must keep a record of their vital documents details in this field. The vital documents will be stored in Resident>Archive 2022>Household Members or Resident>Initial Eligibility.

(Adults)

The screenshot shows a software interface with a left-hand list of dates and a main area with fields for Property, Unit, Tenant, HOK Name, HOK SSN, Address, City, HAP Recipient, Caseworker, and Program Settings. On the right, there are fields for Cl# #621791, 3-Interim, 2a. Action Type, 2b. Date Effective (04/01/2024), Correction # (1), Date Modified (03/28/2024), Date Lease Ends, Approve 50058, Exclude From MHC, and Program Attached (PV Proj Based Voucher). At the bottom, there is a table for household members:

3a. Member#	Member Name	3e. Birth Date	3f. Age	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability	3n. SSN
1	Adria	1/03	53	Female	Head	EC=Eligible Citizen		
2	Urriso	5/29	29	Male	Adult	EC=Eligible Citizen		

(Full-Time Students)

3a. Member#	Member Name	3e. Birth Date	3f. Age	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability	3n. SSN
1	DAWN R		56	Female	Head	EC=Eligible Citizen	Y	
2	TANIA L		25	Female	Student 18+	EC=Eligible Citizen	N	

Electronic File Protocol QC Checklist Instructions



Member Documents:	2) If 58 includes minor member, are all vital documents contained in Resident>Initial Eligibility folder? (Ex. Citizenship verification/ Birth Certificate, SS Card, 214 form, and if applicable, disability verification) . File name must be projected effective date of recert + short description of document (ex. 09012023 Jesse Photo ID)
--------------------------	---

For any new and existing youth household member, the Housing Authority must keep a record of their vital documents details in this field. This is a different set of documents than those that are required for adults. The vital documents will be stored in Resident>Archive 2022>Household Members or Resident>Initial Eligibility. When a "relation 3h" updates from "youth" to "adult" on the new 50058 (ex. they turned 18), all records needed for adult become required.


(Youth)

3. Household								
3a. Member#	Member Name	3e. Birth Date	3f. Age	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability	3n. SSN
1	DAWN J			Female	Head	EC=Eligible Citizen	Y	
2	TANIA J			Female	Youth <18	EC=Eligible Citizen	N	

Personal Declaration:	1) Personal declaration completed, signed/ dated by all adult HH members? (including any interim change form combined with this Annual Recertification?). File name must be projected effective date of recert + short description of document (ex. "02012023 Personal Declaration")
------------------------------	--

Every recertification requires the collection of a "Personal Declaration" signed by all adult household members

(Paper Annual Recertification Packet)



Housing Authority of the County of Contra Costa
PERSONAL DECLARATION AND QUESTIONNAIRE
RECERTIFICATION

02/09/31 MR. SMITH

INSTRUCTIONS: This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. All members of the household who are 18 years of age and older must sign and date this form, certifying that the information is true, correct and complete.

PLEASE PRINT - Use INK

HEAD OF HOUSEHOLD NAME: 1 First Smith Last S MI

Phone: Home _____ Work _____ Mobile _____ Other _____

Electronic File Protocol QC Checklist Instructions



(Online Annual Recertification Packet)

Recertification Summary					
Applicant Information					
Applicant:			Application Submitted:		
Current Address:					
		CA	94801		
Contact Information					
Home:			Cell Phone:		
Email:					
Household Information					
List ALL household members who will be living in your home. This includes live-in aides and foster children					
Name	Member	LEP	SSN	Age	Gender

(Interim Personal Declaration may be included in addition to the Annual Personal Declaration)

<p>HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA</p> <p>REPORT OF CHANGE IN INCOME/FAMILY COMPOSITION</p>	
---	--

<p>Signature Documents:</p>	<p>All signature documents (other than What You Should Know About EIV, 52675 which only need to be signed by HOH) must be signed by all adults: 9886, HACCC Authorization for Release of Information, Family Obligations, Important Notice, Good Neighbor Guidance, Megans Law, Lead Based Paint . File name must be projected effective date of recert + short description of documents (ex. 09012023 signature documents)</p>
------------------------------------	---

Each year, adult household members and or the head of household are required to sign agreements and disclosures. Each annual recertification must include all required signature documents signed by the designee or member listed on the form.

Electronic File Protocol QC Checklist Instructions



Additional Audit: If contract rent has changed since most recent 2,3,4,7 completed Rent Adjustment Checklist

If there was a change in total contract rent, you must complete the "Rent Increase" audit checklist. Compare the "Display Fields" tab of the subject 50058 and the prior 50058 (type 1,2,3,4,7,9). The example below requires a Rent Adjustment audit checklist.

2) 11/01/24
1) 11/13/23
(10) 07/10/23

Property	WQ	Ctrl #63977B	
Unit	22SLAKEA	2a. Action Type	2-Annual
Tenant	10089B74	2b. Date Effective	11/01/2024
HoH Name		Correction #	0
HoH SSN		Date Modified	09/18/2024
Address		Date Lease Ends	
City		Approve 50058	<input checked="" type="checkbox"/> Exclude
HAP Recipient	33610	Program Attached	VQ Voucher
Caseworker	eha1		
Program Settings			

Save Delete Alerts (0/1)

Asset Income Expense Adjustments

Display Fields Audit Agency Action Member Admiss

DISPLAY FIELDS ONLY		Last Posted Fields	
9) TTP	1,427.00	Date TR Last Posted	
12v Tenant Rent	1,323.00	Date HAP Last Posted	
12u Housing Assistance Payment	727.00	Date URP Last Posted	
12j Voucher Payment Standard	2,590.00	Date PAF Last Posted	
12k Rent to Owner	2,050.00	Date FSS Last Posted	

2) 11/01/24
1) 11/13/23
(10) 07/10/23

Property	WQ	Ctrl #611335	
Unit	22SLAKEA	2a. Action Type	1-New
Tenant	10089B74	2b. Date Effective	11/13/2023
HoH Name		Correction #	0
HoH SSN		Date Modified	12/05/2023
Address		Date Lease Ends	
City		Approve 50058	<input type="checkbox"/> Exclude from MICS
HAP Recipient	33610	Program Attached	VQ Voucher
Caseworker	eha1		
Program Settings			

Save Delete Help Alerts (0/1) Close

Asset Income Expense Adjustments TTP

Display Fields Audit Agency Action Member Admission Unit

DISPLAY FIELDS ONLY		Last Posted Fields	
9) TTP	824.00	Date TR Last Posted	
12v Tenant Rent	711.00	Date HAP Last Posted	10/01/2024
12u Housing Assistance Payment	1,284.00	Date URP Last Posted	
12j Voucher Payment Standard	3,500.00	Date PAF Last Posted	
12k Rent to Owner	1,995.00	Date FSS Last Posted	

Electronic File Protocol QC Checklist Instructions



WORKSHEET "INTERIM RECERTIFICATION (3)

The scan team generates the 50058 Listing by User Report with the previous week date range, property as .noph and the action type as 3. An Electronic File Protocol QC Checklist is then completed for each 50058 on the report. The individual Electronic File Protocol QC Checklists are saved to respective 50058 attachments within the "Clarification Documents" Folder.

Unlike Annual Recertifications, Interim Recertifications only require verification of the item changed since the most recent paying 50058 (ex. member removed, lost job, new job, household member had baby and added child) . If the Interim Recertification was added for the sole purpose of updating the total contract rent (11k. Contract rent to owner), do not complete this checklist. Instead, complete checklist "Rent Adjustment (2,3)"

52665 Email to Initial:	(Applicable if tenant is in property code "voportin") Email to initial PHA and Port containing related 50058 and 52665?
--------------------------------	---

If the property code is in "voportin" this means that the HACCC is billing another PHA for the monthly subsidy.



Workers processing 50058's are required to send the initial PHA an email containing the 50058 and the 52665 for any 50058 processed in this property code. The unencrypted email and documents must be attached here.

Electronic File Protocol QC Checklist Instructions



Asset Documents:	If there was a change in Assets between the subject 50058 and the previous relevant 50058, is valid verification of the change reported on the 50058 attached? File name must be projected effective date of recert + short description of document (ex "02012023 Bank of America")
-------------------------	---

If the subject 50058 contains Asset information that is changed from the most recent 50058 (type 1,2,3,4,7,9), there must be a valid verification attached (ex. All pages of the most recent statement dated within 120 days of the effective date of the 50058). If the total amount of the assets does not exceed \$5,000, the worker may add a memo indicating that the tenant provided self-certification to assets not exceeding \$5,000k in place of verification. Additionally, the worker may add a completed Third Party Form in cases where the asset needed to be verified but no tenant provided third party documents were available. If an asset account was removed (determined by comparing the subject 50058 asset tab to the previous 50058 (type 1,2,3,4,7,9) asset tab, the worker must add a closure statement or memo.

Display Fields	Audit	Agency	Action	Member	Admission	Quit
Asset	Income	Expense	Adjustments	TTP		
6. Assets						
6a. Member Number	Member Name	6b. Type of asset	Status of Asset	Market Value	6d. Cash Value	6e. Anticipated Income
1		CHECKING 5093	Current	1223.18	1223.00	0.00
				1223.18	1223.00	0.00

Clarification Documents:	Memo to file (if applicable), Audit Checklist, Calculation Summary, UA Chart, Payment Standard Notice (if "Program Attached=VO"), Calculation Tape all attached. File name must be effective date of recert + short description of document. (ex. 02012023 Calc Summary).
---------------------------------	---

There are many reports that may not be available after the FDI screen is changed. These reports must be saved by the worker at the time of processing in the "Clarification Documents" folder for the subject 50058. The TTP appearing on the Calculation Tape must match the TTP appearing in 9f of the "TTP" window. In the example below, it doesn't match.

Asset	Income	Expense	Subsidy	TTP
9. Total Tenant Payment (TTP)				
9a. Unadjusted annual income	35,784.00			
9a. Unadjusted monthly income: 9a ÷ 12	2,982.00			
Unadjusted income percent	10.00			
9c. TTP if based on unadjusted annual income		298.00		
9b. Adjusted annual income	35,304.00			
9d. Adjusted monthly income: 9b ÷ 12	2,942.00			
9e. Adjusted monthly income percent	8.25			
9f. Total Tenant Payment (TTP)				317.00

CivicCare		\$0
Disab. App		\$0
Total Allowance		\$0

Total Tenant Payment	
Annual Adjusted	\$12,677
Monthly Adjusted	\$1,056
30% of Mo. Adjusted	\$317
Min Rent	\$50
10% of Gross	\$109

Electronic File Protocol QC Checklist Instructions



Correspondence:	Rent Adjustment Letter, Missing Items letter(s). File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1")
------------------------	--

At a minimum, every interim recertification requires a rent adjustment letter. Additional letters may be generated during an Interim Recertification (Missing Items Letter 1, Missing Items Letter 2)

The Tenant Rent and Housing Assistance Payment on the Rent Adjustment Letter should match 11t and 11s

Asset	Income	Expense	Adjustments
Display Fields	Audit	Agency	Action
DISPLAY FIELDS ONLY		Last Posted Fields	
9J TTP	317.00	Date TR Last Posted	
11s Tenant Rent	239.00	Date HAP Last Posted	10/01/2024
11t Housing Assistance Payment	1,870.00	Date URP Last Posted	

reflect the change in the family's portion of rent. If necessary, a supplemental check will be issued to the owner.

New Family Rent Payment:	\$ 239.00
New Housing Assistance Payment:	\$ 1870.00
Total Contract Rent	\$ 2109.00

Correspondence:	(If there was a removal of a Household member). Subsidy Size Change Letter. File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1")
------------------------	---

If there was a removal of a household member, the worker is required to mail a Family Composition/ Subsidy Change confirmation letter which would indicate whether or not the family bedroom size is to remain the same. Compare the "Member" tab of the subject 50058 and the prior 50058 (type 1,2,3,4,7,9). The example below requires a subsidy change letter.

1 | 07/01/23

Tenant	60025138	2b. Date Effective	07/01/2022
Holt Name		Correction #	0
Holt SSN		Date Modified	07/12/2022
Address		Date Lease Ends	
City		Approve 50058	<input type="checkbox"/> Exclude From MTCS
HAP Recipient	16236	Program Attached	Pr. Prot Based Voucher
Caseworker	pbv2		
Program Settings			

Alerts (0/1) Close

Asset	Income	Expense	Adjustments	Admission	TTP
Display Fields	Audit	Agency	Action	Member	Admission
3. Household					
3a. Member	Member Name	3c. Birth Date	3f. Age	3g. Sex	3h. Relation
1	KOHINA		79	Female	Head
				3l. Citizenship	3m. Eligibility
				EC=Eligible Citizen	Y

Electronic File Protocol QC Checklist Instructions



11/07/21/22
 2) 05/01/22
 1) 05/01/21
 (2) 05/01/21 (1)
 (2) 05/01/21
 (2) 05/01/20
 (1) 10/03/19
 (2) 05/01/19
 (2) 05/01/18
 (1) 11/15/17

Tenant: 10925136
 2b. Date Effective: 05/01/2022
 Correction #: 0
 Date Modified: 04/11/2022
 Date Lease Ends:
 Approve 30058 Exclude From
 Program Attached: PV (Prot Based) Voucher

HAP Recipient: 28236
 Caseworker: pbv2
 Program Settings:

3a. Member#	Member Name	3c. Birth Date	3f. Age	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability	3n. SSN
1	EUGENIO		79	Male	Head	EC-Eligible Citizen	Y	
2	SOLINA		79	Female	Spouse	EC-Eligible Citizen	Y	

Correspondence: (If the HAP amount is zero). Zero HAP Letter. File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1")

If the HAP amount is zero, the worker is required to send the family a Zero HAP letter. Check the HAP amount in the "Display Fields"

(2) 01/01/24
 (1) 01/01/23
 (1) 03/24/22
 (2) 01/01/22
 (2) 01/01/21 (1)
 (2) 01/01/21
 (2) 11/01/20
 (3) 01/01/20 (1)
 (3) 01/01/20
 (1) 11/14/19
 (2) 03/01/19
 (2) 03/01/18

Unit: 1069
 2a. Action Type: 2-Annual
 Tenant: 1091393
 7b. Date Effective: 01/01/2024
 Correction #: 0
 Date Modified: 10/03/2024
 Date Lease Ends:
 Approve 50058 Exclude From
 Program Attached: PV (Prot Based) Voucher

HAP Recipient: 82236
 Caseworker: vorich3
 Program Settings:

DISPLAY FIELDS ONLY	Income	Expense	Last Posted Fields
9j TIP	1,465.00		Date IR Last Posted
11s Tenant Rent	1,236.00		Date HAP Last Posted
11t Housing Assistance Payment	0.00		Date URP Last Posted
11x Contract rent to owner	1,165.00		Date PAF Last Posted
15m Utility allowance	209.00		Date FSS Last Posted
5d Unit Bedroom Size	3		Date TBS Last Posted

Electronic File Protocol QC Checklist Instructions



Expense Documents:	<p>If there was a change in Expenses between the subject 50058 and the previous relevant 50058s, is valid verification of all allowances/ expenses appearing on the 50058 attached? File name must be projected effective date of recert + short description of document (ex "02012023 Pharmacy Receipts")</p>
---------------------------	--

If the subject 50058 contains Expense information that is changed from the most recent 50058 (type 1,2,3,4,7,9), there must be a valid verification attached (ex. Receipts for unreimbursed medical expenses, Invoice for Childcare). Additionally, the worker may add a completed Third Party Form in cases where the expense needed to be verified but no tenant provided third party documents were available.

Member Number	Member Name	Expense Type	Expense per year
1		M - Medical expense	745.00
			745.00

Income Documents:	<p>If there was a change in Income between the subject 50058 and the previous relevant 50058, is valid verification of all income appearing on the 50058, zero income form for any zero income adults (if applicable), and EIV attached in order of verification hierarchy? File name must be projected effective date of recert + short description of document (ex "02012023 Tesla Paystubs")</p>
--------------------------	---

If the subject 50058 contains Income information that is changed from the most recent 50058 (type 1,2,3,4,7,9), there must be a valid verification attached (ex. consecutive paystubs for a job, TANF award letter). Additionally, the worker may add a completed "Third Party Form" in cases where the income needed to be verified but no tenant provided third party documents were provided after being requested via a Missing Items Letter. If there is no tenant provided third party documents and a Third Party Form was mailed but not returned, the worker may use a "Third Party Verbal" form as verification. Additionally, EIV may be used as verification but only for Social Security Income or Federal Wages.

Electronic File Protocol QC Checklist Instructions



2 | 02/01/23
 2 | 02/01/22
 13 | 10/04/21
 3 | 10/01/21
 3 | 07/01/21
 2 | 02/01/21
 3 | 11/01/20
 2 | 09/01/20
 2 | 07/01/20
 3 | 08/01/18 (1)
 3 | 08/01/18
 3 | 03/01/18

HOH Name
 HOH SSN
 Address
 City
 HAP Recipient: 82277
 Caseworker: vorich1
 Program Settings

Correction # 0
 Date Modified: 04/10/2023
 Date Lease Ends
 Approve 50058
 Program Attached: P1-First Based Voucher
 Exclude From MICS

Save | Delete | Info

Alerts (0/1) | Close

Display Fields: Asset | Income | Agency | Expense | Action | Member Adjustments | Admission | Unit | ITP

7. Income

7a. Member Number	Member Name	7b. Income Code	7d. Income per year	7e. Exclusions per year	7f. Income after exclusions
1		S_SSI	13,605.00	0.00	13,605.00
1		B_Business	792.00	0.00	792.00
2		W_Other Wage	7,327.00	0.00	7,327.00
2		B_Business	290.00	0.00	290.00
			21,414.00	0.00	21,414.00

If there was a removal of an income source that had been included on the previous paying 50058, the worker must include verification showing that the income stopped (ex. Termination Letter, Letter from Calworks ending benefits). Compare the "Income" tab of the subject 50058 and the prior 50058 (type 1,2,3,4,7,9). The example below requires verification of the end of an income source ("N"). Note, that in certain cases (ex. a person with income "W" changed jobs), "W" may appear on both the new 50058 and the old 50058, however the 50058 income table will show that the source of the income has changed, requiring verification of end of income from the previous source).

3 | 01/01/25
 2 | 11/01/24 (1)
 2 | 11/01/23 (1)
 2 | 11/01/23
 3 | 02/01/23 (1)
 2 | 02/01/23
 2 | 08/01/22
 3 | 11/01/21
 2 | 08/01/21
 3 | 06/01/21
 2 | 08/01/20
 2 | 08/01/20
 3 | 08/01/19
 13 | 05/20/19
 3 | 03/01/19
 3 | 11/01/18
 2 | 08/01/18
 3 | 05/01/18
 4 | 08/01/17
 10 | 03/16/17

Property: 10
 Unit: 2750HOLI
 Tenant
 HOH Name
 HOH SSN
 Address
 City: PINOLE, CA 94564
 HAP Recipient: 50545
 Caseworker: wha5
 Program Settings

Ctrl #643641
 2a. Action Type: 2-Annual
 2b. Date Effective: 11/01/2024
 Correction #: 1
 Date Modified: 11/07/2024
 Date Lease Ends
 Approve 50058
 Program Attached: V2-Voucher

Save | Delete | Info

Alerts (0/0)

Display Fields: Asset | Income | Agency | Expense | Action | Member Adjustments | Admission | Unit | ITP

7. Income

7a. Member Number	Member Name	7b. Income Code	7d. Income per year	7e. Exclusions per year	7f. Income after exclusions
2	AMI	W-Other Wage	0.00	0.00	0.00
2	AMI	N-Other Income	20,020.00	0.00	20,020.00
			20,020.00	0.00	20,020.00

3 | 01/01/25
 2 | 11/01/24 (1)
 2 | 11/01/23 (1)
 2 | 11/01/23
 3 | 02/01/23 (1)
 3 | 02/01/23
 2 | 08/01/22
 3 | 11/01/21
 2 | 08/01/21
 3 | 06/01/21
 2 | 08/01/20
 3 | 08/01/20
 2 | 08/01/19
 13 | 05/20/19
 3 | 03/01/19
 3 | 11/01/18
 2 | 08/01/18
 3 | 05/01/18
 4 | 08/01/17
 10 | 03/16/17

Property: 10
 Unit: 2750HOLI
 Tenant
 HOH Name
 HOH SSN
 Address
 City: PINOLE, CA 94564
 HAP Recipient: 50545
 Caseworker: wha5
 Program Settings

Ctrl #643642
 2a. Action Type
 2b. Date Effective
 Correction #
 Date Modified
 Date Lease Ends
 Approve 50058
 Program Attached

Save | Delete | Info

Alerts (0/0)

Display Fields: Asset | Income | Agency | Expense | Action | Member Adjustments | Admission | Unit | ITP

7. Income

7a. Member Number	Member Name	7b. Income Code	7d. Income per year	7e. Exclusions per year	7f. Income after exclusions
2	AMI	W-Other Wage	35,764.00	0.00	35,764.00
			35,764.00	0.00	35,764.00

Electronic File Protocol QC Checklist Instructions



Member Documents:	<p>1) If 58 includes adult member, are all vital documents contained in Resident>Initial Eligibility folder? (Ex. Photo ID, Citizenship verification/ Birth Certificate, SS Card, 214 form, What You Should Know About EIV, 52675. 9886 and if applicable, Full-time student verification and disability verification) . File name must be projected effective date of recert + short description of document (ex. 09012023 Jesse Photo ID)</p>
--------------------------	--

For any new and existing household adult household member, the Housing Authority must keep a record of their vital documents details in this field. The vital documents will be stored in Resident>Archive 2022>Household Members or Resident>Initial Eligibility.

(Adults)

The screenshot shows a software interface for managing household members. On the left is a list of dates. The main area displays details for a household with 'Ctrl #621791'. Fields include Property, Unit (2801SMART), Tenant (19001130), HOH Name, HOH SSN, Address, City, HAP Recipient (82277), Caseworker (vorich1), and Program Settings. A table at the bottom shows household members:

3a. Member#	Member Name	3e. Birth Date	3f. Age	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability	3n. SSN
1	Alexis	1/63	63	Female	Head	EC=Eligible Citizen		
2	Ulises	1/29	29	Male	Adult	EC=Eligible Citizen		

(Full-Time Students)

3a. Member#	Member Name	3e. Birth Date	3f. Age	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability	3n. SSN
1	DAWN R		56	Female	Head	EC=Eligible Citizen	Y	
2	TANIAL		25	Female	Student 18+	EC=Eligible Citizen	N	

Electronic File Protocol QC Checklist Instructions



Member Documents:	2) If 58 includes minor member, are all vital documents contained in Resident>Initial Eligibility folder? (Ex. Citizenship verification/ Birth Certificate, SS Card, 214 form, and if applicable, disability verification) . File name must be projected effective date of recert + short description of document (ex. 09012023 Jesse Photo ID)
--------------------------	---

For any new and existing youth household member, the Housing Authority must keep a record of their vital documents details in this field. This is a different set of documents than those that are required for adults. The vital documents will be stored in Resident>Archive 2022>Household Members or Resident>Initial Eligibility.


(Youth)

3. Household								
3a. Member#	Member Name	3e. Birth Date	3f. Age	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability	3n. SSN
1	DAWN			Female	Head	EC=Eligible Citizen	Y	
2	TANIA			Female	Youth <18	EC=Eligible Citizen	N	

Personal Declaration:	1) Personal declaration completed, signed/ dated by all adult HH members? (including any interim change form combined with this Annual Recertification?). File name must be projected effective date of recert + short description of document (ex. "02012023 Personal Declaration")
------------------------------	--

Every recertification requires the collection of a "Personal Declaration" signed by all adult household members

(Paper Annual Recertification Packet may be used as a personal declaration for an interim)



Housing Authority of the County of Contra Costa
PERSONAL DECLARATION AND QUESTIONNAIRE
RECERTIFICATION

02/09/23 MARCH 1

INSTRUCTIONS: This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. All members of the household who are 18 years of age and older must sign and date this form, certifying that the information is true, correct and complete.

PLEASE PRINT - Use INK

HEAD OF HOUSEHOLD NAME: 1 _____ Smith _____ S
First Last MI

Phone: Home _____ Work _____ Mobile _____ Other _____

Electronic File Protocol QC Checklist Instructions



(Online Interim Recertification Packet)

Recertification Summary					
Applicant Information					
Applicant:			Application Submitted:		
Current Address					
		CA	94801		
Contact Information					
Home			Cell Phone:		
Email:					
Household Information					
List ALL household members who will be living in your home. This includes live-in aides and foster children					
Name	Member	LEP	SSN	Age	Gender

(Interim Personal Declaration Form)

<p>HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA</p> <p>REPORT OF CHANGE IN INCOME/FAMILY COMPOSITION</p>	
---	--

Electronic File Protocol QC Checklist Instructions



Additional Audit: If contract rent has changed since most recent 2,3,4,7 completed Rent Adjustment Checklist

If there was a change in total contract rent, you must complete the "Rent Increase" audit checklist. Compare the "Display Fields" tab of the subject 50058 and the prior 50058 (type 1,2,3,4,7,9). The example below requires a Rent Adjustment audit checklist.

2 11/01/24
 1 11/13/23
 (10) 07/10/23

Property	VR	Ctrl #639778
Unit	22SLAKEA	2a. Action Type 2-Annual
Tenant	10089874	2b. Date Effective 11/01/2024
HoH Name		Correction # 0
HoH SSN		Date Modified 09/18/2024
Address		Date Lease Ends
City		Approve 50058 <input checked="" type="checkbox"/> Exclude
HAP Recipient	33610	Program Attached VQ-Voucher
Caseworker	eha1	
Program Settings		

Save Delete Alerts (0/1)

Asset	Income	Agency	Expense	Action	Adjustments	Member	Admiss
Display Fields							
DISPLAY FIELDS ONLY				Last Posted Fields			
9j TTP	1,427.00			Date TR Last Posted			
12v Tenant Rent	1,323.00			Date HAP Last Posted			
12u Housing Assistance Payment	727.00			Date URP Last Posted			
12j Voucher Payment Standard	2,590.00			Date PAF Last Posted			
12k Rent to Owner	2,050.00			Date FSS Last Posted			

2 11/01/24
 1 11/13/23
 (10) 07/10/23

Property	VR	Ctrl #611335
Unit	22SLAKEA	2a. Action Type 1-New
Tenant	10089874	2b. Date Effective 11/13/2023
HoH Name		Correction # 0
HoH SSN		Date Modified 12/05/2023
Address		Date Lease Ends
City		Approve 50058 <input type="checkbox"/> Exclude From MTC'S
HAP Recipient	33610	Program Attached VQ-Voucher
Caseworker	eha1	
Program Settings		

Save Delete Help Alerts (0/1) Close

Asset	Income	Agency	Expense	Action	Adjustments	TTP	Unit
Display Fields							
DISPLAY FIELDS ONLY				Last Posted Fields			
9j TTP	824.00			Date TR Last Posted			
12v Tenant Rent	711.00			Date HAP Last Posted	10/01/2024		
12u Housing Assistance Payment	1,284.00			Date URP Last Posted			
12j Voucher Payment Standard	2,500.00			Date PAF Last Posted			
12k Rent to Owner	1,095.00			Date FSS Last Posted			

Electronic File Protocol QC Checklist Instructions

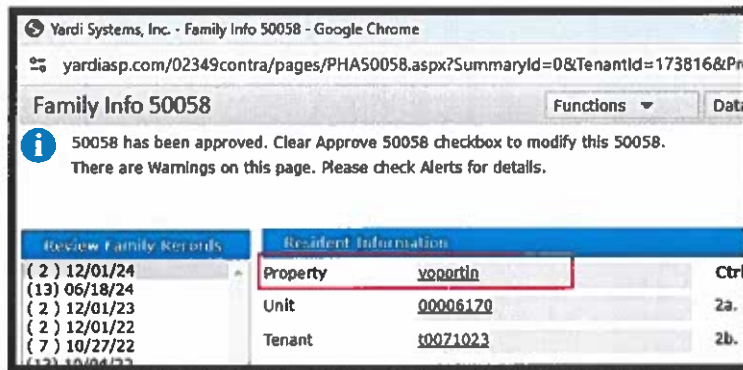


WORKSHEET "RENT ADJUSTMENT (2,3)

The scan team generates the 50058 Listing by User Report with the previous week date range, property as .noph with varying actions types. An Electronic File Protocol QC Checklist is then completed for each 50058 on the report. If in the course of those QC Checklist, it's discovered that a 50058 contains a total contract rent change, this checklist will be completed as an addendum to the other relevant checklist. The individual Electronic File Protocol QC Checklists are saved to respective 50058 attachments within the "Clarification Documents" Folder.

Resident>Leasing Documents	(Applicable if tenant is in property code "voportin") Email to initial PHA and Port containing related 50058 and 52665?
--------------------------------------	---

If the property code is in "voportin" this means that the HACCC is billing another PHA for the monthly subsidy.



Workers processing 50058's are required to send the initial PHA an email containing the 50058 and the 52665 for any 50058 processed in this property code. The unencrypted email and documents must be attached here.

50058>Clarification Documents	Memo to file (if applicable), Audit Checklist, Calculation Summary, UA Chart, Payment Standard Notice, Calculation Tape all attached. File name must be short description of document. (ex. 02012023 Calc Summary).
---	---

There are many reports that may not be available after the FDI screen is changed. These reports must be saved by the worker at the time of processing in the "Clarification Documents" folder for the subject 50058.

Electronic File Protocol QC Checklist Instructions



Resident>Leasing Documents	Rent Adjustment Approval, Partial Approval or Denial Letter. File name must be short description of document. (ex. RFTA Control # Approval Letter).
--------------------------------------	---

A determination letter is required for every rent adjustment. There are several different types of approval, partial approval and denial letters which can be found in CCCHA_Custom_Menu> Rent Adjustment Forms & Letters.

To help identify these letters---they generally begin with;;

“We are in receipt of your request for a rent adjustment for the above-mentioned tenant. We are not able to *approve the entire new contract rent* that you requested for the following reason”

or

“Your request for an adjustment in Contract Rent effective XX/XX/XXXX for the above-mentioned property has been reviewed.”

Resident>Leasing Documents	Rent Valuation. File name must be short description of document. (ex. RFTA Control # Rent Valuation).
--------------------------------------	---

The Rent Reasonable Valuation is three pages. The tops of the pages will look like the screenshots below.

(page 1)

Rent Reasonable Valuation				
	Subject	Comparable 1	Comparable 2	Comparable 3
Address	2005 San Jose Dr 131	7609 Belmont Ln	2201 San Jose Dr 1-V-202	2201 San Jose Dr 1-H-201
Model				
City				
LOCATION				

*The subject address must match the address on the 50058.

(page 2)



Electronic File Protocol QC Checklist Instructions



(page 3)

The adjusted reasonable rent range is \$2,104.00 to \$2,218.40.	
Comparable 1:	\$2,218.40 96.98% Very Similar
Comparable 2:	\$2,104.00 96.66% Very Similar
Comparable 3:	\$2,201.00 98.43% Very Similar

***All comparables used to evaluate the rent must have a similarity rating of 90 % or more and the total contract rent listed on the 58 must be within the range listed on the Rent Reasonable Valuation**

(2) 11/01/24 (1) 11/13/23 (10) 07/10/23	Property	XX	Ctrl #639778
	Unit	22SLAKEA	2a. Action Type 2-Annual
	Tenant	t0089874	2b. Date Effective 11/01/2024
	HoH Name		Correction # 0
	HoH SSN		Date Modified 09/18/2024
	Address		Date Lease Ends
	City	ANTIOCH, CA 94509	Approve 50058 <input checked="" type="checkbox"/> Exclude
	HAP Recipient	33610	Program Attached <u>VQ-Voucher</u>
	Caseworker	eha1	
	Program Settings		

Asset	Income	Agency	Expense	Adjustments	Admiss
Display Fields	Audit	Agency	Action	Member	
DISPLAY FIELDS ONLY			Last Posted Fields		
9j TTP	1,427.00		Date TR Last Posted		
12v Tenant Rent	1,323.00		Date HAP Last Posted		
12u Housing Assistance Payment	727.00		Date URP Last Posted		
12j Voucher Payment Standard	2,590.00		Date PAF Last Posted		
12k Rent to Owner	2,050.00		Date FSS Last Posted		

(page 1)

Adjusted Monthly Rent	\$2,218.40
COMPARABLE BREAKDOWN	
8,398 Recent comparables in jurisdiction	
1,817 Similar 2 bedroom comparables in Contra Costa County	
137 Similar 2 bedroom comparables in the City of Antioch	
18 Within 0.25 miles	
CERTIFICATION	
I (we) estimate the monthly market rent of the subject as of 08/28/2023 to be \$2,174.47.	
The adjusted reasonable rent range is \$2,104.00 to \$2,218.40.	
Requested Rent Amount: \$2,143.00 Rent Approved: \$2,143.00.	
RR Certifier Signature: Michele Nelson	<i>Michele Nelson</i>
QC Certifier Signature:	<i>Housing Program Specialist</i>
In accordance with 24 CFR 982.4, 982.64 (d) (1), 982.154 (f) (7) and 982.307, I certify that based on the information provided to the Housing Authority of the County of Contra Costa, the requested rent of \$2,143.00 IS reasonable, and the approved rent of \$2,143.00 IS reasonable.	

***The certification should be signed**

Electronic File Protocol QC Checklist Instructions



Resident > Leasing Documents Assisted Unit Survey form. File name must be short description of document. (ex. 02012023 Unit Survey).

A copy of the most recent Assisted Unit Survey form should be store with the Rent Adjustment Document and compared to the Rent Reasonable Valuation (in this case the address and utility type and responsibilities do not match)

Rent Reasonable Valuation	
Address	Subject: 2005 San Jose Dr 131
Model	Comparable 1
City	Comparable 2
Subdivision	
Proximity to Subject	
Appliances	
Beds/Bath/Half Baths	2/2/0
Sq. Ft.	830
Adjustment	
Property Type	Condo (Apt)
Adjustment	
Year Built	1995
Adjustment	
Rating	Unknown
Adjustment	
Heat	Electric / Tenant
Hot Water / Paid By	Electric / Tenant
Cooking / Paid By	Electric / Tenant
Stove Type / Paid By	unknown / Tenant
Water Type / Paid By	City Water / Tenant
Lighting / Other Electric	Tenant
Adjustment	
Maintenance	Lawn, Pest
Adjustment	
Amenities	Ceiling Fans, Dishwasher, Garbage Disposal, W/D Hookups, Pool, Refrigerator, Stove, Gated Community
AC	Central
Heat	Central
Parking	1 Covered Space
Interior Features	Security

Assisted Unit Survey Form

1. Unit # 5208 B 2. 94531

3. 5 4. 3

Appliances:

Refrigerator Dishwasher Stove Microwave Range Hood Sink Water Washers/Dryers

Utilities:

Electric Gas Water Sewer Trash Phone Cable Internet

Other:

Central Air Hardwood Floors Granite Countertops Walk-in Closets Security System

Additional Information:

Unit # 5208 B Building # 3

Property Type Condo

Year Built 1995

Current Rent 500.00 New Rent Requested 600.00

Next Recertification 01/1/24 Caseworker ba5

Rent Increase: Approved Partial Denied Date Denial Letter Sent _____

Resident > Leasing Documents Rent Adjustment Cover Sheet. File name must be short description of document (ex. 1457 Cover Sheet).

The entire Rent adjustment cover sheet should be entirely filled out and signed

RENT INCREASE/DECREASE CHECKLIST

Annual Interim Bedroom Size 5 Tenant # 001-4443

Tenant Name LETICIA I

Tenant Address 70 MERGA

City OAKLEY Zip 9456

Current Contract Rent 500.00 New Contract Rent Requested 600.00

Next Recertification 01/1/24 Caseworker ba5

Rent Increase: Approved Partial Denied Date Denial Letter Sent _____

Electronic File Protocol QC Checklist Instructions



Unit>Rent Adjustment Packet	Copy of Notice of the Rent Increase from the landlord to the tenant. File name must be short description of document (ex. 1457 Notice to Tenant).
---------------------------------------	---

A copy of the notice issued by the landlord to the tenant must be stored.

BAYWOODS APARTMENT HOMES
LEASE RENEWAL NOTIFICATION

7/11/2023

KELE
2005 S
Antioch

It is our pleasure to have you as a valued resident at Baywoods Apartments. At the time your current lease will be expiring soon we would like to invite you to renew your lease by offering you two options from which you can choose:

- 12-Month lease with new monthly rent amount of \$2,143.00
- Month-to-Month lease with new monthly rent amount of \$2,243.00 (\$100 MTM Fee included).

In addition to the monthly rent payment, you will also pay the flat fee of \$69 per month for water, sewer, trash and \$50.00 utility fee.

Your new lease effective date will be September 1, 2023. Your new rent amount will be the option you choose from the list above. If you fail to notify us of the option you choose, your lease will automatically convert to the Month-to-Month rent amount listed above.

A 30-day written notice is required if you are planning on moving out.

Please contact our office at your earliest convenience to let us know which of the two options best suits your needs!

If you do not choose a lease option, your monthly rent will be the sum of \$ 2,243.00 plus the monthly rules flat fee of \$69.00.

Unit>Rent Adjustment Packet	Rent Adjustment Receipt Letter. File name must be short description of document (ex. 1457 Receipt).
---------------------------------------	---

A copy of the Rent Adjustment Receipt sent to the landlord must be stored.

Nov 21, 2024

SP
11:
HE

RE: DIAN' 06

Dear Property Owner:

We are in receipt of your request for a rent adjustment for the above-mentioned property. Your request will be processed in the order in which it was received.

HUD regulations require HA Staff to verify that the rent you are requesting is "reasonable" in comparison to similar units.

Annual Recertification (2,9)

Type 2, 9 Annual Folder Description	Requirement	Records Requirement Met?	EFP satisfied?	Notes:
52665 Email to Initial:	(Applicable if tenant is in property code "voportin") Email to initial PHA and Port containing related 50058 and 52665?			
Asset Documents:	Is valid verification of all assets reported on the 50058 attached? File name must be projected effective date of recert + short description of document (ex "02012023 Bank of America").			
Clarification Documents:	Memo to file (if applicable), Audit Checklist, Calculation Summary, UA Chart, Payment Standard Notice, Calculation Tape all attached. File name must be effective date of recert + short description of document. (ex. 02012023 Calc Summary).			
Correspondence	Rent Adjustment Letter, Appointment Letter(s) and if applicable, Missing Items letter(s)/ proposed termination letters. File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1")			
	(If there was a removal of a Household member) Subsidy Size Change Letter. File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1").			
	(If the HAP amount is zero) Zero HAP Letter. File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1").			
Expense Documents:	Is valid verification of all allowances appearing on the 50058 attached? File name must be projected effective date of recert + short description of document (ex "02012023 Pharmacy Receipts").			
Filed Packet:				
Income Documents:	Is valid verification of all income appearing on the 50058, zero income form for any zero income adults (if applicable), and EIV attached in order of verification hierarchy? File name must be projected effective date of recert + short description of document (ex "02012023 Testa Paystubs").			
Member Documents:	1) For all 58 adult members, are all vital documents contained in Resident>Initial Eligibility folder? (Ex. Photo ID, Citizenship verification/ Birth Certificate, SS Card, 214 form, 2) If applicable, is Full-time student verification and disability verification in folder? File name must be projected effective date of recert + short description of document (ex. 09012023 Jesse Photo ID).			
	2) For all 58 minor members, are all vital documents contained in Resident>Initial Eligibility folder? (Ex. Citizenship verification/ Birth Certificate, SS Card, 214 form, and if applicable, disability verification) . File name must be projected effective date of recert + short description of document (ex. 09012023 Jesse Photo ID).			
Personal Declaration:	Personal declaration completed, signed/ dated by all adult HH members? (including any interim change form combined with this Annual Recertification)? File name must be projected effective date of recert + short description of document (ex. "02012023 Personal Declaration").			
Resident Portal:	This folder should be empty			
Signature Documents:	Are all signature documents contained that must be signed by all adults: 9896, HACC Authorization for Release of Information, Family Obligations, Important Notice (and Good Neighbor if digital signature docs). Are all signature docs contained that must be signed by Head of Household: What You Should Know About EIV, 52675, Good Neighbor (if paper documents signed), Megans Law, Lead Based Paint. File name must be projected effective date of recert + short description of documents (ex. 09012023 signature documents).			
Additional Audit:	If contract rent has changed since most recent 2,3,4,7 completed Rent Adjustment Checklist			

Interim Recertification (3)

Type 3 Interim Folder Description	Requirement	Records Requirement Met?	EFP satisfied?	Notes:
52665 Email to Initial:	(Applicable if tenant is in property code "voportin") Email to initial PHA and Port containing related 50058 and 52665?			
Asset Documents:	If asset information has changed between the subject 50058 and the most recent relevant 50058, is valid verification of all assets reported on the 50058 attached? File name must be projected effective date of recert + short description of document (ex "02012023 Bank of America").			
Clarification Documents:	Memo to file (if applicable), Audit Checklist (with reason for Interim Recertification Indicated in notes), Calculation Summary, Payment Standard Notice, Calculation Tape all attached. File name must be effective date of recert + short description of document. (ex. 02012023 Calc Summary).			
Correspondence:	Rent Adjustment Letter, and if applicable, Missing Items letter(s). File name must be projected effective date of recert + short description of document (ex "02012023 Missing Items Letter 1").			
	(If there was a change of a Household member). Subsidy Size Change Letter. File name must be projected effective date of recert + short description of document (ex "02012023 Subsidy Size Letter 1").			
	(If the HAP amount is zero). Zero HAP Letter. File name must be projected effective date of recert + short description of document (ex "02012023 Zero HAP Letter 1").			
Expense Documents:	If Expense information has changed between the subject 50058 and the most recent relevant 50058, is valid verification of all allowances appearing on the 50058 attached? File name must be projected effective date of recert + short description of document (ex "02012023 Pharmacy Receipts").			
Filed Packet:				
Income Documents:	If Income information has changed between the subject 50058 and the most recent relevant 50058, is valid verification of all income appearing on the 50058, zero income form for any zero income adults (if applicable), and EIV attached in order of verification hierarchy? File name must be projected effective date of recert + short description of document (ex "02012023 Tesla Paystubs").			
Member Documents:	1) If 58 includes added adult member, are all vital documents contained in Resident>Initial Eligibility folder? (Ex. Photo ID, Citizenship verification/ Birth Certificate, SS Card, 214 form, 9886, What You Should Know About EIV, 52675, and if applicable, Full-time student verification and disability verification). File name must be projected effective date of recert + short description of document (ex. 09012023 Jesse Photo ID).			
	2) If 58 includes added minor member, are all vital documents contained in Resident>Initial Eligibility folder? (Ex. Citizenship verification/ Birth Certificate, SS Card, 214 form, and if applicable, disability verification). File name must be projected effective date of recert + short description of document (ex. 09012023 Jesse Photo ID).			
Personal Declaration:	Interim Personal Declaration or Report of Change completed, signed/ dated by Head of Household? File name must be projected effective date of recert + short description of document (ex. "02012023 Personal Declaration").			
Resident Portal:	This folder should be empty			
Signature Documents:	Are signature documents attached into this folder? File name must be projected effective date of recert + short description of documents (ex. 09012023 signature documents).			
Additional Audit:	If contract rent has changed since most recent 2,3,4,7 completed Rent Adjustment Checklist			

Contract Rent Adjustment (2,3)

Rent Increase Folder Description	Requirement	Records Requirement Met?	EFP satisfied?	Notes:
50058>82665 Email to Initial	(Applicable if tenant is in property code ~voportin) Email to initial PrA and Port containing related 50058 and 52665?			
50058>Clarification Documents	Memo to file (if applicable), Audit Checklist (with reason for Interim Recertification indicated in notes), Calculation Summary, UA Chart (not for Interim with only a Rent Increase), Payment Standard Notice, Calculation Tape all attached. File name must be projected effective date of recert + short description of document (ex. 09012023 Calculation Summary).			
50058>Correspondence	Rent Adjustment Letter, and if applicable, Retro Rent letter(s). File name must be projected effective date of recert + short description of document (ex "02012023 Rent Change Letter").			
Unit>Rent Adjustment Packet	Rent Adjustment Approval, Partial Approval or Denial Letter. File name must be short description of document. (ex. 13401 APPROVAL LETTER).			
	Rent Valuation. File name must be short description of document. (ex. 13401 RRVAL).			
	Rent Adjustment Cover Sheet with completed "Rent Increase/ Decrease Checklist". File name must be short description of document (ex. 13401 RI CHECKLIST).			
	Copy of Notice of the Rent Increase from the landlord to the tenant. File name must be short description of document (ex. 13401 RENT ADJUSTMENT REQUEST).			
	Rent Adjustment Receipt Letter sent to owner, with Incomplete "Rent Increase/ Decrease Checklist". File name must be short description of document (ex. 13401 RECEIPT).			
Resident>Leasing Documents	Assisted Unit Survey form, in the current lease.			

Portability New Contract (4)

Type 4 New Portability Folder Description	Requirement	Records Requirement Met?	EFP satisfied?	Notes:
Resident Documents>Leasing Documents	Initial Rfa: File name must be Rfa Control Number + short description of document. (ex. 14547 Initial Rfa).			
Resident Documents>Leasing Documents	Rent Valuation. File name must be short description of document. (ex. 13401 RRVAL).			
	Initial UA Chart:File name must be Rfa Control Number + short description of document. (ex. 14547 Initial UA).			
	Initial 58: File name must be effective date of 58 + short description of document. (ex. 01/01/2026 Type 7)			
	Initial Inspection Report:File name must be Rfa Control Number + short description of document. (ex. 14547 Initial Inspection Report).			
	Initial HAP Contract: File name must be Rfa Control Number + short description of document. (ex. 14547 Initial Hap Contract).			
	Initial Voucher: File name must be Rfa Control Number + short description of document. (ex. 14547 Initial Voucher).			
	Initial Rfa Cover Sheet:File name must be Rfa Control Number + short description of document. (ex. 14547 Initial Rfa Cover Sheet).			
	Initial Ownership Verification: (Rfa control Number "New Contract")			
	Initial Unit Survey: File name must be Rfa Control Number + short description of document. (ex. 14547 Initial Unit Survey).			
	Initial LBP Disclosure:File name must be Rfa Control Number + short description of document. (ex. 14547 Initial LBP Disclosure).			
Initial New Contract Letter: File name must be Rfa Control Number + short description of document. (ex. 14547 Initial New Contract Letter).				
Resident Documents>Transfer Voucher	Initial ITV Notice:File name must be Date Requested + short description of document. (ex. 01/15/2026 ITV Notice).			
Resident Documents> - Incoming Portability	Personal Declaration ("Portability Packet") Completed, signed/ dated by all adult HH members .File name must be projected effective date of recert + short description of document (ex. "02012023 Personal Declaration").			
	Appointment Letter at time of processing.			
	If contract is processed as PBV: Preference Verification & Briefing appointment letter			
	If contract is process as VASH or Foster Youth: Referral Letter			
	Criminal background check			
	Citizenship Verification (Social Security Card, Natural Citizen Card, Green Card, or DD214 for VASH Tenants)			
	All signature documents (other than What You Should Know About EV, 52675 which only need to be signed by HOH) must be signed by all adults: 9886, HACCC Authorization for Release of Information, Family Obligations, Important Notice, Good Neighbor Guidance, Megans Law, Lead Based Paint EV attached in order of verification hierarchy			
Supplement to Application for Federally Assited Housing (92006) Audit Checklist (With rent calculation break down in notes) File name must be effective date of recert + short description of document. (ex. 02012023 Audit checklist Summary).				

New Admissions New Contract

Type 1 New Admissions Folder Description	Requirement	Records Requirement Met?	EFP satisfied?	Notes:
Resident Documents>Leasing Documents	Initial UA Chart:File name must be Rfta Control Number + short description of document. (ex. 14547 Initial UA).			
	Initial 58: File name must be effective date of 58 + short description of document. (ex. 01/01/2026 Type 7)			
	Initial Inspection Report:File name must be Rfta Control Number + short description of document. (ex. 14547 Initial Inspection Report).			
	Initial HAP Contract: File name must be Rfta Control Number + short description of document. (ex. 14547 Initial Hap Contract).			
	Initial Lease: File name must be Rfta Control Number + short description of document. (ex. 14547 Initial Lease).			
	Initial Rfta Cover Sheet:File name must be Rfta Control Number + short description of document. (ex. 14547 Initial Rfta Cover Sheet).			
	Initial Unit Survey: File name must be Rfta Control Number + short description of document. (ex. 14547 Initial Unit Survey).			
	Initial LBP Disclosure:File name must be Rfta Control Number + short description of document. (ex. 14547 Initial LBP Disclosure).			
Initial New Contract Letter: File name must be Rfta Control Number + short description of document. (ex. 14547 Initial New Contract Letter).				
Resident Documents > Transfer Voucher	Initial ITV Notice:File name must be Date Requested + short description of document. (ex. 01/15/2026 ITV Notice).			
Unit > HCV Rent Adjustment Packet	Ownership Verification: File name must be Rfta Control Number + short description of document. (ex. 14547 Ownership Verification).			
	Property Management Agreements File name must be Rfta Control Number + short description of document. (ex. 14547 PMA).			
	Rent Valuation. File name must be short description of document. (ex. 13401 RRVAl).			
Resident Documents> Initial Eligibility or >Leasing Documents	Initial Eligibility Personal Declaration ("Intake Packet or Application Packet) Personal declaration completed, signed/ dated by all adult HH members. File name must be projected effective date of recert + short description of document (ex. "02012023 Personal Declaration").			
	Initial Eligibility Appointment Letter: File name must be Rfta + short description of document. (ex. 14247 TV Notice).			
	If the contract is processed as PBV/VO: Briefing appointment Letter & Preference Verification			
	If contract is process as VASH,Foster Youth: Referral Letter Check special program code			
	Criminal background check			
	Citizenship Verification (Social Security Card, Natural Citizen Card, Green Card, or DD214 for VASH Tenants)			
	All signature documents (other than What You Should Know About EIV, 52675 which only need to be signed by HOH) must be signed by all adults: 9886, HACCC Authorization for Release of Information, Family Obligations, Important Notice, Good Neighbor Guidance, Megans Law, Lead Based Paint			
	Asset Documents: Is valid verification of all assets reported on the 50058 attached? File name must be projected effective date of recert + short description of document (ex "02012023 Bank of America").			
	Income Documents:Is valid verification of all Income appearing on the 50058, zero income form for any zero Income adults (if applicable), and EIV attached in order of verification hierarchy? File name must be projected effective date of recert + short description of document (ex "02012023 Tesla Paystubs").			
	Supplement to Application for Federally Assisted Housing HUD - 92006 File name must be effective date of recert + short description of document. (ex. 02012023 92006).			
Audit Checklist (With rent calculation break down In notes) File name must be effective date of recert + short description of document. (ex. 02012023 Audit checklist Summary).				

New Contract Transfers (7)

Type 7 New Contracts Transfer Folder Description	Requirement	Records Requirement Met?	EFP satisfied?	Notes:
Resident Documents>Leasing Documents	Initial RfA: File name must be RfA Control Number + short description of document. (ex. 14547 Initial RfA).			
	Initial UA Chart:File name must be RfA Control Number + short description of document. (ex. 14547 Initial UA).			
	Initial 58: File name must be effective date of 58 + short description of document. (ex. 01/01/2026 Type 7)			
	Initial Inspection Report:File name must be RfA Control Number + short description of document. (ex. 14547 Initial Initial Inspection Report).			
	Initial HAP Contract: File name must be RfA Control Number + short description of document. (ex. 14547 Initial Hap Contract).			
	Initial Lease: File name must be RfA Control Number + short description of document. (ex. 14547 Initial Lease).			
	Initial RfA Cover Sheet:File name must be RfA Control Number + short description of document. (ex. 14547 Initial RfA Cover Sheet).			
	Initial Unit Survey: File name must be RfA Control Number + short description of document. (ex. 14547 Initial Unit Survey).			
	Initial LBP Disclosure:File name must be RfA Control Number + short description of document. (ex. 14547 Initial LBP Disclosure).			
	Initial New Contract Letter: File name must be RfA Control Number + short description of document. (ex. 14547 Initial New Contract Letter).			
Resident Documents > Transfer Voucher	Initial ITV Notice:File name must be Date Requested + short description of document. (ex. 01/15/2026 ITV Notice).			
Unit > HCV Rent Adjustment Packet	Property Management Agreements File name must be RfA Control Number + short description of document. (ex. 14547 PMA).			
	Ownership Verification: File name must be RfA Control Number + short description of document. (ex. 14547 Ownership			
	Rent Valuation. File name must be short description of document. (ex. 13401 RRVAL).			