Review Staff performs the following:

Application Review:

\_\_\_\_\_\_ Application signed by all household members listed 18 years of age or older

\_\_\_\_\_\_ Eligibility Release Form signed by all household members listed 18 years of age or older

\_\_\_\_\_\_ Student Status Form signed by the Head of Household

\_\_\_\_\_\_ Owner or Managing Agent Affidavit completed and signed

Application Documentation Review:

\_\_\_\_\_\_ Lease

\_\_\_\_\_\_ Lease is dated 1/1/2020 or earlier

\_\_\_\_\_\_ All household members on application are on lease

\_\_\_\_\_\_ Verification on unemployment benefits either applied, accepted, or denied

\_\_\_\_\_\_ Photo ids for all household members listed 18 years of age or older

\_\_\_\_\_\_ Social security cards for all household members listed 18 years of age or older

GIS Flood Map:

\_\_\_\_\_\_ GIS Flood Map - Any property with any portion of the parcel in the 100 year flood plain is not eligible.

Rental License:

\_\_\_\_\_\_ Property listed on the Rental License Spreadsheet?

Tenant Utilities: (If noted on the application that sewer is in the tenant’s name)

\_\_\_\_\_\_ Sewer current as of March 1, 2020, (In the tenant’s name)

\_\_\_\_\_\_ Section 8

Property Review:

Scott County Parcel Check:

\_\_\_\_\_\_ Check to ensure the rental address is in Davenport

\_\_\_\_\_\_ Note the year the property was built \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Review ownership to ensure it matches application.

\_\_\_\_\_\_ Review liens to the application, are any of the liens in the tenant’s name

Income Eligibility:

\_\_\_\_\_ Calculate self-reported income using the spreadsheet provided.

Reminder – Weekly = 52 pay periods per year

Bi-weekly = 26 pay period per year

|  |  |
| --- | --- |
| Household Size | Program Income  Limit |
| 1 | $30,450 |
| 2 | $34,920 |
| 3 | $39,300 |
| 4 | $43,620 |
| 5 | $47,160 |
| 6 | $50,640 |
| 7 | $54,120 |

Rent:

\_\_\_\_\_ Rent noted from Lease $\_\_\_\_\_\_\_\_\_\_\_

Optional Fees from lease

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_