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FILE CHECKLIST

APPLICANT/RESIDENT NAME(S): _____

<u>Verifications Sent to:</u>	<u>Date Sent:</u>	<u>Date Returned:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FILE CHECKLIST	STAFF INITIALS	DATE OF ACTION
1. Received Application		
2. First Approval		
3. Second Approval		
4. Advised Resident		
5. Lease Documents Executed		
6. File Completed		

- DOCUMENT CHECKLIST:
- Executed Lease
 - Executed Lease Addendum
 - Signed Income Certification Form
 - Subsidized Documents (if applicable)

OFFICE USE ONLY: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.