



A Non Profit Corporation

SPECIAL CLAIMS CHECKLIST FOR VACANCY

PROPERTY NAME / CONTRACT NUMBER	
GENERAL HUD RESOURCE(S):	See the Special Claims Processing Guide, and Frequently Asked Questions (FAQs), for references below unless otherwise noted

Select one of the following submission type:

- Initial Claim:** Must be received by PBCA within 180 days from the date the unit became available for occupancy (Pg 15, Sec 3-4 A)
- Resubmitted Claim:** Must be received by PBCA within 30 calendar days from the date of the notification letter (Pg 4, Sec 1-5 G3)
- Appeal:** Must be received by PBCA within 30 calendar days of notification letter (Pg 4, Sec 1-5 H1)

ITEMS FOR SPECIAL CLAIM SUBMISSION	SUBMITTED OR CONFIRMED
SPECIAL CLAIM ELIGIBILITY	
If assistance was terminated, verify claim eligibility (Pg 11, Sec 3-2 B2 & 3)	<input type="checkbox"/> Confirmed <input type="checkbox"/> N/A
For partially assisted properties: If subsidy was transferred to another unit effective the day after termination or move-out, the claim is ineligible (Pg 12, Sec 3-2 B3)	<input type="checkbox"/> Confirmed <input type="checkbox"/> N/A
HUD FORMS & PROCESSING CHECKLIST	
Complete the current version of form HUD-52670-A Part 2 (Pg 12, Sec 3-3 A)	<input type="checkbox"/> Submitted
Complete the current version of form HUD-52671-C (Pg 12, Sec 3-3 A)	<input type="checkbox"/> Submitted
Complete a Checklist – Special Claims for Regular Vacancies (Pg 3, Sec 1-5 B; Pg 14, Sec 3-3 D; Appendix 3B; FAQs, Pg 2, Q2)	<input type="checkbox"/> Submitted
VOUCHER & TRACS SUBMISSION	
Submit copies of voucher adjustment pages verifying move-out date of former tenant and move-in date for new tenant (if applicable): (Pg 13, Sec 3-3 C5; Pg 15, Sec 3-5 B)	<input type="checkbox"/> Submitted

LOS ANGELES LOMOD CORPORATION

A Non-Profit Corporation

2600 Wilshire Blvd., Suite 3136, Los Angeles, California 90057-3400
 Main Line (213)252-2510 • Fax (213)252-1027 • TTY (213)252-1033 •
 Resident Toll Free Hotline: 1-877-240-4904 • RL Fax (213)252-2694



Barrier Free

ITEMS FOR SPECIAL CLAIM SUBMISSION	SUBMITTED OR CONFIRMED
Confirm that the move-out or unit transfer date of the former tenant is viewable in TRACS: (Pg 14, Sec 3-3 E1)	<input type="checkbox"/> Confirmed
If the unit was rented within the claim period, the move-in or unit transfer for the new tenant must be viewable in TRACS (Pg 14, Sec 3-3 E2)	<input type="checkbox"/> Confirmed <input type="checkbox"/> N/A
If the unit is not reoccupied by a subsidized tenant, the move-in will not be viewable in TRACS, therefore a hardcopy of the form HUD-50059 for the market rent tenant must be submitted (Pg 14, Sec 3-3 E2)	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
SECURITY DEPOSIT ALLOCATION	
If the Security Deposit was kept for vacancy reasons, the amount must be included on the form HUD-52671-C (Note: If the tenant failed to give proper notice to vacate as required under the lease, the claim must be reduced by the amount collected from other sources; Pg 14, Sec 3-3 F3; FAQs, Pg 7, Q17)	<input type="checkbox"/> Confirmed <input type="checkbox"/> N/A
Submit a copy of the signed move-in 50059 for the move-out tenant which shows the amount of security deposit that was required. (Pg 13, Sec 3-3 C2)	<input type="checkbox"/> Submitted
Submit documentation that the appropriate security deposit was collected from the tenant; for example, a copy of the original lease, tenant's rent ledger card, or receipt(s) for security deposit (Pg 13, Sec 3-3 C3; Pg 15; Sec 3-5 A)	<input type="checkbox"/> Submitted
Copy of the security deposit disposition notice provided to the tenant indicating items listed below: (Pg 13, Sec 3-3 C4)	<input type="checkbox"/> Submitted
▪ Move out date	<input type="checkbox"/> Confirmed
▪ Amount of security deposit collected	<input type="checkbox"/> Confirmed
▪ Amount of security deposit returned & any charges withheld from the deposit for unpaid rent, tenant damages or other charges due under the lease (If the move-out tenant performed a unit transfer, their security deposit may be transferred to their new unit)	<input type="checkbox"/> Confirmed <input type="checkbox"/> N/A
UNIT MAINTENANCE LOG	
Submit a copy of the maintenance log that contains the following: (Pg 13, Sec 3-3 C5; Pg 15, Sec 3-5 C; Appendix 3-C)	<input type="checkbox"/> Submitted
▪ Move-out date	<input type="checkbox"/> Confirmed
▪ Date the unit was ready for occupancy	<input type="checkbox"/> Confirmed
▪ Dates that match the form HUD-52671-C	<input type="checkbox"/> Confirmed
WAIT LIST MANAGEMENT	
Submit a copy of the wait list that contains the following: (HUD 4350.3 Rev 1 Chg 4, Chapter 4-B; Special Claims Processing Guide Pg 13, Sec 3-3 C6; Pg 16, Sec 3-5 E, Appendix 2C; FAQs, Pg 8, Q19)	<input type="checkbox"/> Submitted

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<ul style="list-style-type: none"> ▪ Contact dates & comments showing that the Owner/Management Agent was maintaining the wait list and processing applications in a timely fashion, including following up on initial contacts and applicant responses (Note: It's <u>critical</u> to have complete wait list notes to show that every effort was made to occupy the vacant unit) 	<input type="checkbox"/> Confirmed
<ul style="list-style-type: none"> ▪ Date and Time of Application 	<input type="checkbox"/> Confirmed
<ul style="list-style-type: none"> ▪ Head of Household 	<input type="checkbox"/> Confirmed
<ul style="list-style-type: none"> ▪ Unit Size 	<input type="checkbox"/> Confirmed
<ul style="list-style-type: none"> ▪ Income Level 	<input type="checkbox"/> Confirmed
<ul style="list-style-type: none"> ▪ Need for Accessible Unit 	<input type="checkbox"/> Confirmed
<ul style="list-style-type: none"> ▪ Working Waitlist during Vacancy Period (document all dates and actions taken) 	<input type="checkbox"/> Confirmed
<ul style="list-style-type: none"> ▪ Removed/Rejected Date & Time 	<input type="checkbox"/> Confirmed
<ul style="list-style-type: none"> ▪ Move-in Date 	<input type="checkbox"/> Confirmed
<ul style="list-style-type: none"> ▪ Preference Type (Not Required) 	✕
If no applicants are on the wait list, a blank wait list must still be provided, unless there are special circumstances	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
MARKETING EFFORTS <i>IF THE WAIT LIST IS CLOSED, AFHMP IS NOT NECESSARY</i>	
Ensure marketing efforts are consistent with the Affirmative Fair Housing Marketing Plan (AFHMP), form HUD 935.2A: (Pg 13, Sec 3-3 C7; Pg 16, Sec 3-5 D)	<input type="checkbox"/> Confirmed <input type="checkbox"/> N/A
<ul style="list-style-type: none"> ▪ Approved or reviewed within 5 years 	<input type="checkbox"/> Confirmed <input type="checkbox"/> N/A
<ul style="list-style-type: none"> ▪ Revision of AFHMP must be approved by HUD 	<input type="checkbox"/> Confirmed <input type="checkbox"/> N/A
<ul style="list-style-type: none"> ▪ Submit a copy of marketing to show compliance with the HUD approved AFHMP (Note: Ensure ads/letters have the approved EHO Logo, slogan or statement and submit a copy with the claim and verify size/content of advertisement against AFHMP) 	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
If unit was not filled from the wait list, submit copies of advertisements or invoices for advertising expenses that substantiate the date marketing occurred in accordance with AFHMP (Note: If the wait list is closed, the AFHMP is not necessary)	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A