

# Move-In Checklist

<b>Address</b>	<b>Household member names</b>
<b>Bedroom Size</b> B   1   2   3   4   5	

Move – In Date (MM/DD/YY)
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**Move – In**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Orientation Complete  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Application Rec'd from NRH – Eligibility included for all household members |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lease/occupancy agreement signed and in file                                |

**Eligibility (check as all are verified)**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Canadian Citizen or Permanent Resident of Canada.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refugee Claimant/No removal order has become enforceable.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At least one member of the household is 16 years of age or older.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Able to live independently with or without supports (self declared on form).  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No arrears to social housing provider.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, is there a repayment agreement in place and being honored?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Homeowner has provided verification of sale of house.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Household is appropriately housed. <span style="float: right; font-size: small;">Number of People living in Unit<br/>1   2   3   4   5   6   7   8</span> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Income Declaration Form complete/verification attached.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Household has pursued all sources of income that they might be eligible for.  |

Notes	Completed by:  Initials  Date _____
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**Ongoing Eligibility (check as all are verified)**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Canadian Citizen or Permanent Resident of Canada.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refugee Claimant/No removal order has become enforceable.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At least one member of the household is 16 years of age or older.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Able to live independently with or without supports (self declared on form).  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No arrears to social housing provider.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, is there a payback agreement in place and being honored?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Homeowner has provided verification of sale of house.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Household is appropriately housed. <span style="float: right; font-size: small;">Number of People living in Unit<br/>1   2   3   4   5   6   7   8</span> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Income Declaration Form complete/verification attached.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Household has pursued all sources of income that they might be eligible for.  |

Notes	Completed by:  Initials  Date
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