



CGI Tennessee

Checklist for Section 8 Special Claims for REGULAR VACANCY

All claims **MUST** be submitted within 180 calendar days after the unit becomes available for occupancy. Claims over 180 calendar days after the ready for occupancy date will be **DENIED**

See HUD Special Claims Processing Guide Chapter 3, Section 3-4, A

Unit Number:	
Resident Name:	
Property Name:	
Contract Number:	

Management Co.	
Contact Name:	
Address:	
City, State, Zip:	
Phone Number	
Fax Number:	
Email Address:	

Include the following required items to the checklist and email package to tnpbca@housing.systems.

All documentation **MUST** identify the unit number and date.

FOR O/A	FOR CGI	ITEM DESCRIPTION			
		Copy of this checklist	<i>NOTE: TRACS reports can be found on HUD Secure Systems/TRACS/TRACS Queries</i>		
		Copy of the TRACS Move Out Report	Copy of the TRACS Move In Report	Copy of the TRACS UTO, UTI, IC, or TM Report	
		Completed form HUD-52670-A Part 2 (MUST be signed and dated)			
		Completed form HUD-52671-C (MUST be signed and dated)			
		Copy of the original signed and dated Move In form HUD-50059 (all pages) for this resident which shows the amount of the required security deposit.			
		Documentation that the required security deposit was collected from the resident (<i>i.e. copy of the Resident Ledger (non-hap), or a copy of the receipt(s) for the security deposit, or a copy of the original lease</i>)			
		Copy of the Security Deposit Disposition Notice provided to the resident at move out, which indicates the Move Out date, amount of Security Deposit collected, amount of Security Deposit returned, and any charges withheld from the deposit for unpaid rent, resident damages or other allowable charges under the lease.			
		Did the resident give an "intent" of a thirty (30) day written notice?	Yes	No	Date of Death
		Documentation that verifies the date the unit was ready for occupancy. (<i>i.e. Make Ready Form, Maintenance Record, Reconditioning Log, etc.</i>)			
		Copy of the waiting list from which the new resident was selected. (<i>i.e. Unit Transfer, One, Two, or Three Bedroom, etc</i>)			
		New Resident Name:			
		If the unit was not filled from the waiting list(s), documentation of marketing efforts MUST be included such as copies of advertising or invoices for advertising expenses that substantiate the date marketing occurred (past 90 days) in accordance with your Affirmative Fair Housing Marketing Plan (AFHMP)			

To be completed by CGI Staff

Date of COS Review:	Special Claim ID Number:	Program Type:	Security Deposit Requirements	
Date this unit is Complete:	Reviewed by:	AHAP Date:	TTP	Up to TTP
			Greater of TTP or \$50.00	
Required Security Deposit Amount:	Collected Security Deposit Amount:	Line 11	Revised 12/20/2024	