



AIM Housing Supports Checklist

Name: _____

Self Direction

Lease Date: _____

Indicate the housing need/change:

- ☐ Annual Recertification ☐ Moving
☐ Budget Amendment/CNBA ☐ Transfer

***To be completed by Housing Team**

- ☐ Pre-Approval ☐ Final Approval

Housing Requirements		
Annual Recertification		
	Submitted	Comments
Programmatic Items:		
OPWDD Participation Agreement		
OPWDD QA Checklist		
Executed Lease		
Utility Bills (at least 2 most current)		
Renter's Insurance Declaration Page (if applicable)		
Income verification:		
SSI and/or SSDI		
One month of paystubs (if applicable)		
Proof of Application/Approval or Denial:		
Section 8/HUD (if closed, proof of closure)		
Supplemental Nutrition Assistance Program (SNAP)		
Home Energy Assistance Program (HEAP)		
Budget Items:		
Current Approved Budget Template (6/2/2023)		
Life Plan (LP)/Staff Action Plan (SAP) with housing justification		
Pre-Approval (if applicable)		
OPWDD Application C		
OPWDD Application D		
Pre-approval Approval Date:		

Resources:

*Please note teams cannot request a housing subsidy higher than the current provided lease

Housing Equation Resources:

- (Wages) Line 26 = Net Pay for month / # of paystubs **then** that amount multiplied by 52 or 26 (based on weekly or biweekly payment to obtain yearly estimate) **then** / 12
- (Food Stamps) Line 88= SNAP Award (Monthly Amount)
- (HEAP) Line 89 = HEAP Award/12)
- (Insurance Costs) Line 59= Renter's insurance total/12
- (Utility) Line 58= Add current total utility bills (monthly amounts)
 - If on a budget plan you must use the usage for the month **not** the budget plan amount



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