AIM Housing Supports Checklist

Initial Review Date:_____ Date of Housing Approval: _____

Name: _____ Subsidy Amount Change: _____

Address:_____Region: _____

Indicate the housing need/change:

- ☐ Annual Recertification
- ☐ BA/CNBA
- ☐ Moving/New
- ☐ Transfer

***To be completed by Housing Team**

- ☐ Preapproval
- ☐ Final Approval

Housing Requirements		
	Submitted	**Comments**
Programmatic Items		
OPWDD Participation Agreement		
OPWDD QA Checklist		
Executed Lease (signed by individual & landlord)		
Two months of recent utility bills		
Renter's Insurance Declaration Page (if applicable)		
Income verification		
Most recent SSI and/or SSDI letter(s)		
NYS SSP		
One month of most recent paystubs (if working)		
Other Income (SSI Death Benefit, etc.)		
Miscellaneous Funding - Proof of Application, Approval or Denial		
Section 8/HUD (if closed, proof of closure)		
Supplemental Nutrition Assistance Program (SNAP)		
Home Energy Assistance Program (HEAP) **Typically open Nov 1st - approx March**		
Budget Items		
Proposed budget (current version 6/12/2025)		
Current Annual Lifeplan **Address of housing unit must be listed on LP and in Choices when submitting for final approval and housing must be justified in narrative and listed in Section V		
Staff Action Plan (check for DPP plans)		
For Housing Team Only		
OPWDD Application C		
Date Preapproval Packet Submitted to OPWDD		
Date of OPWDD Preapproval		
Approved for Transition Stipend		
Approved for Security Deposit		
Final Housing Submission Deadline		
Date Final Housing Packet Submitted to OPWDD		