

Texas Department of Housing and Community Affairs

EIV Discrepancy Report Cover Sheet for Tenant File

Property Name:	
Date:	
Resident/Applicant Name:	
Unit Number:	

Type of Certification:	
<input type="checkbox"/> Annual Recertification (AR)	
<input type="checkbox"/> Interim Recertification (IR)	
<input type="checkbox"/> Initial Certification (IC)	
<input type="checkbox"/> Move-In Certification (MI)	
Certification Effective Date:	

EIV Report Type:
<input type="checkbox"/> No Income Reported on the 50059
<input type="checkbox"/> No Income Reported by HHS or SSA
<input type="checkbox"/> New Hires Report
<input type="checkbox"/> Income Discrepancy Report
<input type="checkbox"/> Income Report
<input type="checkbox"/> Existing Tenant Search
<input type="checkbox"/> Multiple Subsidy Report
<input type="checkbox"/> Deceased Tenant Report
<input type="checkbox"/> Failed EIV Pre-Screening Report
<input type="checkbox"/> Failed Verification Report
<input type="checkbox"/> Summary Report

Election of Report Accuracy Certification:
<input type="checkbox"/> I Agree and Do Not Dispute the Accuracy of the Above Report
<input type="checkbox"/> I Do Not Agree and Dispute the Accuracy of the Above Report*

* If the Resident/Applicant disputes the above EIV Report, all action documentation should follow this cover page in the tenant file.

Resident/Applicant Signature:	
Date:	