

**Although not all Rental Assistance Providers need to submit supporting documentation to the OASAS Voucher Unit, the documentation must be readily available for audit purposes.**

**Voucher Check List for the first month of the Contract  
Period and new Participants admitted to the Rental Assistance Program  
All supporting documentation must match the Monthly Statement of Grant Expenses**

- Monthly Statement of Grant Expenses- (MSGE) Form PAS-104H** signed and dated. **Upstate and Downstate Providers submit document with claim.**
- Lease** Tenant and Landlord signed and dated with correct address (including unit number) and base rent amount. **Downstate Providers submit document with claim.**
- Rent Reasonable Checklist and Certification (RRC) Form PAS-111H** Required each time a Participant enters a new lease. **Upstate and Downstate Providers submit document with claim when the gross rent (base rent plus utility allowance) is above Fair Market Rent.**
- Occupancy Agreement- (OA) Form PAS-112H** Provider and Participant signed and dated. The address (including unit number) and rental amount must match the lease. The period dates should begin with the date the Participant moved in and end with the lease end date. **Downstate Providers submit document with claim.**
- Tenant Rent Calculation Worksheet-(TRCW) Form PAS-113H** Provider signed and dated. **Downstate Providers submit document with claim.**
- Utility Allowance Schedule** for Participants entitled to a utility allowance. The utility allowance being claimed is circled and valid when recertification is completed. **Downstate Providers submit supporting documentation with claim.**
- Program Delivery Form PAS-114H** Provider approving official signed and dated. Supervisor and employee signed and dated time sheet. **Form PAS-116H Upstate and Downstate Providers submit document and supporting documentation with claim.**
- CoC Interim Rule Administrative Costs Form PAS-115H** Provider approving official signed and dated. Supervisor and employee signed and dated time sheet. **Form PAS-116H Upstate and Downstate Providers submit document and supporting documentation with claim. Downstate Providers submit a separate voucher for Administrative Costs.**
- LOCCS Form HUD-27053-A** Dollar amounts must match the amounts claimed on the MSGE. **Upstate and Downstate Providers submit document with claim.**

**I verify that the forms and supporting documentation submitted are true and correct.**

Signature \_\_\_\_\_

Date \_\_\_\_\_