

COVID-19 Eligibility Certification

The undersigned does certify that he/she is or was a resident of _____
County, Missouri, a county approved to receive COVID-19 related funding administered by Missouri Housing Development
Commission, and that the COVID-19 Pandemic has rendered him/her homeless or at risk of homelessness.

The undersigned further certifies that he/she is a resident of the county indicated above, and that the true and correct
household combined gross income for his/her household is equal or less than 140 percent area median income.

The undersigned further certifies that he/she is ether a citizen or national of the United States or is a noncitizen with
eligible immigration status.

The undersigned certifies, under penalty of perjury, that all statements made herein are true and correct, and acknowledges
that any fraudulent representations made in this certification may subject the undersigned to criminal prosecution.

Printed Name:

Signature:

Date: _____

Effective: March 25, 2020