

Missouri Housing Trust Fund-Disaster Relief Homeowner Certification

Applicant name (print): _____

The Homeowner Certification is to certify that the above-named participant:

- Is a Missouri homeowner that resides in a county included in a state disaster request
- Holds no outstanding tax delinquencies on primary residence in which assistance is being requested
- Holds no mortgage delinquencies on primary residence in which assistance is being requested
- Is requesting home repair assistance for the households primary residence

☐ I (Homeowner) certify, under penalty of perjury, that I met all the required criteria as outlined above

Applicant signature: _____

Date: _____

Please complete one of the following sections.

☐ I certify, under penalty of perjury, that I **do not** have homeowner insurance on my primary residence

Applicant signature: _____

Date: _____

☐ I certify, under penalty of perjury, that I **do** have homeowner insurance on my primary residence, and my insurance company has provided a full or partial denial for the claim in which repairs are being requested

***If you have a full or partial insurance claim denial letter, please attach to this form**

Applicant signature: _____

Date: _____

If homeowner does have homeowner insurance on primary residence, please complete the following information below:

Insurance Company: _____

Policy Number: _____