

MHTF

Client File Training

Lisa Moler
Housing Program Administrator



MHDC.com

Agenda

- Client File Forms-All Components
- Client File Forms-Housing Assistance and Emergency Assistance
- Client File Forms-Home Repair

Client File Requirements

All Components



Client File Forms – All Components

- MHDC-114 Consent and Housing Status Certification
- MHTF-204 Income Verification Summary Worksheet
- MHDC-103 Self Declaration of Income
- Additional Required Documentation
- Additional Resources

MHDC-114 Consent and Housing Status Certification



1. The client fills out this section giving permission for MHDC to view the file.

2. Staff will check which housing status best fits the household and provide a description of the status.

Missouri Housing Development Commission
MHDC

MHDC-114

ESG, MHTF, Disaster, ESG-CV GRANT PROGRAMS
Consent and Homeless Certification Form

I, _____ understand and acknowledge that _____ (the "Agency"), in exchange for receiving funds from the Missouri Housing Development Commission ("MHDC"), is required to share certain information about me with MHDC in order to ensure the Agency's compliance with all rules and requirements associated with the distribution of funds from MHDC.

By my signature below, I hereby authorize the Agency to share all of my personal information provided with MHDC, and other state and federal agencies, such as the Department Social Services for the limited purposes of proving that I qualify to receive assistance administered by MHDC to ensure that the Agency is in compliance with the rules and requirements associated with the distribution of funds from MHDC. I further authorize MHDC and all participating funding agencies to contact me directly to discuss any matters related to my receipt of MHDC funds and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for MHDC funds and/or to determine whether the Agency is in compliance with all rules and requirements of associated with the distribution of funds from MHDC.

Housing Status Category as defined under 24 CFR 576.2 (check one):
For more information on the definition of homelessness, please review program desk guide.

Category 1: Literally Homeless
 Category 2: Imminent Risk of Homelessness /At-Risk of Homelessness
 Category 4: Fleeing/Attempting to Flee Domestic Violence

Housing Status Documentation:
Please describe where the program participant slept at night, before entering the program.

Housing Status Verification (Check one):
Please select the verification method and describe how the stated situation above was verified. Please review HUD's record keeping requirements and the Program Desk Guide. Attach verification documentation, if obtainable. If documentation is unobtainable, please documents attempts made to obtain additional verification.

Third-Party Verification
 Staff Observation Verification
 Self-Certification

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

3. Client will check the box that best describes their housing.

Missouri Housing Development Commission
MHDC

Housing Condition
Among the stated goals of programs administered by MHDC is the provision of safe, decent and sanitary housing. In order to assist in furthering this goal, please indicate which of the following statements is most accurate as it pertains to your current housing:

I believe my current housing, for which I am seeking MHDC assistance, IS safe, decent and sanitary.
 I believe my current housing, for which I am seeking MHDC assistance IS NOT safe, decent and sanitary.
 Not Applicable due to housing status

*NOTE = If, at any time while you are receiving assistance through programs administered by MHDC, you believe your current housing ceases to be safe, decent and sanitary, please report this to the Agency; and, the Agency will assist you in locating housing that is safe, decent and sanitary.

Staff Signature

By signing below, I certify that:

- To the best of my knowledge, the information provided to me from the program participant is accurate; and
- The program participant meets all requirements to receive assistance under MHTF-DR program; and
- To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination; and
- I understand that fraud is investigated and may be punishable under federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641; and
- I understand that if any of these certifications are found to be false, I will be subject to criminal, civil, and administrative penalties and sanctions, including repayment.

Staff Signature: _____
 Printed Name: _____ Date: _____

Program Participant Signature

By signing below, I certify that:

- I have insufficient financial resources and support networks, e.g., family, friends, faith-based, other social networks, immediately available to obtain housing or to attain housing stability without assistance; and
- I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete; and
- I hereby authorize the Agency to share all of my personal information provided with MHDC for the limited purposes of proving that I qualify to receive MHTF-DR funding and ensuring that the Agency is in compliance with the rules and requirements associated with the distribution of MHTF-DR funds.
- Domestic Violence (DV) only:** I hereby authorize the Agency to share non-identifying information with MHDC and its auditors for the limited purposes of proving that I qualify to receive the assistance administered by MHDC and ensure that the Agency is in compliance with the rules and requirements associated with the distribution of MHTF-DR funds.

Signature: _____
 Printed Name: _____ Date: _____

DV only Unique Identifier: _____

Initials: _____ Date: _____

4. Staff will sign this area verifying the items listed.

5. The client will sign this area verifying the items listed.

MHDC-103 Self Declaration of Income



MHDC Community Initiatives: Self-declaration of Income

Form: MHDC 103

Applicant Name: _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income and have supplied documentation if possible:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Applicant Signature: _____ Date: _____

2. Client checks and signs in this section if they have no income.

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: _____ Date: _____

Staff Verification

I understand that third-party verification is the preferred method of certifying income for assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third-party verification using the MHTF-OR 304 Income Verification Worksheet.

Documentation of attempt made for third-party verification:

Staff Signature: _____ Date: _____

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <https://www.onbaseforvets.org> or call (573) 251-3229 to learn about available resources.

1 of 1

#3

1. Client fills out and signs this section if they don't have proof of their income.

3. Staff will fill out and sign this section. The staff member will document what attempts have been made to collect proof of income.

Additional Required Documentation

- Government Issued ID
 - Needed for all household members over the age of 18
- Agency's Standard Intake
- Proof of Income
 - Must be current for the 30 days prior to intake
 - Needed for everyone over the age of 18
 - Must be recertified every 90 days that services are provided
- Service Engagement Records (Case Management Notes)
 - Notes must be dated and detail housing services provided, direct assistance provided, housing plan and referrals

Additional Resources

■ MHTF-206 AMI Limits

- All clients must be under 50% AMI, which is located on the MHTF-206 form, and can be found on the MHDC website.
- Annual Income Limits (AMI) is determined by HUD. A chart with the 50% AMI is located on the MHDC website and will be updated annually.

■ Fair Market Rents

- Grantees are encouraged to abide by Fair Market Rent rates when placing clients into new housing.
- The Fair Market Rents chart is produced by HUD and is located on the MHDC website and is updated annually.

Client File Requirements

Housing Assistance
or
Emergency Assistance



Client File Requirements – Housing Assistance & Emergency Assistance

- MHDC-116 Minimum standards for Permanent Housing
- Additional Required Documentation

MHDC-116 Minimum Standards for Permanent Housing



This form is needed when a client is placed into a new housing unit.

Please collect all signatures for this page.

Missouri Housing Development Corporation
MHDC

MHDC-116

Minimum Standards for Permanent Housing

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard
		1. <i>Structure and materials:</i> The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
		2. <i>Space and security:</i> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. <i>Interior air quality:</i> Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. <i>Water Supply:</i> The water supply is free from contamination.
		5. <i>Sanitary Facilities:</i> Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. <i>Thermal environment:</i> The housing has any necessary heating/cooling facilities in proper operating condition.
		7. <i>Illumination and electricity:</i> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. <i>Food preparation:</i> All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. <i>Sanitary condition:</i> The housing is maintained in sanitary condition.
		10. <i>Fire safety:</i> <ul style="list-style-type: none"> a. There is a second means of exiting the building in the event of fire or other emergency. b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
		11. Meets additional recipient/subrecipient standards (if any).

Check either approved or deficient.

MHDC-116

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards.

Property does not meet all of the above standards.

1. Check one box here.

COMMENTS:

Program Participant Name: _____

Program Participant's Signature: _____

Landlord's Signature: _____

Street Address: _____

Apartment (if applicable): _____

City: _____ State: _____ Zip: _____

Agency Name: _____

Evaluator Signature: _____

Date of review: _____

Evaluator Name: _____

2. This is client and landlord information.

3. Include the inspector and agency information here.

Additional Required Documentation

- Rental Assistance
 - Fully executed Lease
 - Copy of ledger from Landlord
 - Proof of intent to evict
 - Proof of cleared payment
- Utility Assistance
 - Copy of past due utility bill clearly showing months owed not to exceed 6 months
 - Proof of cleared payment
- Essential Items and Motel Stays
 - Copy of the receipt
 - Proof of cleared payment

Additional Required Documentation

Continued

- Mortgage Assistance/ Arrears
 - Proof of Ownership
 - Copy of deed, property tax statement, or homeowner's policy for the property receiving assistance (*must be client's primary residence*)
 - Copy of past due mortgage statement showing the number of months included in the arrear's payment
 - Number of months CANNOT exceed 6 months in arrears
 - Proof of cleared payment

Client File Requirements

Home Repair Only



Client File Requirements

Home Repair

- MHTF-221 Home Repair Initial Inspection
- MHTF-222 Home Repair Final Inspection
- MHTF-223 Certificate of Release of Liens
- Additional Required Documentation

MHTF-221 Home Repair Initial Inspection



1. Fill out basic identifying information.

Missouri Housing Development Commission
MHDC
MHTF-221

Home Repair Initial Inspection | Missouri Housing Trust Fund

Date of Initial Inspection: _____
Homeowner(s) Name: _____
Homeowner Address: _____
City: _____ County: _____ Zip: _____
Agency Name: _____

Please select any eligible Home Repair activities that apply to this job:

<input type="checkbox"/> Cost to meet local codes	<input type="checkbox"/> Remediation of environmental hazards
<input type="checkbox"/> Accessibility improvements	<input type="checkbox"/> Energy improvements
<input type="checkbox"/> Septic repair/replacement	<input type="checkbox"/> Repair/replacement/upgrade of existing wells
<input type="checkbox"/> Soft costs	

As of the date listed above, the following scope of work was evaluated for full or partial repair. Please describe in detail all the repairs that will be completed using Missouri Housing Trust Fund-Disaster Relief dollars:

1 of 2

2. Select all eligible Home Repair activities that apply to this job.

3. In this box list all repairs that will use MHTF dollars.

Notes: Other comments or issues to be addressed (if applicable)

INITIAL INSPECTOR: The undersigned inspector certifies that he/she personally performed the initial inspection of the premises and that the foregoing is his/her true assessment of the conditions observed.

Inspector Signature: _____
Inspector Printed Name: _____ Date: _____

HOMEOWNER: The undersigned homeowner certifies that the assessment of the conditions of his/her property above is accurate.

Homeowner Signature: _____
Homeowner Printed Name: _____ Date: _____
Homeowner 2 Signature (if applicable): _____
Homeowner 2 Printed Name: _____ Date: _____

2 of 2

4. Use this box for any comments or other issues to be addressed.

5. Staff print, sign, and date.

6. Homeowner print, sign, and date.

MHTF-222 Home Repair Final Inspection Form

1. Basic information about the Home Repair.

2. List all repairs that have been completed.

3. Staff print, sign, and date.

Missouri Housing Development Commission
MHDC MHTF-222

Home Repair Final Inspection | Missouri Housing Trust Fund

Date of Completion: _____
Homeowner Name: _____
Address of the Home Repair: _____
Agency Name: _____

As of the date listed above, the following repairs have been completed:

Certification-Final Inspection:

FINAL STAFF INSPECTION: The undersigned inspector (staff member) certifies that he/she has performed a Final inspection of the premises of the repairs listed above, and that the foregoing is his/her true assessment of the conditions observed:

- Work performed meets all applicable municipal codes
- All necessary permits were obtained
- Work meets habitability standards
- Before/after home repair pictures were obtained and included in the client file

Inspector Signature: _____
Inspector Printed Name: _____ Date: _____

1 of 2

4. Contractor print, sign, and date.

5. Homeowner(s) print, sign, and date.

Missouri Housing Development Commission
MHDC MHTF-222

CONTRACTOR: The undersigned certifies that all work has been satisfactorily completed in accordance with:

- All applicable contracts
- Property meets all applicable codes
- Appropriate warranties have been obtained or issued
- No unpaid claims for material, supplies, equipment, or claims of laborers for unpaid wages

Contractor Signature: _____
Contractor Printed Name: _____ Date: _____

By the signatures below, Homeowner agrees that the repairs listed above have been satisfactorily completed.

HOMEOWNER:	HOMEOWNER 2 (if applicable):
_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date

2 of 2



MHTF-223 Certificate of Release of Liens

Missouri Housing
Development Commission
MHDC

MHTF-223

Missouri Housing Trust Fund
Certificate of Release of Liens

From: _____ (Contractor)
To: _____ (Owner)

A contract was entered into on the _____ day of _____, _____ between the above parties for the rehabilitation of the property located at _____

1. The undersigned certifies that all work required under this contract has been performed in accordance with the terms thereof, and that there are no unpaid claims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the performance of this Contract.
2. That upon receipt of the payment of \$ _____, the undersigned does hereby release the property owner from any and all claims arising under or by virtue of the above referenced contract.

Agency Name _____ Contractor/Company Name _____
Authorized Signature _____ Contractor Signature _____

[Complete notary certification on next page]

1 of 2

1. Date of completed Home Repair.

2. Address of the home that Home Repair was completed.

3. Amount owed to the contractor.

4. Agency and Contractor names and signatures.

State of _____
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____, personally known to me, or proved to me through identification documents, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public

(SEAL)

2 of 2

5. Agency and Contractor must be present when the Notary signs this form.



Additional Required Documentation

- Proof of Ownership
 - Copy of deed, property tax statement, or homeowner's policy for the property receiving assistance (*must be client's primary residence*)
- Pictures
 - Include before and after photos
 - Must be dated
- Proof of 3 bids
 - If 3 bids are not available, verify attempt to advertise job, i.e. mass email, newspaper ad, etc.
 - If unable to get 3 bids you must notify MHDC via email to Cp.programs@mhdc.com and receive approval per project.
- Approved bid/invoice of work order detailing the repairs to be performed
- Proof of cleared payment

Lisa Moler

Housing Program Administrator

CP.Programs@MHDC.com

Kansas City:

1201 Walnut Street, Suite 1800
Kansas City, MO 64106
(816) 759-6600

St. Louis:

505 N. 7th Street, Suite 2000
St. Louis, MO 63101
(314) 877-1350

