

MHTF-DR Client Forms Training

Lisa Moler Housing Program Administrator



Agenda

- Client File Forms-All Components
- Client File Forms-Housing Services
- Client File Forms-Home Repair







Client File Forms All Components



Client File Forms – All Components

- MHTF-DR-304 Income Verification Form
- MHTF-DR-305 Self Declaration of Income
- MHTF-DR-306 Consent and Housing Status Certification
- MHTF-DR-311 Non-Duplication of Benefits



MHTF-DR-304 **Income Verification Form**

Income Verification Summary Worksheet | MHTF-DR FY2026

3. Here you list all eligible assets.

1. List all family members in this section.

tion I: Household Information			and the same of th				
Household Members	Nam	e/Uni ,ue Identifier	Age	SSN 4 Digits	Proof of Identific	ration Type [18+]	Specify if "Other"
Head of Household			9 9	1,0	2		100 00
Household Member 2		<u>/</u>	3 3		S .		
Household Member 3			1		<u> </u>		
Household Member 4				i.	il.		
Household Member 5					S.		
Household Member 6							
Household Member 7			2.		61 62		
Household Member 8			0.0				
Total Members in Household	0		- 22 - 3	70	22		2
			Section II and III Instructions	12			
tion II: Gross Annual Income			nd asset inclusions and exclusi				
tion II: Gross Annual Income	Source of Income	Description (i.e., employer's	Type of income Verification (i.e., check stub, award letter,	Date(s) Listed on Source of	Gross Amount (as detailed on income	Frequency of Income (number of times income is received per	Annual Income
a mana	Source of Income	Description	Type of Income Verification	Date(4) Listed	V 5 Th 0 Th 0 Th 1 Th 1 Th 1 Th 1 Th 1 Th 1		Annual Income
a mana	Source of Income	Description (i.e., employer's	Type of income Verification (i.e., check stub, award letter,	Date(s) Listed on Source of	(as detailed on income	(number of times income is received per	Annual Income
a mana	Source of Income	Description (i.e., employer's	Type of income Verification (i.e., check stub, award letter,	Date(s) Listed on Source of	(as detailed on income	(number of times income is received per	Annual income
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a mana	Source of Income	Description (i.e., employer's	Type of income Verification (i.e., check stub, award letter,	Date(s) Listed on Source of	(as detailed on income	(number of times income is received per	Annual Income
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a mana	Source of Income	Description (i.e., employer's	Type of income Verification (i.e., check stub, award letter,	Date(s) Listed on Source of	(as detailed on income	(number of times income is received per	Annual Income

tion III: Income From Assets Household Member	Type of Asset	Specify (# "other" is selected)	Date of Valuation	Jurrent Cash Value	Interest Earned		Actual Incom	
					0.00%	\$		
					0.00%	\$		
			K		0.00%	\$		1
		3 1	- 5		0.00%	\$		
					0.00%	s		
					0.00%	\$		-
					0.00%	\$		-
		4 1	- 8		0.00%	\$		
					0.00%	\$		
					0.00%	\$		-
			TOTALS:	\$	- (a)	\$	16	(1
				Multiply total of line	a) by Passbook Rate: (.45%)	\$		P
				TOTAL HOUSEHOLD ASSETS	(B) Greater of Line (1) and (2)	\$		
				TOTA	L ANNUAL INCOME * (A)+(B):	\$		
ction IV: Determination of Income Eligi	bility		,	appeal or the last			1921	
County:		_	County: Sale:	Instruction t the client's eligible county of res			-8	
Household Size	0		COVER DE LA COMPANSION DE	as: This field will populate from Se				

TOTAL ANNUAL INCOME

This area is

ome: If total annual income is <u>greater than</u> the household AMI lim

otal annual income is less than or equal to the household AMI, cell will turn gr

section 4.

2. List income for all household members over the age of 18.

MHTF-DR-305 Self Declaration of Income



Hissouri Hawaing Development Commission		Form: MHTF-DR-305
MHDC	Missouri Housing Development Commis	sion
	Self-Declaration of Income	
pplicant Name:		
This is to certify the income status	for the above-named individual. Income inclu	des but is not limited to:
 The full amount of gross income 	earned before taxes and deductions.	
	operation of a business, i.e., total revenue mi als of cash from the business or profession for	
 Monthly interest and dividend in 	come credited to an applicant's bank account	and available for use.
 The monthly payment amount r other similar types of periodic p 	eceived from Social Security, annuities, retirer ayments.	nent funds, pensions, disability and
 Any monthly payments in lieu of compensation. 	earnings, such as unemployment, disability of	ompensation, SSI, SSDI, and worker's
 Monthly income from governments stamps, and childcare. 	nt agencies excluding amounts designated for	r shelter, and utilities, WIC, food
 Alimony, child support and fosts dwelling. 	r care payments received from organizations	or from persons not residing in the
 All basic pay, special day and all hostile fire. 	owances of a member of the armed forces exc	luding special pay for exposure to
d	eck only one box and complete only that	section
☐ I certify, under penalty of po documentation if possible:	erjury, that I currently receive the followin	g income and have supplied
Source:	Amount:	Frequency:
Source:	Amount:	Frequency:
Source:	Amount:	Frequency:
	Date:	

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

Applicant Signature:	Date:
assistance. I understand self-declaration is	s the preferred method of certifying income for s only permitted when I have attempted to but cannot obtain the
-party verification using the MHTF-DR 304	
Recommendation of attenues made for third.	marks sandlessings
Documentation of attempt made for third-	-party verification:
Documentation of attempt made for third-	-party verification:
Documentation of attempt mode for third-	-party verification: Date:
Staff Signature:	

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.

MHTF-DR-306 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 Trust Fund — Disaster Reflect [MHTF-DR] Consent and Housing Status Certification L	ALID	sing	MHTF-DR 30
Consent and Housing Status Certification Lunderstand and acknowledge that	MHD	C	
for receiving funds from the Missouri Housing Development Commission ("MHDC"), is required to share certain information about the 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, 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. If shrher authorize MHDC and all participating funding agencies to contact me directly to discuss 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. Client Signature: Dete:			
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, 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 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. Client Signature: Printed Name: Date: Dete: Dete: Dete: Dete: Dete: Housing Status Certification Select the housing stotus of the client. For additional guidance, please reference the MHTF-DR Desk Guide. Homeless due to disaster event (literally homeless) Renter impacted by disaster event (literally homeless) Homeowner impacted by disaster event (At-risk of homelessness) Housing Status Description: Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of domage, letter from landlord/employer, o	V.	understand and acknowledge that	(the "Agency"), in exchange
state and federal agencies, 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. If 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. Client Signeture: Printed Name: Date: Dete: Housing Status Certification Select the housing stotus of the client. For additional guidance, please reference the MHTF-DR Desk Guide. Homeless due to disaster event (literally homeless) Renter impacted by disaster event (literally homeless) Renter impacted by disaster event (literally homeless) Flexing/Attempting to flex Demestic Violence Housing Status Description: Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of domage, letter from landlord/employer, o	about me with N	nds from the Missouri Housing Development Com (HDC in order to ensure the Agency's compliance wi	mission ("MHDC"), is required to share certain information
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. Client Signature: Printed Name: Dete: Dete: Housing Status Certification Select the housing status of the client. For additional guidance, please reference the MHTF-OR Desk Guide. Homeless due to disaster event (At-risk of homeless) Renter impacted by disaster event (At-risk of homelessness) Homeowner impacted by disaster event (At-risk of homelessness) Housing Status Description: Flease provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlord/employer, o	state and feder ensure that the I further author	al agencies, for the limited purposes of proving the Agency is in compliance with the rules and requirer ize MHDC and all participating funding agencies to	at I qualify to receive assistance administered by MHDC to ments associated with the distribution of funds from MHDC, o contact me directly to discuss any matters related to my
Printed Name:	determine my	eligibility for MHDC funds and/or to determine v	whether the Agency is in compliance with all rules and
Housing Status Certification Select the housing status of the client. For additional guidance, please reference the MHTF-DR Desk Guide. D Homeless due to disaster event (literally homeless) Renter impacted by disaster event (At-risk of homelessness) Homelessness) Homelessness of the common status of the clients of homelessness of the common status of the common status of homelessness of the common status of the common status of the clients Violence Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlard/employer, o	Client Signatur	<u> </u>	x
Select the housing status of the client. For additional guidance, please reference the MHTF-DR Desk Guide. D. Hameless due to disaster event (Literally homeless) Renter impacted by disaster event (At-risk of homelessness) D. Hamelessness) Fleesing/Attempting to flee Damester event (At-risk of homelessness) Housing Status Description: Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlard/employer, o	Printed Name:		Date:
Select the housing status of the client. For additional guidance, please reference the MHTF-DR Desk Guide. Description of the client (At-risk of homelessness) Renter impacted by disaster event (At-risk of homelessness) Homelessness) Homelessness) Housing Status Description: Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlard/employer, o		A AMERICAN	
Homeless due to disaster event (Literally homeless) Renter impacted by disaster event (At-risk of homelessness) Homelessness) Homelessnessi Heeing/Attempting to Ree Domestic Violence Heeing/Attempting to Ree Domestic Violence Heads provide a brief description: Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlord/employer, o	Housing Statu	s Certification	
Renter impacted by disaster event (At-risk of homelessness) Homeowner impacted by disaster event (At-risk of homelessness) Fleeing/Attempting to flee Domestic Violence Housing Status Description: Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlord/employer, or	Select the hous	ing status of the client. For additional guidance, p	slease reference the MHTF-DR Desk Guide.
Renter impacted by disaster event (At-risk of homelessness) Homeowner impacted by disaster event (At-risk of homelessness) Fleeing/Attempting to flee Domestic Violence Housing Status Description: Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlord/employer, or	D Homeless due	to disaster event (Literally homeless)	
Homeowner impacted by disaster event (At-risk of homelessness) Heeing/Attempting to Rev Domestic Vidence Housing Status Description: Housing Status Description: Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlard/employer, or			
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Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlard/employer, o		pting to flee Domestic Violence	
Please provide a brief description of the client's current housing situation: Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlard/employer, o	☐ Fleeing/Atten		
	record Page	s Description:	
	Housing Statu		situation:

3. Client will check the box that best

IHDC "GSGI	ibes their housing.
assist in furthering this and, phase indicate value in dicate value in the state of	tered by MHDC is the provision of safe, decent and sanitary housing. In order to which of the following statements is most accurate as it pertains to your current on seeking MHDC assistance, IS safe, decent and sanitary. In seeking MHDC assistance IS NOT safe, decent and sanitary.
your current housing ceases to be safe assist you in locating housing that is sa	, decent and sanitary, please report this to the Agency; and, the Agency will
Staff Signature	ne, uncorn and sammary.
 The program participant meets all re To the best of my knowledge, neither this eligibity determination; and I understand that fraud is investigate U.S.C. 1001 and 18 U.S. C. 641; and 	formation provided to me from the program participant is accurate; and quirements to receive assistance under MHIT-DB program; and r I nor anyone related to me has received or will receive any financial benefit for eld and may be purishable under foderal laws to include, but not limited to, 18 sertifications are found to be false, I will be subject to criminal, civil, and ns, including repayment.
Printed Name:	Date:
Program Participant Signature	
By signing below, I certify that: • I have insufficient financial resource:	s and support networks, e.g., family, friends, faith-based, other social networks,
 I certify that the information above a and complete; and I hereby authorize the Agency to sha proving that I qualify to receive MH requirements associated with the de Domestic Violence (DV) only: I here auditors for the limited purposes of 	are all of my personal information provided with MHDC for the limited purposes of TTF-DR funding and ensuring that the Agency is in compliance with the rules and stribution of MHTF-DR funds. they authorize the Agency to share non-identifying information with MHDC and its proving that I qualify to receive the assistance administered by MHDC and ensure.
I certify that the information above a and complete; and thereby authorize the Agency to sha proving that I qualify to receive Mirrayirements associated with the discovered of the Domestic Violence (DV) only: I here auditors for the limited purposes of that the Agency is in compliance with	nd any other information I have provided in applying for assistance is true, accurate ize all of my personal information provided with MHDC for the limited purposes of ITF-DR funding and ensuring that the Agency is in compliance with the rules and stribution of MHTF-DR funds. by authorize the Agency to share <u>non-identifying information</u> with MHDC and its to authorize the Agency to share <u>non-identifying information</u> with MHDC and its provided in the provided in the p
I certify that the information above a and complete; and I hereby authorize the Agency to sha proving that I qualify to receive Mirrouir ements associated with the die Domestic Violence (DV) only: I here auditors for the limited purposes of that the Agency is in compliance with signature:	nd any other information I have provided in applying for assistance is true, accurate ire all of my personal information provided with MHDC for the limited purposes of ITE-DR funding and ensuring that the Agency is in compliance with the rules and stribution of MHT-DR funds. by authorize the Agency to share non-identifying information with MHDC and its proving that I qualify to receive the assistance administered by MHDC and ensure the trules and requirements associated with the distribution of MHTF-DR funds.
I certify that the information above a and complete; and I hereby authorize the Agency to sha proving that I qualify to receive Mirrouir ements associated with the die Domestic Violence (DV) only: I here auditors for the limited purposes of that the Agency is in compliance with signature:	nd any other information I have provided in applying for assistance is true, accurate ire all of my personal information provided with MHDC for the limited purposes of ITF-DR funding and ensuring that the Agency is in compliance with the rules and stribution of MHTF-DR funds. thy authorize the Agency to share <u>non-identifying information</u> with MHDC and issupposing that I qualify to receive the assistance administered by MHDC and ensure proving that I qualify to receive the assistance administered by MHDC and ensure proving that I qualify to receive the assistance administered by MHDC and ensure proving that I qualify to receive the assistance administered by MHDC and ensure proving that I qualify to receive the assistance administered by MHDC and ensure proving that I qualify to receive the assistance administered by MHDC and ensure proving that I qualify to receive the assistance administered by MHDC and ensure proving the III and I are the I was a supplicated by I was a suppli
 I certify that the information above a and complete; and I hereby authorize the Agency to sha proving that I qualify to receive MH requirements associated with the de Domestic Violence (DV) only: I here auditors for the limited purposes of 	nd any other information I have provided in applying for assistance is true, accurate ire all of my personal information provided with MHDC for the limited purposes of ITE-DR funding and ensuring that the Agency is in compliance with the rules and stribution of MHT-DR funds. by authorize the Agency to share mon-identifying information with MHDC and except proving that I qualify to receive the assistance administered by MHDC and except the rules and requirements associated with the distribution of MHTF-DR funds.

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

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

MHTF-DR-311 Non-Duplication of Benefits



1.The client will check the one box that is true for their situation.

2. Here the client will list all sources of assistance they have been approved for.

	Missouri Housing Trust Fund-Disaster Relief
	Non-Duplication of Benefits Form
	Applicant name (print):
	This is to certify that the above-named participant is not receiving duplication of benefit related to this disaster. These benefits include, but are not limited to:
	• FEMA
	HUD Insurance coverage (renters, homeowners, or home warranty) Small Business Administration State Disaster Relief Funds
	Please complete one of the following sections.
	I certify, under penalty of perjury, that my household has not applied for, received, or d have an active appeal from the above-named sources. I understand that assistance rece a later date that results in a duplication of any assistance received by MHDC will require partial or full return of funds applied to duplicative activities.
	have an active appeal from the above-named sources. I understand that assistance rece a later date that results in a duplication of any assistance received by MHDC will require
	have an active appeal from the above-named sources. I understand that assistance received a later date that results in a duplication of any assistance received by MHDC will require partial or full return of funds applied to duplicative activities. Applicant signature: Date: I certify, under penalty of perjury, that my household has received, or expects to receive assistance from the above-named sources. I understand that assistance received at a lathat results in a duplication of any assistance received by MHDC will require a partial or return of funds applied to duplicative activities.
	have an active appeal from the above-named sources. I understand that assistance received a later date that results in a duplication of any assistance received by MHDC will require partial or full return of funds applied to duplicative activities. Applicant signature: Date: I certify, under penalty of perjury, that my household has received, or expects to receive assistance from the above-named sources. I understand that assistance received at a lathat results in a duplication of any assistance received by MHDC will require a partial or
· · · · · · · · · · · · · · · · · · ·	have an active appeal from the above-named sources. I understand that assistance received a later date that results in a duplication of any assistance received by MHDC will require partial or full return of funds applied to duplicative activities. Applicant signature: Date: I certify, under penalty of perjury, that my household has received, or expects to receive assistance from the above-named sources. I understand that assistance received at a latest results in a duplication of any assistance received by MHDC will require a partial or return of funds applied to duplicative activities. If assistance related to this disaster has been received, or is expected to be received, pl
	have an active appeal from the above-named sources. I understand that assistance received a later date that results in a duplication of any assistance received by MHDC will require partial or full return of funds applied to duplicative activities. Applicant signature: Date: I certify, under penalty of perjury, that my household has received, or expects to receive assistance from the above-named sources. I understand that assistance received at a latest results in a duplication of any assistance received by MHDC will require a partial or return of funds applied to duplicative activities. If assistance related to this disaster has been received, or is expected to be received, piccomplete the sources and verification sections below:
	have an active appeal from the above-named sources. I understand that assistance received a later date that results in a duplication of any assistance received by MHDC will require partial or full return of funds applied to duplicative activities. Applicant signature: Date: I certify, under penalty of perjury, that my household has received, or expects to receive assistance from the above-named sources. I understand that assistance received at a latest tresults in a duplication of any assistance received by MHDC will require a partial or return of funds applied to duplicative activities. If assistance related to this disaster has been received, or is expected to be received, plicomplete the sources and verification sections below: Sources Received:
- -	have an active appeal from the above-named sources. I understand that assistance received a later date that results in a duplication of any assistance received by MHDC will require partial or full return of funds applied to duplicative activities. Applicant signature: Date: I certify, under penalty of perjury, that my household has received, or expects to receive assistance from the above-named sources. I understand that assistance received at a latent results in a duplication of any assistance received by MHDC will require a partial or return of funds applied to duplicative activities. If assistance related to this disaster has been received, or is expected to be received, ple complete the sources and verification sections below: Sources: Amount:

		MINIT	DR-311		
		- 4	Hor	e the client will	li
Sources Pending Approval (
Source:	Amount:	l a	II assi	istance they are	
Source:	Amount:			•	
Source:	Amount:	V	vaitin	g on a decision	
		ء ر	rom.		
Description of Received or F	Pending Sources:	•	OIII.	5. Use this box	c 1
					-
				_ explain what t	:h
				assistance will	ŀ
				assistance will	I I
				used for.	
Applicant signature:	Date:				
	identified above, please complete th	88 - 1000	00.00		
If sources were Staff Verification of Non-Du I understand that thirdy duplication of benefits w have collected and main ability and have included documentation include: Proof insurance c Documentation of	plication of Benefits plication of Benefits party verification and documentation in fill not occur as a result of funds being ained copies of all necessary docume these documents in the client's file. I	ne section below. s necessary for certifyin utilized for disaster relintation to the best of mexamples of acceptable	ef. I	6. Staff will ch the box in this section and si	s g
If sources were Staff Verification of Non-Du I understand that third-p duplication of benefits w have collected and main ability and have included documentation include: Proof insurance o Occumentation p confirms the assi	plication of Benefits plication of Benefits plication and documentation in the property of the	ne section below. s necessary for certifyin utilized for disaster relintation to the best of m examples of acceptable or local entities that	ef. I	6. Staff will che the box in this section and si and date verif	s gı fy
If sources were Staff Verification of Non-Du I understand that third-p duplication of benefits w have collected and main ability and have included documentation include: Proof insurance c Documentation p confirms the assi	plication of Benefits plication of Benefits plication and documentation in the property verification and documentation in the property verification and documents of the property documents in the client's file. It is also and decision provided by FEMA, HUD, or other state stance decision or application status.	ne section below. s necessary for certifyin utilized for disaster relintation to the best of m examples of acceptable or local entities that	ef. I	6. Staff will ch the box in this section and si	s g fy



Client File Forms Housing Services Only



Client File Forms – Housing Services

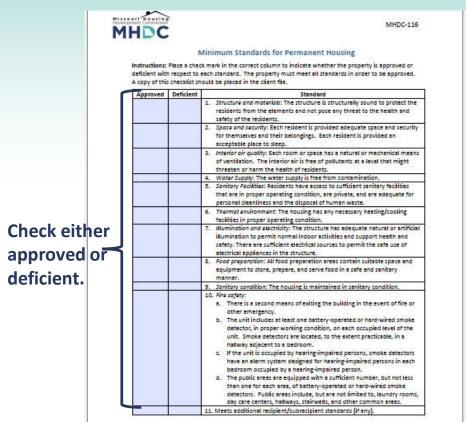
MHDC-116 Minimum standards for Permanent Housing



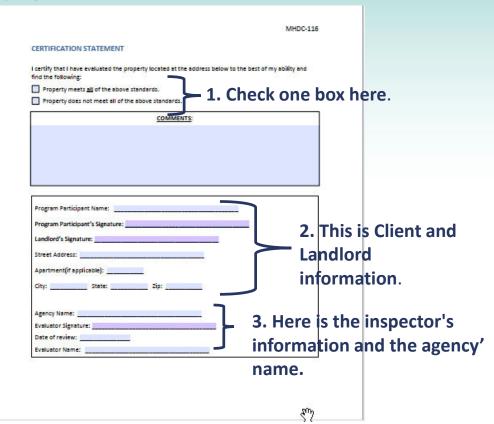
MHDC-116 Minimum standards for Permanent Housing



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



Please collect all signatures for this page.





Client File Forms Home Repair Only

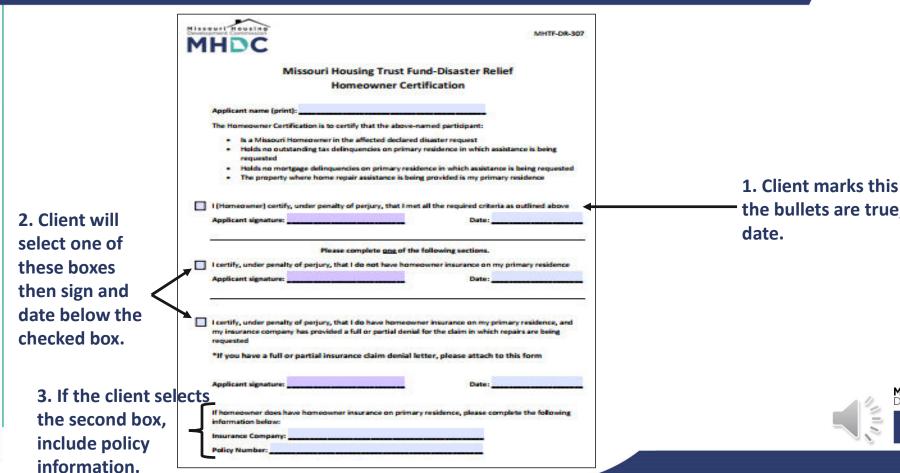


Client File Forms – Home Repair

- MHTF-DR-307 Homeowner's Certification
- MHTF-DR-308 Home Repair Initial Inspection
- MHTF-DR-309 Home Repair Final Inspection Form
- MHTF-DR-310 Emergency Home Repair Certification Form (note: only used when doing an emergency home repair)
- Regulatory Agreement



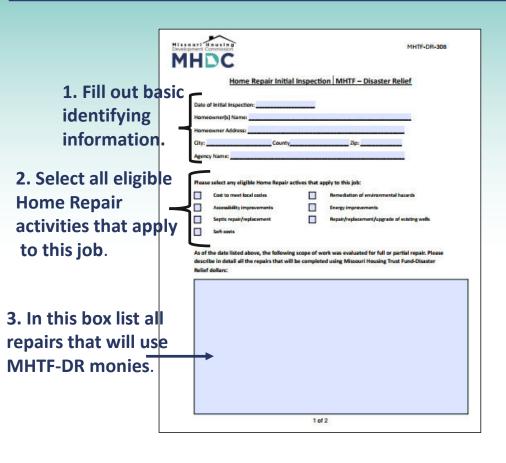
MHTF-DR-307 Homeowner's Certification Form

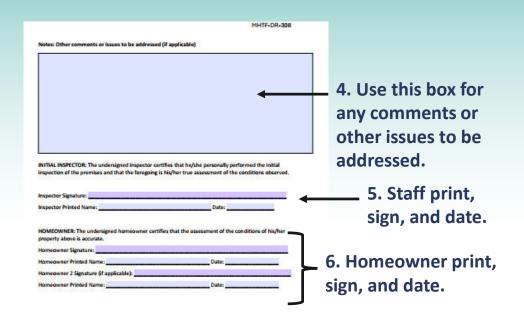


1. Client marks this box indicating the bullets are true, then sign and



MHTF-DR-308 Home Repair Initial Inspection





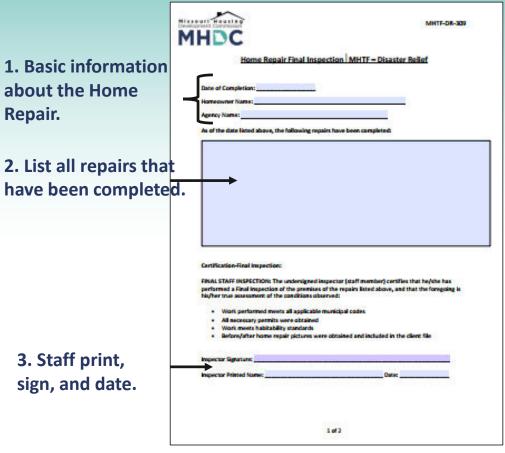


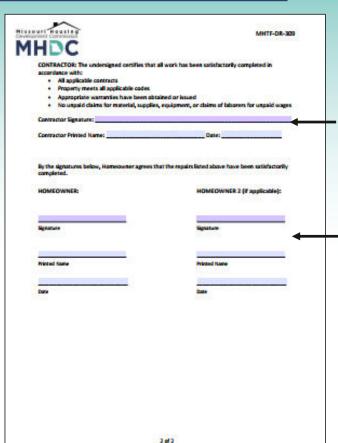
MHTF-DR-309 Home Repair Final Inspection Form

1. Basic information about the Home Repair.

have been completed.

3. Staff print, sign, and date.





4. Contractor print, sign, and date.

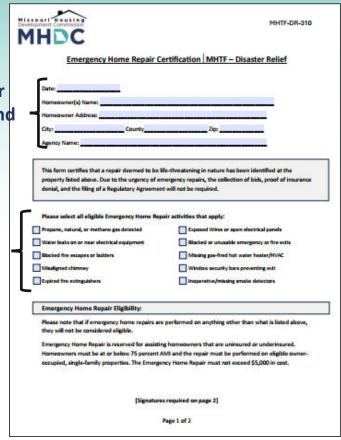
5. Homeowner(s) print, sign, and date.

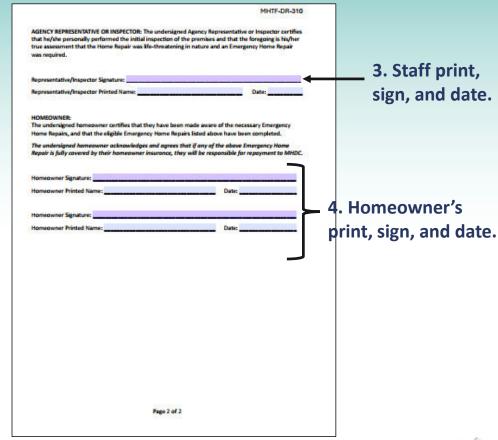


MHTF-DR-310 Emergency Home Repair Certification Form

1. Homeowner information and agency name.

2. Select all eligible emergency repairs that apply.







Regulatory Agreements

- Required for ALL standard Home Repair Projects over \$2,500
- Client must not sell property within 5 years of the Home Repair
 - If the client wants to sell before the 5 years MHDC may allow the client to pay a prorated amount based on the provided repairs
 - MHDC may consider certain extenuating circumstances as reason to release a regulatory agreement without repayment at its sole discretion. Email cp.programs@mhdc.com for questions regarding the waiver process
- The Regulatory Agreement Template and an example on how to fill it out are on the MHDC website





Regulatory Agreements Process

- The agency will meet with the client and help them fill out the Regulatory Agreement and get it notarized
- The Agency will then email an electronic copy to Cp.programs@mhdc.com and immediately mail the original copy to MHDC Community Programs at:

1201 Walnut Street, Suite 1800

Kansas City, MO 64106

- Once MHDC receives the electronic copy we will file the Regulatory Agreement.
- Please note that if the original copy is not received the agency will not be able to claim the Home Repair on their back-up submission.



MHTF-DR-302 Income Limits, Fair Market Rents, and Client File Checklist



- MHTF-DR-302 Income Limits
 - All clients must be under 75% AMI which can be located on the MHTF-DR-302, which is posted on the MHDC website.
 - Annual Income Limits (AMI) is determined by HUD. A chart with the 75% 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 Checklist
 - A tool to ensure that all client documents are collected and is located on the MHDC website.





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Kansas City:

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