Missouri Housing Development Commission

Consent and Homelessness 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 Description:

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 document 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.

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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 MHDC programs; 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.

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 assistance administered by MHDC and ensuring that the Agency is in compliance with the rules and requirements associated with the distribution of funds from MHDC.
- **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 funds from MHDC.

Signature: _____

Printed Name: _____ **Date:** _____

DV only Unique Identifier: _____

Initials: _____ **Date:** _____

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