

2024 MHTF Compliance Webinar

Denise Monroe & Lisa Moler



[MHDC.com](https://www.mhdc.com)

House Keeping

- This is a pre-recorded webinar, so there will be no question and answer session
- All questions can be submitted via email



Missouri Housing Trust Fund



- Missouri Housing Trust Fund Assistance is intended for very low-income households
 - Assistance based on each components eligibility for
 - (HOUSING ASSISTANCE) “literally homeless” and;
 - (EMERGENCY ASSISTANCE) “at risk of homelessness” for individuals and families
 - Income must be **at or below** 50% AMI
 - AMI defined by HUD, limits posted at:
<https://mhdc.com/programs/community-programs/missouri-housing-trust-fund-mhtf/mhtf-forms-and-resources/>
 - MHTF-206 AMI Limits
 - Fair Market Rents as defined by HUD, limits posted
 - Income Verification Worksheet (MHTF-204)
 - MHTF Desk Guide FY2024

Compliance Site Visit

- The Compliance Officer will need to examine client files, financial assistance, and administrative/operating expenses to verify compliance with program rules and regulations
- Compliance visits may be scheduled once a minimum of 25% of approved back-up has been submitted to accounting for payment
- **All required documentation** should be assembled in an orderly fashion, in paper form, and available for review within 15 minutes of request in a private workspace
- Agency is contacted by MHDC staff to schedule a compliance visit approximately 2 weeks prior to the date of the appointment



Desk Review Process

In the event that an onsite compliance visit cannot be conducted, an electronic desk review will be required as follows:

- Once a funded agency meets the minimum threshold of submitted **and approved** backup/invoices, a compliance desk review may be scheduled
- The Compliance Officer (CO) will first (1st) email the agency grant contact and cc both the financial contact and the executive director on file to schedule a desk review. **NOTE:** All grantees are responsible for ensuring that their listed grant contacts are up to date
- The first (1st) email will include a proposed date in which agency staff responsible for administering the grant should be available to provide requested documentation electronically, as well as general information concerning how the electronic desk review will be conducted
- On the scheduled date and time of the review, the CO will send a second (2nd) email to the agency grant contact, the financial contact and the executive director on file, with a detailed list of all required documentation i.e., client file documentation, forms, and financials. The items will be randomly selected from the approved back up or invoices submitted to date

All requested documentation should be assembled in an orderly fashion, scanned, and submitted electronically **within 24 hours**

- **Please review scans before sending them to MHDC**
- **Make sure that all pages are facing the same direction and are legible**
- **Any sensitive or confidential information must be redacted prior to scanning and sending the document**



Housing Assistance Eligibility

- Goal is to assist *literally homeless* households to *obtain and sustain* long-term permanent housing
- Housing Assistance eligible recipients
 - Literally homeless
 - Fleeing or attempting to flee domestic violence

Any client that does not meet the HUD Literally Homeless definition is not eligible for MHTF Housing Assistance



Housing Assistance

Eligible Uses

- Eligible uses
 - Rental assistance, arrears & deposits
 - Utility assistance, arrears & deposits
 - Application Fees
 - Last Month's Rent
 - Hotel/Motel
 - Essential Item



Emergency Assistance Eligibility

- Goal is to provide assistance for households at risk or imminent risk of homelessness, eviction or foreclosure
- Emergency Assistance eligible recipients
 - At risk or at imminent risk of homelessness
 - Fleeing or attempting to flee domestic violence

Any client that does not meet the HUD At-Risk of homelessness definition is not eligible for MHTF Emergency Assistance



Grant Administration

Emergency Assistance

- Eligible uses
 - Rental assistance, arrears, & deposits
 - Utility assistance, arrears, and deposits
 - Application Fees
 - Hotel/Motel
 - Emergency Home Repair (up to \$1,000)
 - Mortgage Assistance (up to six months)
 - Essential Items



Home Repair

Eligibility and Eligible Uses

- Repairs for owner-occupied single-family units up to \$10,000
- Eligible activities:
 - Weatherization
 - Repair or replacement of major systems
 - Environmental
 - Accessibility
 - Code Violations



Operating Funds Eligible Uses

- Eligible Uses
 - Staff salaries/benefits
 - Logged duties associated with MHTF Operating grant and time spent working on housing-related programs serving households at or below 50 percent AMI
 - Must have statement on timesheet signed by staff member and manager
 - Mileage associated with direct services to clients



Administration

Eligible Uses

- Salaries and benefits associated with staff engaged in grant and program administration
- Administrative services contracted to outside parties
- Maintenance activities include routine, necessary, and minor measures to upkeep office space equipment and fixtures, and/or preventative measures
- Office supplies and equipment
- Mileage costs associated with assisting clients with MHTF



Documentation Of Homelessness

- Documentation of household's **current living situation (PRIOR TO ENTRY OF PROGRAM)**
- Program participants maintain their housing status during the time period that they are receiving MHTF assistance and/or continued case management services
 - MHDC has provided form MHDC-114 for your use in documenting and verifying homelessness status
 - Use the MHDC-114 with either written or verbal third party verification(s); OR staff observation which must be clearly documented on the form(s). Document the client's signature for self-certification of homelessness status. The staff taking the self-certification MUST document attempts to verify status; UNLESS the client is DV &/or as a precaution of the client's safety



Verification Of Homelessness

- *The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as*
 - *third-party documentation first,*
 - *intake worker observations second,*
 - *and certification from the person seeking assistance third.*

TYPES OF 3 RD PARTY VERIFICATION	
HOMELESSNESS	AT-RISK of HOMELESSNESS
<ul style="list-style-type: none">• Shelter Verification	<ul style="list-style-type: none">• Eviction Notice/Court Documentation
<ul style="list-style-type: none">• Letter from Outreach Worker	<ul style="list-style-type: none">• Letter from doubled-up situation
<ul style="list-style-type: none">• Hotel receipt if paid by agency	<ul style="list-style-type: none">• Notice from hotel of self payment

- If no third party written documentation, we can allow oral statements from a third party, such as a family member, faith-based organization, landlord, etc., and finally self-certification, (with good documentation in the file showing efforts to obtain the third party verifications).



MHDC-114



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

MHDC-114
Agency
Name

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 of Homelessness (one must be checked)

- 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.

Tell us where the client slept the night before they entered 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.

Check box of the type of verification provided

- Third-Party Verification**
- Staff Observation Verification**
- Self-Certification**

Use this spot for Staff observation, self certification, and to document attempts to get 3rd party verification

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.



MHDC-114(Continued)



MHDC-114

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:

Client checks box indicating the condition of their 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: _____

Staff signature, printed name, and 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.

Participant signature, printed name, and date

Signature: _____
Printed Name: _____ Date: _____

DV only Unique Identifier: _____
Initials: _____ Date: _____



Documentation of Income

- Income **Verification Summary Worksheet** MHTF-204 must be completed at initial intake and updated every 90 days thereafter (this form must be completed electronically and maintained in client file)
 - Pay stubs (**received within last 30 days**), MHDC-112 Income verification, SSI/SSDI award letter, child support statement, EBT statement for TANF, Income Tax form for self-employment, MHDC-103 Self-Certification [must document attempt to obtain third party verification(s)]
 - No Income (18 and older): MHDC-103 Self-Certification
 - At recertification the sources of income should be current within 30 days of first instance of assistance OR date of certification
- Grantees need to evaluate households assisted for both need and eligibility, including:
 - Determination of whether or not the household composition has changed; and
 - Verification that household's annual gross income does not exceed 50 percent of AMI; and
 - Verification that the household lacks sufficient resources and support networks to retain housing without the assistance



MHTF-204

Form: MHTF-204



Income Verification Summary Worksheet | Missouri Housing Trust Fund | FY2024

Section I: Household Information					
Household Members	Name/Unique Identifier	Age	SSN 4 Digits	Proof of Identification Type (18+)	Specify if "Other" ID Type
Head of Household					
Household Member 2					
Household Member 3					
Household Member 4					
Household Member 5					
Household Member 6					
Household Member 7					
Household Member 8					

Total Members in 0

Section II and III Instructions:
All income and assets received by household members should be detailed in the charts below. A separate line should be filled out for each individual piece of income and asset verification. All income verification used to calculate income and assets should be dated within 30 days of when first instance of MHTF assistance was provided. Please refer to Desk Guide (MHTF-200) for income and asset inclusions and exclusions. See HUD Handbook 4350.3 for complete instructions on verifying and calculating income and assets.

Section II: Gross Annual Income							
Household Member	Source of Income	Description (i.e., employer's name)	Type of Income Verification (i.e., check stub, award letter, employer verification)	Date Listed on Source of Income	Gross Amount (as detailed on income verification sources)	Frequency of Income (number of times income is received per year)	Annual Income

TOTAL HOUSEHOLD INCOME (A): \$ -



MHTF-204 Continued

Income Verification Summary Worksheet | Missouri Housing Trust Fund | FY2024

Section III: Income From Assets

Household Member	Type of Asset	Specify (if "other" asset type)	of Valuation	Current Cash Value	Interest Earned	Actual Income
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
TOTALS:				\$ -	(a)	\$ - (1)
				Multiply total of line (a) by Passbook Rate: (.06%)		\$ - (2)
TOTAL HOUSEHOLD ASSETS (B)				Greater of Line (1) and (2)		\$ -
TOTAL ANNUAL INCOME = (A)-(B):						\$ -

Section IV: Determination of Income Eligibility

County (Please Choose):	Missouri - Statewide	Select County (If "MISSOURI -	
Area Median Income (AMI) for County Selected Above:	\$		88,600.00
50% AMI (annual)	\$ -	50% AMI (monthly)	\$ -
25% AMI (annual)	\$ -	25% AMI (monthly)	\$ -
TOTAL ANNUAL INCOME:	\$ -		

Section V: Assistance Summary Information

Date of Intake	_____	Home Repair File Check List Evidence of Title _____ Work Description _____ Before/After Picture _____ Inspection Form _____ Completion Form _____ Regulatory Agreement _____ Proof of 3 Bids _____
Consent Form Date	_____	
Income Form Date (If applicable)	_____	
Assistance Type (Please Choose)	_____	
Assistance Amount	_____	
Payee	_____	
Address of Residence (Please Choose)	_____ <i>Other (specify)</i> _____	
Proof of Need (Please Choose)	_____ <i>Other (specify)</i> _____	
Date of Payment from Agency	_____	
Proof of Cleared Payment	_____	



Acceptable Forms of Verifications

1. Written or verbal third party
 - Employment verification completed by employer
 - Telephone or in-person with time and date of contact, details requested, name and title of contact, clearly documented in the file
2. Documentation provided by client/participant
 - Check stub or earning statement
 - Benefit statement/letter
 - Child support agency printout or court order
3. Self-Certification from client/participant
 - Attempts to verify by third party must be clearly documented in the client file.



Calculating Income

- Must calculate income for an individual or family for the program income eligibility requirements
 - Third-party Verification must be obtained or documentation of attempt to verify income for all members 18 and older
 - If unable to verify income by third party, the MHDC-103 must be utilized
 - Dated within 30 days of first instance of assistance, every 90 days thereafter
 - Must complete MHTF-204 on the computer to ensure accuracy
- The MHTF Desk Guide lists the types and amounts of income and deductions to be included in the calculation;
 - Inclusions
 - Exclusions



Calculating Income (continued)

Methods of Calculating Income

- Annualize income by calculating the gross annual income based on current circumstances. Income that may not last for 12 months should be calculated assuming that circumstances will last 12 months
- Calculate the annual income based on anticipated changes through the year
 - Information that is available or changes throughout the year should be used to calculate anticipated income from all known sources
- Changes will be reflected at recertification period as required for each program



Calculating Income (continued)

- Frequency of Pay
 - Hourly wages by the number of hours worked per year (2,080 hours for full-time employment with a 40-hour work week and no overtime)
 - Weekly wages by 52
 - Bi-weekly wages (paid every other week) by 26
 - Semi-monthly wages (paid twice each month) by 24
 - Monthly wages by 12
 - To annualize income other than full-time income, multiply the wages by the actual number of hours or weeks the person is expected to work



Calculating Assets

- What is an asset?
 - Items of value that may be turned into cash
 - Some clients have assets that are not earning interest
 - Necessary personal property is not an asset
- Asset Inclusions and Exclusions
- Considerations
 - Must determine whether the total “cash value” of family assets exceeds \$5,000
 - Market value less reasonable expenses incurred selling or converting the asset to cash
 - Note: A family is NOT required to convert the asset to cash. Determining the cash value is done as a calculation in the process of determining the value of all assets
 - If assets are owned by more than one person, prorate based on percentage of ownership, if there is no percentage specified or provided by law, prorate evenly



Calculating Assets (example)

- Household has a checking account with a *six month average balance* of \$500.00 which earns no interest. They have a savings account with a *current balance* of \$500.00 which currently earns 1.5 percent interest
 - Savings account interest ($\$500 \times .015 = \7.50)
- Household owns their house valued at \$50,000. They currently have an outstanding mortgage balance of \$34,000. The *reasonable selling costs* of a realtor, taxes, insurance, etc. would be \$3,400
 - The cash value of their home would be \$12,600 ($\$50,000 - \$34,000 = \$16,000 - \$3,400 = \$12,600$)



Client File Documentation

- Verification of homeless status, documentation of household's ***current living situation***
 - Household eligibility for MHTF Housing Assistance must meet HUD's definitions of literally homeless or fleeing domestic violence. MHTF Emergency Assistance must meet HUD's definitions of at-risk of homelessness or fleeing domestic violence
 - MHDC-114
- Program consent form – MHDC-114
- Intake application
- *Proof of SSN for every member of the household AND/OR; Photo ID for HH members +18 years of age
 - *recommended but not required (If neither of these can be obtained, DOCUMENT ATTEMPTS IN THE FILE)
- Proof of income
 - MHDC-103, MHDC-112 can be utilized or copies of source documents i.e., paystubs, benefit letters, etc.
- Proof of need
 - Rent, deposits, rental arrears – Lease or letter from landlord which clearly lists the amounts.
 - Utilities including arrears – Copy of bill or print out from source with amount(s) and time frame(s) clearly documented
- Proof of inspection for Housing Assistance grant type
 - Use form MHDC-116



Home Repair/Modification

- Documentation requirements:
 1. Household income eligibility (Income and Asset income)
 2. Work write up (Bid advertisement)
 3. Proof of ownership (Deed of Trust or Title)
 4. Proof of 3 bids
 5. Before and after pictures of project (dated if possible)
 6. Proof of address
 7. Inspection form – MHTF 219
 8. Certificate of Completion – MHTF-220
 9. Contractor license and insurance



MHTF Client Contribution Certification Form

- Household contribution
- Grantees are allowed to require the households it assists with MHTF Housing Assistance to contribute 30 percent of their gross monthly income towards their total monthly rent amount. Grantees that choose to require households to contribute a portion of their monthly income while assisted must require contribution from all households assisted with the grant. If a grantee chooses not to charge they must not charge anyone
 - Documentation required
 - Copy of check or money order; OR
 - Copy of receipt from landlord showing amount/date paid



Financial Documentation

Proof of need i.e., invoice, receipt, payroll, eligible administrative costs

- If a service or utility bill, must list physical address of service (DV shelters can be exempt but must show evidence of service address)
- Utility Arrears must be documented with the number of months included in assistance. (6 month limit)
- Mileage – travel requests including dates, purpose of travel, maps or record of miles traveled, etc.
- Receipts must list eligible item(s) purchased, services performed, amount(s), and date(s)
- Assemble receipts and bills in order (preferably by payment date with corresponding CI invoice)

Payroll

- Payroll debits on bank statements must match the net amount on the payroll report total or copy of paystub
 - Timesheets &/or effort reports (must be signed by employee and supervisor. The form should include a certification that time billed to the grant was exclusively in the service of clients at or below 50% AMI)
 - Last 4 digits of employees' SSN
- Employee benefits (insurance, taxes, work comp., etc)

Proof of cleared payment

- Copy of cleared payment or bank statement clearly showing check number, date, and amount



Monitoring Notification

- Following the site visit or desk review, MHDC staff will prepare a report detailing the results of the review including any deficiencies and/or areas of improvements along with corrective action required
- Agencies found out of compliance must submit a Corrective Action Plan detailing how the agency plans to rectify the compliance issues noted within 30 days
 - Fifty percent (50%) of client files or financial documentation with findings
 - Failure to respond to requests for a site visit
- Until the MHDC staff member has verified that the issue(s) has/have been resolved, funding will be suspended



Best Practices

- Agency staff attending MHDC trainings and webinars
- Timely invoice and backup submissions as required
- Submit updates to any agency grant contact personnel
- Implement written policies and procedures following MHTF desk guide requirements
- Use of current forms posted on the website
- Verify current income limits are in use to qualify clients
- Proper income calculation methods utilized
- Proper documentation and verification of client homelessness status



Non-Compliance

- More than one-half of files reviewed during on-site compliance visit contained findings
- Files were unable to be reviewed during the site visit
- Files were not produced within 15 minute time frame
- Grantee will not schedule visit; after three attempts and no response from request sent within 15 days of date of request
- Grantee accommodations deemed to be unsafe or unsanitary; allegations of clients being put in danger by grantee
- Failure to submit back-up for 2 consecutive quarters



Common Errors/Findings

- Missing required forms and/or incorrect usage of forms
- Participants failing to disclose income information/inadequate intake application
- Missing household eligibility documentation i.e., income and homelessness
 - Utilized funding for ineligible clients (HA must be literally homeless. EA must be at risk of homelessness) Both funds can be used for clients fleeing domestic violence
 - Missing documentation of staff attempts to verify required information &/or sign forms
- Missing or late recertification(s)
- Utilizing net vs. gross income amounts &/or frequency of pay resulting in over income household
- Utilizing expenses incurred &/or paid outside the grant period



Replacement Backup

- If ineligible expenses are found during a site visit, replacement backup must be submitted
- Items required in the backup are:
 - Replacement Expense Summary Report
 - Copies of eligible expenses incurred within the grant period which have not previously been submitted for payment
 - Bill, invoice or other proof of expense
 - Proof of cleared payment
 - Household eligibility documentation i.e., income and homelessness, program consent form, and intake application
 - Corrected HMIS or comparable database report



Replacement of Expenses Summary Report



Community Programs Division

Replacement of Expenses Summary Report

Instructions: This form should be completed in order to replace ineligible expenses previously billed to a Missouri Housing Development (MHDC) Community Programs grant (i.e. Missouri Housing Innovation Program, Missouri Housing Trust Fund, Housing Stability & Eviction Diversion, Mortgage Assistance Counseling, and Disaster Programs). Eligible expenses must be paid and incurred within the grant year.

Date: _____
Agency: _____
Program: _____
Grant #: _____

Replacement Amount (Reference Agency's Audit Report):

Administration/Operating (\$): _____
Marketing/Outreach (\$): _____
Case Management (\$): _____
Direct Financial Assistance (\$): _____
Total to Replace (\$): 0 _____

Required Supporting Documentation

Instructions: The following supporting documentation should be submitted with this form in order for MHDC to determine eligibility of replacement expenses

Direct Financial Assistance/Client-Related Expenses:	Agency Expenses (Salary/Benefits, Invoices, etc.):
<input type="checkbox"/> Revised Report (HMIS, MIS, Demographic)	<input type="checkbox"/> Proof of Cost(s) Incurred
<input type="checkbox"/> Proof of Household(s) Program Eligibility	<input type="checkbox"/> Proof of Cleared Payment(s)
<input type="checkbox"/> Consent Form(s)	
<input type="checkbox"/> Proof of Cost(s) Incurred	
<input type="checkbox"/> Proof of Cleared Payment(s)	

I hereby certify that all information on this form is true, that I have collected and reviewed all required records to maintain, and that all expenses are authorized and meet the eligibility of the grant.

Authorized Signature: _____ Date: _____



Next Step

- Go to the MHDC website and find the Compliance Webinar Verification form
- One person per agency must sign and return the form via email to Lisa.moler@mhdc.com



Denise Monroe, HCCP, COS

Compliance Officer
Direct: 816.759.6642
dmonroe@mhdc.com

Lisa Moler

State Program Administrator
Direct: 816.759.7228
Lisa.moler@mhdc.com

Kansas City:

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

St. Louis:

505 N. 7th Street, Suite 2000
St. Louis, MO 63103
(314) 877-1350

