



Missouri Housing Trust Fund-Disaster Relief Homeowner Certification

MHTF-DR Home Repair applicants (primary homeowner) must review and certify each section below. It is the responsibility of the applicant and the MHTF-DR funded agency to disclose any liens and/or encumbrances on the primary residence receiving assistance to MHDC for approval prior to the project's start.

Primary Homeowner Name (Applicant): _____
(First, Last)

Section 1: Homeowner Certification

This 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
- Has disclosed all liens or encumbrances on the primary residence
- Is requesting home repair assistance for the household's primary residence

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

I (Homeowner) disclose the following liens or encumbrances related to delinquencies on my primary residence.

Instructions: Include all delinquency-related liens or encumbrances on the property receiving assistance, along with the dollar amount of each. If not applicable, write "N/A".

Submit all reported liens/encumbrances to cp.programs@mhdc.com for review and approval prior to the project's start.

Applicant Signature: _____ **Date:** _____

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Section 2: Insurance Certification

Complete one of the sections below:

I (Homeowner) certify that **I do not** have homeowner's insurance on my primary residence.

Applicant Signature: _____ **Date:** _____

I (Homeowner) certify that **I do** have homeowner's insurance on my primary residence, and my insurance provider has issued a full or partial denial for the claim in which repairs are being requested.

Homeowner's Insurance Provider: _____

Policy Number: _____

Applicant Signature: _____ **Date:** _____

[Attach homeowner's insurance claim determination to this form]

[End of document]