



EMERGENCY
SOLUTIONS
GRANT
SAMPLE FORM PACKET
2023



Table of Contents

FORMS BY FUNDING COMPONENT

Street Outreach and Emergency Shelter.....	3
Homelessness Prevention.....	4
Rapid Rehousing.....	5
Form Categories.....	6-7

SAMPLE FORMS

MHDC-103 Self-Declaration of Income.....	8
MHDC-112 Verification of Income.....	9
MHDC-114 Consent and Homeless Certification.....	10-11
ESG-201 Income Eligibility Worksheet	12
ESG-204 Receipt of Assistance.....	13
ESG-205 Habitability Standards for Emergency Shelter.....	14-15
ESG-205 Habitability Standards for Permanent Housing.....	16-17
ESG-206 - Rent Reasonableness and Fair Market Rent Certification.....	18-22
ESG-209 Recertification Form.....	23

Forms by Funding Component

Below are lists of the required forms that agency should complete for clients and facilities/units receiving ESG funding. In some instances, the form(s) used to document compliance with a specific regulation may vary depending on a number of factors. These instances are listed below in italic letters below (i.e., “*Lead Paint Form(s)*”). The explanation for which form(s) should be used in which circumstances are further explained in the Form Categories section (Pages 6-7).

Street Outreach

Required for Clients

- MHDC-114 Consent and Homeless Certification
- HMIS/Comparable Database Consent Form
- Agency Intake Form

Recommended for Clients

- Ending Assistance Letter
- Case Management Documentation

Emergency Shelter

Required for Clients

- MHDC-114 Consent and Homeless Certification
- HMIS/Comparable Database Consent Form
- Agency Intake Form

Required for Emergency Shelter Facilities

- ESG-205 Habitability Standards for Emergency Shelter
- *Lead Paint Form(s)*

Recommended for Clients

- Ending Assistance Letter
- Case Management Documentation

Homelessness Prevention

Required for Clients

- MHDC-114 Consent and Homeless Certification
- HMIS/Comparable Database Consent Form
- Agency Intake Form
- ESG-204 Receipt of Assistance
- Ending Assistance Letter¹
- *Identification Documents*
- *Income Documentation (updated every 3-months)*
- *Income Verification (updated every 3-months)*
- *Recertification (completed every 3-months)²*

Required for Units Assisted with Rental Payments³

- ESG-205 Habitability Standards for Permanent Housing
- ESG-206 Rent Reasonableness and Fair Market Rent Certification
- *Lead Paint Form(s)*
- Rental Assistance Agreement
- Lease

Recommended for Clients

- Case Management Documentation

¹ Not required for Street Outreach or Emergency Shelter clients, but is required for Homelessness Prevention and Rapid Rehousing clients once they exit an ESG funded program.

² For Homelessness Prevention, Recertification does not need to be completed upon intake like Income Documentation and Verification. All three must be completed/updated every 3-months after the client enters the program.

³ Rental Payments excludes Rental Arrears and Last Month's Rent.

Rapid Rehousing

Required for Clients

- MHDC-114 Consent and Homeless Certification
- HMIS/Comparable Database Consent Form
- Agency Intake Form
- ESG-204 Receipt of Assistance
- Ending Assistance Letter⁴
- *Identification Documents*
- *Income Documentation (only needed every 12-months client is in program)*
- *Income Verification (only needed every 12-months client is in program)*
- *Recertification (only needed every 12-months client is in program)*⁵

Required for Units Assisted with Rental Payments⁶

- ESG-205 Habitability Standards for Permanent Housing
- ESG-206 Rent Reasonableness and Fair Market Rent Certification
- *Lead Paint Form(s)*
- Rental Assistance Agreement
- Lease

Recommended for Clients

- Case Management Documentation

⁴ Not required for Street Outreach or Emergency Shelter clients, but is required for Homelessness Prevention and Rapid Rehousing clients once they exit an ESG funded program.

⁵ For Rapid Rehousing, Income Documentation, Income Verification, and Recertification do not need to be completed at intake. All three must be completed/updated every 12-months after the client enters the program.

⁶ Rental Payments excludes Rental Arrears and Last Month's Rent.

Form Categories

Lead Paint Forms

- ESG-207 Lead Screening Worksheet
- ESG-208 Property Owner Lead Certification Form
 - **Only required if Question 2 under Part 3 of the ESG-207 form is “Yes”**

Identification Documents

- Scanned Copy of Photo Identification for all household members over 18
- Scanned Copy of Social Security Identification for all household members
- MHDC-110 Identification Certification
 - In place of Photo and Social Security Identification
 - **Only allowable for Victim Service Provider (VSP) agencies that were pre-approved to use this form**

Income Documentation

For Homelessness Prevention, income documentation needs to be completed on intake **AND** every 3-months the client is in the program. For Rapid Rehousing, income documentation only needs to be completed every 12-months the client is in the program. If the household has income above 30% AMI at recertification, they are no longer eligible for ESG assistance under Homelessness Prevention or Rapid Rehousing.

- ESG-201 Income Eligibility Worksheet (per household)
- MHDC-103 Self-Declaration of Income (per household/client)
 - In place of ESG-201 if the client/household has zero income

Income Verification

For Homelessness Prevention, income verification needs to be completed on intake **AND** every 3-months the client is in the program. For Rapid Rehousing, income verification only needs to be completed every 12-months the client is in the program. If the household has income above 30% AMI at recertification, they are no longer eligible for ESG assistance under Homelessness Prevention or Rapid Rehousing.

- Supporting Documentation of Sources of Income (per income source)
- MHDC-112 Verification of Income (per income source)
 - In place of Supporting Documentation of Sources of Income if they are not obtainable for

any of the income sources listed on the ESG-201

- MHDC-103 Self-Declaration of Income (per income source)
 - In place of Supporting Documentation of Sources of Income and MHDC-112 if both are not obtainable for any of the income sources listed on the ESG-201 **OR** if the client/household has zero income

Recertification

For Homelessness Prevention, recertification only needs to be completed every 3-months the client is in the program. For Rapid Rehousing, recertification only needs to be completed every 12-months the client is in the program. If the household has income above 30% AMI at recertification, they are no longer eligible for ESG assistance under Homelessness Prevention or Rapid Rehousing.

- ESG-209 Recertification Form
- Attached Income Documentation and Verification updated/completed upon recertification



A single form per household is not sufficient, every adult household member must complete this form if they are certifying they have zero income or have earnings that cannot be verified via 3rd party documentation

MHDC Community Initiatives: Self-declaration of Income

Form: MHDC 103

Applicant Name: FULL NAME (MUST MATCH PHOTO ID)

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: <u>Child Support (Unofficial agreement)</u>	Amount: <u>\$150.00</u>	Frequency: <u>Twice Monthly</u>
Source: <u>SSDI</u>	Amount: <u>\$325.00</u>	Frequency: <u>Once a Month</u>
Source: _____	Amount: _____	Frequency: _____

Applicant Signature: Program Participant Date: 11/01/2022

Client cannot sign both sections

☐ 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 ESG assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

Case handler worked with client to get an SSA.gov account and are awaiting login information via USPS in order to download and print current SSDI award letter because the client could not locate their original copy. In the process of getting notarized letter from clients ex to certify child support payments.

Staff Signature: Case Handler Date: 11/01/2022



MHDC HUD and State Programs

MHDC-112

VERIFICATION OF INCOME

Applicant Name: FULL NAME (MUST MATCH PHOTO ID)

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in MHDC HUD and State programs. This information will be used only to determine the eligibility status and level of benefit of the household.

Complete only the selected section below that includes an authorization to release information.

Please return this form to:

Name & Title: CASE HANDLER NAME & TITLE
Address: 1000 E Main St. Liberty, MO 64523
Email: casehandler@nonprofit.org

Phone: 816-553-2222
Fax: 816-553-2223

☒ Employment Income

Applicant Release: I hereby authorize the release of the following employment information.

Applicant Signature: Program Participant Date: 11/01/2022

Employer representative to complete this section:

The person named above is employed by Liberty Lawn & Garden since 05/06/2021. He/she is paid \$500 on a Twice Monthly basis and is currently working an average of 20 hours per week.

Additional compensation please specify (if any): Overtime rate is for time and a half
Probability of continued employment: 100%

Authorized Employer Representative Signature: Employer Represnetative Date: 11/01/2022
Name, Title: EMPLOYER NAME AND TITLE
Address and Phone: 213 Elm St. Liberty, MO 64523

Only one section can be completed per form, multiple forms can be utilized per client. Both sections are completed in this example only for demonstration purposes

☒ Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

CIRCLE ONE: Social Security/SSI Pension/Retirement TANF
Public Assistance Unemployment Compensation Workers Compensation
Alimony Payments Foster Care Payments Child Support Payments
Armed Forces Income
Other (pls. specify): _____

Applicant Release: I hereby authorize the release of the following payment and/or benefit information.

Applicant Signature: Program Participant Date: 11/01/2022

Payment source representative to complete this section:

Payments or benefits in the amount of \$150.00 are paid on a Twice Monthly basis. The expected duration of the payments or benefits is until our son is 19 year old.

Authorized Payment Source Representative Signature: Co-Parent Date: 11/01/2022
Name, Title: CO-PARENT
Address and Phone: 816-543-987

ESG, MHTF, Disaster, ESG-CV GRANT PROGRAMS

Consent and Homeless Certification Form

I, CLIENT's FULL NAME understand and acknowledge that ESG AWARDED AGENCY NAME (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.

Category 1 Example: The client has been living in their car since being evicted two months ago after losing their job

Category 2 Example: Household owes 3 months of arrears after being unable to work due to severe car crash

Category 4 Example: Client spent last night in their car after fleeing domestic violence

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 in the Program Desk Guide. Attach verification documentation, if obtainable. If documentation is unobtainable, please documents attempts made to obtain additional verification.

Only for Category 4 eligible
clients is self-certification
immediately acceptable
without any attempts to gather
3rd party verification

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

Third Party Verification Example: "Eviction notice, termination letter, and utility shutoff notice included in the file"

Staff Observation Example (3rd Party unobtainable): "Through the course of providing street outreach services I was shown the area where the clients states they have been residing for 3 weeks. The client constructed a tent in the underbrush off the frontage road interchange.

Self-Certification (3rd Party AND Staff Observation unobtainable): "Attempted to contact landlord to secure copy of eviction letter, but never received documentation, and client did walk-in intake at the shelter so staff was unable to see night before shelter" (no explanation for the self-certification needed)

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: Intake Staff Member

Printed Name: Intake Staff Member

Date: 11/01/2022

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 **nonidentifying 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: Program Participant

Printed Name: Program Participant

Date: 11/01/2022

If assisting a DV client do not have them sign and print their name above, utilize the nonidentifying section below

DV only Unique Identifier: 1145872

Initials: PP

Date: 11/01/2022

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.



Income Eligibility Calculation Worksheet

To be eligible for ESG **Homelessness Prevention** assistance participant households must meet Category 2 or 4 of HUD's homeless definition or Category 1 of HUD's at-risk of homelessness definition **AND** have a gross annual income BELOW 30% AMI at initial evaluation. Re-evaluation must occur not less than every three months, and establish that the participant household does not have a gross annual income that exceeds 30% AMI.

For ESG **Rapid Rehousing assistance**, an income assessment is not required at initial evaluation. Re-evaluation must occur not less than annually, and establish that the participant household does not have an annual gross income that exceeds 30% AMI (and meets other ESG eligibility requirements).

Grantees should use this worksheet to determine whether an applicant household meets the ESG income eligibility threshold.

A copy of this worksheet should be kept in the ESG participant case file.

For further reference surrounding participant eligibility and income requirements: 24 CFR 576.401 and 24 CFR 576.500(e).

Date:	1/3/2023		Type of Evaluation:		Initial Evaluation
Household Member Number	Household Member Name				Age of Household Member
1	FULL NAME of household member #1 (as shown on supporting documentation)				50
2	FULL NAME of household member #2 (as shown on supporting documentation)				73
3	FULL NAME of household member #3 (as shown on supporting documentation)				12
4	FULL NAME of household member #4 (as shown on supporting documentation)				3
5					
6					
7					
8					
9					
10					
11					
Total Household Members (Household size)					4
30% of Area Median Income (AMI) for Household Size					\$ 27,750.00
Household Member Number/Name	Sources of Household Income	Currently Documented Gross Income Amount	Frequency of Income	Number of Payments pe Year	Annual Gross Income
	Zero Income (signed form in file)	\$ -			\$ -
1	Earned Income (for ADULT household members only)	\$ 362.00	Weekly	52	\$ 18,824.00
	Earned Income (for ADULT household members only)	\$ -			\$ -
	Earned Income (for ADULT household members only)	\$ -			\$ -
	Self-employment/business income	\$ -			\$ -
	Self-employment/business income	\$ -			\$ -
	Interest & Dividend Income	\$ -			\$ -
	Interest & Dividend Income	\$ -			\$ -
2	Pension/Retirement Income	\$ 743.00	Monthly	12	\$ 8,916.00
	Pension/Retirement Income	\$ -			\$ -
	Unemployment & Disability Income	\$ -			\$ -
	Unemployment & Disability Income	\$ -			\$ -
	TANF/Public Assistance	\$ -			\$ -
	TANF/Public Assistance	\$ -			\$ -
	Alimony, Child Support and Foster Care Income	\$ -			\$ -
	Alimony, Child Support and Foster Care Income	\$ -			\$ -
	Armed Forces Income	\$ -			\$ -
	Armed Forces Income	\$ -			\$ -
	Other (specify):	\$ -			\$ -
Total Annual Gross Income from all Sources					\$ 27,740.00
30% of Area Median Income for Household Size					\$ 27,750.00
Variance (If less than AMI, then household is income eligible)					\$ (10.00)
Is the household below 30% Area Median Income according to Homelessness Prevention or Rapid Re-Housing regulations?					Yes

All household members must be listed here even if they have zero income or are under 18

Enter the correct AMI rate for the county of residence as per HUD standards for the total household size

The Annual Gross Income and Number of Payments will auto-fill once the frequency is selected and the current gross income is added



EMERGENCY SOLUTIONS GRANT PROGRAM
CERTIFICATION OF RECEIPT OF ESG ASSISTANCE

By signing this form, I state that I am aware that it is unlawful to receive Emergency Solutions Grant (ESG) services or assistance for more than twenty-four (24) months in any three (3) year period. I do hereby certify that:

☐ Neither I, nor any member of my household, either individually or as part of another household have received Emergency Solutions Grant services or assistance within the three (3) years prior to this application.

☒ I, or someone in my household, received ESG services or assistance within the three (3) years prior to this application.

If a household knows they have received ESG assistance within the past three years, but cannot recall the specific types, amounts, or length of receipt it is the responsibility of the grantee to verify that the client has not received services or assistance for more than 24 months in any 3 year period before new services or assistance are extended to that household



I have received ESG services or assistance within the three (3) years prior to this application.

Both the name of the organization and type of services or assistance provided need to be included

Type of services or assistance received: RRH Assistance from Example Non-profit

Length of time services or assistance was received: 12 months

Location of services or assistance received: 113 E Main St. Charles, MO 64523



A member of my household received ESG services or assistance within the three (3) years prior to this application.

Name of person(s) that received services or assistance: _____

Type of services or assistance received: _____

Length of time services or assistance was received: _____

Location of services or assistance received: _____

Signature of Applicant		Date of Application
Program Participant		11/01/2022
Address	City	State
250 W Cherry St.	Springfield	MO

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.

Minimum Standards for Emergency Shelters

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. A copy of this checklist should be placed in the shelter's files.

Approved	Deficient	Standard (24 CFR part 576.403(b))
✓		1. <i>Structure and materials:</i> a. The shelter building 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>Access.</i> Where applicable, the shelter is accessible in accordance with: a. Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; b. The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and c. Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.
✓		3. <i>Space and security:</i> Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
✓		4. <i>Interior air quality:</i> Each room or space within the shelter 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.
✓		5. <i>Water Supply:</i> The shelter's water supply is free of contamination.
✓		6. <i>Sanitary Facilities:</i> Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
✓		7. <i>Thermal environment:</i> The shelter has any necessary heating/cooling facilities in proper operating condition.
✓		8. <i>Illumination and electricity:</i> a. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. b. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
✓		9. <i>Food preparation:</i> Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
✓		10. <i>Sanitary conditions:</i> The shelter is maintained in a sanitary condition.
✓		11. <i>Fire safety:</i> a. There is at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors are located near sleeping areas. b. All public areas of the shelter have at least one working smoke detector. c. The fire alarm system is designed for hearing-impaired residents. d. There is a second means of exiting the building in the event of fire or other emergency.
✓		13. Meets additional recipient/subrecipient standards (if any).

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.

COMMENTS:

ESG Recipient Name: Example ESG Agency

ESG Subrecipient Name (if applicable): Not applicable in ESG-23

Emergency Shelter Name: Example Emergency Shelter

Street Address: 1000 E Main St.

City: Kansas City State: MO Zip: 64112

Evaluator Signature: Agency Staff Member Date of review: 11/01/2022

Evaluator Name: Agency Staff Member

MHDC signature is only applicable during on-site compliance reviews

Approving Official Signature (if applicable): MHDC Staff Member Date: 11/01/2022

Approving Official Name (if applicable): MHDC Staff Member

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.

Updated: 12/01/2022

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 shelter's files.

Approved	Deficient	Standard (24 CFR part 576.403(b))
✓		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 of 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> Food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
✓		9. <i>Sanitary conditions:</i> The housing is maintained in a sanitary condition.
✓		10. <i>Fire safety:</i> <ol style="list-style-type: none"> There is a second means of exiting the building in the event of fire or other emergency. 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. 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. 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).

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.

COMMENTS:

ESG Recipient Name: Example ESG Agency

ESG Subrecipient Name: Not applicable in ESG-23

Program Participant Name: Program Participant

Street Address: 101 N Maple This must be the address of the property being funded by ESG

Apartment: 2B

City: Belton State: MO Zip: 64884

Evaluator Signature: Agency Staff Member Date of review: 11/01/2022

Evaluator Name: AGENCY STAFF MEMBER

MHDC signature is only applicable in rare occasions where MHDC staff must review the housing of a RRH or HP client

Approving Official Signature (if applicable): MHDC Staff Member Date: 11/01/2022

Approving Official Name (if applicable): MHDC Staff Member

Updated 3/28/2023

Rent Reasonableness and Fair Market Rent Certification

Date: 4/17/2023

Household Name:

Jane Doe

Rent Reasonableness Verification

The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address	123 Main St, Unit A, Springfield, MO 64112	820 E Montclair St. Springfield, MO 65807	123 Main St, Unit A, Springfield, MO 64112	2131 W. Phelps St, Unit D, Springfield, MO 65802
# of Bedrooms	2	2	2	2
Total Square Feet	765	925	750	700
Type of Unit/Construction	Multi-Family	Multi-family	Multi-Family	Multi-Family
Housing Condition	Good	Good	Good	Good
Location/Accessibility	Near local and regional bus hub	Next to a bus stop	Near a bus stop and 1-44	Next to a bus stop
Amenities	Pet friendly, water and trash included	Smoke free, trash and water included in	On-site laundry Central AC	Pet friendly, onsite laundry,
Age in Years	22	10	36	44
Type of Utilities	Gas & electric	Gas & electric	Water, sewer, electric	Gas, water, sewer, electric
Monthly Unit Rent	\$600.00	\$950.00	\$745.00	\$625.00
Handicap Accessible?	Yes	Yes	Yes	Yes

Fair Market Rent Verification

Contract Rent \$600.00 + Utility Allowance \$75.00

= Proposed Gross Rent \$675.00

Applicable Fair Market Rent Rate: \$871.00

Proposed Unit does not exceed applicable FMR: **Yes**

Get this from your local Public Housing Authority

Certification

Based upon a comparison with rents for comparable units, the proposed rent for the unit:

☒ Is reasonable

☐ Is not reasonable

Name: Agency Staff Member

Date: 4/17/23

Signature: Agency Staff Member

Include the supporting documentation for the units utilized for rent reasonableness comparison. See example listings attached to this form

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.

Updated: 7/1/22

Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 07/31/2022)

Locality: Barry, Christian, Dade, Dallas, Greene (excludes Springfield) Lawrence, Polk, Stone, Taney, Webster County					Unit Type All Unit Types		Date: (mm/dd/yyyy) 2/8/2023	
Utility or Service		Monthly Dollar Allowances						
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Heating	a. Natural Gas	13.00	18.00	23.00	29.00	38.00	47.00	57.00
	b. Bottle Gas	22.00	30.00	37.00	46.00	56.00	67.00	79.00
	c. Oil	19.00	26.00	34.00	41.00	49.00	57.00	66.00
	d. Electric	19.00	26.00	33.00	39.00	45.00	51.00	58.00
	e. Coal/Wood	4.00	5.00	6.00	8.00	11.00	15.00	20.00
Cooking	a. Natural Gas	3.00	3.00	4.00	5.00	7.00	8.00	9.00
	b. Bottle Gas	5.00	5.00	8.00	9.00	10.00	11.00	12.00
	c. Electric	6.00	6.00	7.00	8.00	9.00	10.00	11.00
	d. Coal/Wood	1.00	1.00	1.00	1.00	2.00	2.00	2.00
Other Electric		12.00	15.00	19.00	23.00	27.00	31.00	35.00
Air Conditioning		7.00	8.00	10.00	12.00	14.00	16.00	18.00
Water Heating	a. Natural Gas	7.00	8.00	10.00	13.00	16.00	18.00	21.00
	b. Bottle Gas	10.00	13.00	16.00	21.00	27.00	33.00	40.00
	c. Electric	11.00	14.00	17.00	21.00	26.00	32.00	39.00
	d. Coal/Wood	1.00	1.00	1.00	1.00	2.00	2.00	2.00
Water		14.00	16.00	18.00	21.00	25.00	30.00	36.00
Sewer		14.00	14.00	16.00	17.00	18.00	19.00	20.00
Trash Collection		11.00	14.00	14.00	14.00	14.00	14.00	14.00
Range/Microwave		4.00	4.00	4.00	5.00	5.00	5.00	5.00
Refrigerator		5.00	5.00	5.00	6.00	6.00	7.00	7.00
Other - Well		1.00	1.00	1.00	1.00	1.00	1.00	1.00
Total				75.00				

Actual Family Allowances: To be used by the family to compute allowance.
Complete below for the actual unit rented.

Name of Family

Doe

Address of Unit 123 Main St, Springfield MO 64112

Utility or Service	cost/month
Heating	\$23.00
Cooking	\$4.00
Other Electric	\$19.00
Air Conditioning	\$10.00
Water Heating	\$10.00
Water	\$0.00
Sewer	\$0.00
Trash Collection	\$0.00
Range/Microwave	\$4.00
Refrigerator	\$5.00
Other	\$0.00
Total	\$75.00

No. of Bedrooms
2

Comments

Chardonnay Apartments

820 E Montclair St, Springfield, MO 65807

Southwest Springfield

★★★★☆ 4.1 (3 reviews) ✓ Verified Listing



Monthly Rent	Bedrooms	Bathrooms	Square Feet
\$700 - \$1,000	1 - 2 bd	1 - 2 ba	685 - 1,065 sq ft

Pricing & Floor Plans


Chardonnay - The Chateau


\$950

2 beds, 1 bath, 925 sq ft

12 Month Lease,\$950 deposit, Available Now

Tour This Floor Plan

 Floor Plan


 Virtual Tour

Hide Floor Plan Details ^

Features

- Air Conditioning
- Heating
- High Speed Internet Access
- Wi-Fi
- Dishwasher
- Disposal
- Ice Maker
- Microwave
- Kitchen

- Refrigerator
- Oven
- Freezer
- Deadbolt lock
- Kitchen pantry
- Outside locking storage
- Private balcony or patio
- Smoke detector
- Linen Closet




Chardonnay - The Dijon

\$975 - \$1,000


2 beds, 2 baths, 1,065 sq ft

12 Month Lease,\$1,000 deposit, Available Now

Tour This Floor Plan

 Floor Plan

Show Floor Plan Details v



https://www.apartments.com/chardonnay-apartments-springfield-mo/rz6z2q1/

1/4

Hilltop

2940 N East Ave, Springfield, MO 65803

Request to apply

Request a tour

Units Overview Facts & Features Policies Neighborhood

Apartment floorplans

Matches 2 Bed

Hilltop A2

\$745

2 bd | 2 ba | 750 sqft
Unit A2 - Available now

Building overview

1. All electric, pet friendly living!
2. 2 bedroom, 2 bathroom
3. Apartment has vinyl plank flooring and lots of closet space.
4. Amenities include; trash, lawn care, on-site laundry.
5. Appliances provided: electric stove, microwave, dishwasher and refrigerator
6. Residents are responsible for water, sewer, and electric
7. Conveniently located by I-44 and Glenstone Ave.
8. Access to major retailers.

ELECTRIC STOVE

Listed by management company

LENARD PROPERTIES
Lenard Properties LLC
✓ Verified Source
(417) 738-5595



<

Springfield, MO


×

Q

Managed by [RentLinxBasic](#)

NEW

<



>

7

Get moving quotes

 | Veterans: Buying a Home is Easier Than You Think

For Rent

\$625 /mo

2 bed 1 bath 700 sqft

TD Management, Inc.

2131 W Phelps St, Springfield, MO 65802

Map

BISSETT WESTSIDE
RFIELD ACRES

13

Street View

Heart

Share

Add a commute

AT&T fiber

Get Unlimited Internet. Straightforward Price. No Surprises.

Floor plans

Updated 3 days ago

1 of 1 plans match your criteria ⓘ

All (1)

2 bed (1)

 2 bed

2131 W Phelps St

700 sqft

1 bath


Available May 5

\$625

Ask a question

Email property

Property details

 Apartment

Property type

3 days ago

Last updated

Call

Check availability

RECERTIFICATION FORM

A recertification must be completed for Homelessness Prevention participant households every 90 days. A recertification must be completed for Rapid Rehousing participant households after one year of ESG assistance and at least once annually thereafter. Complete the below information and attach new supporting documentation demonstrating household eligibility for the program. The supporting documentation should be updated information and not from previous eligibility decisions.

Full name must match supporting documents

ESG Household Name: Program Participant # of Adults: 1 # of Children: 2
 Program Type: ☒ Homelessness Prevention ☐ Rapid Re-housing
 Date of Program Entry: 11/01/2021 Date of Recertification: 11/01/2022
 Assistance to Date: ☒ Financial Assistance 11 months (including arrears)
Date must match HMIS/Comparable Database date ☒ Services 12 months

Housing Status

- ☐ Literally homeless
☐ Imminently losing housing
☐ Unstably housed and at risk of losing housing

Documentation Included:

EXAMPLES: Eviction letter, notice to vacate
EXAMPLES: Shut off notice, payment demand letter

Income

- ☐ Household income meets AMI requirements for program
☐ Household income exceeds AMI requirements for program

Documentation Included:

EXAMPLES: Current paystubs, SSI award letter, pension letters , tax returns
Bank statements, unemployment statements, disability pay statements

Resources

- ☐ Household has no other housing options, financial resources, or support networks identified
☐ Household has other housing options, financial resources, or support networks identified

Documentation Included:

EXAMPLES: Bank Statements, utility bills in arrears, collections statements
EXAMPLES: Bank Statements, paystubs, hire letter, etc.

Housing Stability Goals

Household agrees to work on the following goals to ensure a stable housing outcome:

1. THESE SHOULD MATCH OR BE A CONTINUATION OF GOALS ALREADY DOCUMENTED IN THE CLIENT FILE
2. GOALS FOR HOUSING AND STABILITY ARE A REQUIREMENT FOR ALL CLIENTS SERVED WITH RRH AND HP FUNDS
3. _____

Staff Certification

- ☒ Household Eligible for additional assistance
☐ Household Ineligible for additional assistance

Even if a household is found ineligible this document and the supporting documentation used to make that determination must be kept in the client file.

ESG Staff Signature: Agency Staff Member Date: 11/01/2022

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.