



### Missouri Housing Trust Fund – Disaster Relief Program Intake Form

This form is intended for agency use at intake, to collect the necessary data required for MHTF-DR reporting purposes. Agencies who do not collect this data on their standard intake documents must utilize this form to ensure accurate data collection and reporting.

**Head of Household (HoH) Name:** \_\_\_\_\_  
*(First, Last)*

**Primary Street Address:** \_\_\_\_\_

**County of Primary Address:** \_\_\_\_\_ **Last Four Digits of SSN:** \_\_\_\_\_

**Head of Household Age:**  18-25  26-35  36-45  46-55  56-65  66 or older

**Is the Head of Household a Veteran?**  Yes  No

**Household Size:** \_\_\_\_\_  
*(Number of people residing in household)*

**Number of Dependents:** \_\_\_\_\_  
*(Number of dependents claimed by the HoH)*

**Housing Category:**  
 Homeowner  Renter  Homeless

**Housing Status:**  
 Temporarily or permanently displaced due to disaster  Not displaced – still living in home

**Housing Status Detail:**  
 Facing foreclosure  Facing eviction  Living in a place not meant for human habitation  
 Shelter  Hotel/motel  Staying with family/friends  Other \_\_\_\_\_

**Disaster Incident Date:**  
 3/14 - 3/15/2025  
 3/30 - 4/8/2025  
 4/29/2025  
 5/16/2025  
 5/23 - 5/26/2025  
 4/23 - 4/28/2026

**Insurance Status:**  
 Insured  
 Underinsured