



**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
☐ 6/4 - 6/18/2026

Insurance Status:

- ☐ Insured
☐ Underinsured