



Missouri State Assistance for Housing Relief (SAFHR) Rental Bond Information Form



The State Assistance for Housing Relief (SAFHR) Program provides rent and utility assistance for households who have been impacted by COVID-19. Eligible applicants can work with local agencies funded through the SAFHR Housing Stability and Eviction Diversion (HSED) program to receive Rental Bonds (advanced assistance while their SAFHR applications are being processed). Total assistance any tenant receives through SAFHR cannot exceed a period of 12 months.

Required Documents

The following documents must be collected and kept on site in the client file.

✓ Copy of Photo ID for Head of Household

- Required for tenant completing application. Acceptable forms of photo ID:
 - U.S. Government Issued ID (may be federal, state, or tribal-issued). *Examples: State Driver's License / State ID, Tribal Identification Card, Military ID, Passport Book or Card, U.S. Certificate of Citizenship or Naturalization, U.S. Permanent Resident Identification, U.S. University Identification, Corporate Identification*

✓ Copy of Lease

- Must provide a fully executed lease between the tenant and landlord for the property/unit in which the applicant is seeking assistance.
- The lease must match the applicant name, landlord/business name, unit/property address, and monthly rental amount entered in application.
- Lease must include landlord's name and address; address of rental property; amount of monthly rent; rent due date and grace period (if any); amount of security deposit and condition for its return; term of lease; landlord and tenant/applicant signature' date of lease execution
- See the [SAFHR Minimum Lease Requirements](http://www.mohousingresources.com/landlords-program-materials) at www.mohousingresources.com/landlords-program-materials for other supporting documentation that can be provided if a lease is not available.

✓ Copy of Rental Bond Court Documentation



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Tenant Information

1. Tenant Information

<p>a. First Name</p> <input style="width: 100%;" type="text"/>	<p>b. Last Name</p> <input style="width: 100%;" type="text"/>
<p>c. Email</p> <input style="width: 100%;" type="text"/>	<p>d. Phone number</p> <input style="width: 100%;" type="text"/>
<p>d. Last four digits of Social Security Number</p> <input style="width: 100%;" type="text"/>	

CURRENT ADDRESS

e. Address 1

f. Address 2 (Optional)

g. City	i. County	j. Zip
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

GENDER, RACE AND ETHNICITY

h. Gender (select one)

Male
 Female
 Trans. Male
 Trans. Female
 Gender Non-Conforming

i. Is the primary applicant of Hispanic, Latino, or Spanish Origin?

No
 Mexican
 Mexican American
 Chicano

Puerto Rican
 Cuban
 Another Hispanic, Latino or Spanish Origin

I prefer not to disclose

j. Primary applicant Race

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian (select one):	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean
	<input type="checkbox"/> Other Asian: _____	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Native Hawaiian/ Pacific Islander (select one):	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Other Pacific Islander: _____	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Other Race: _____	<input type="checkbox"/> I prefer not to disclose	

HOUSEHOLD INFORMATION

2. How many members live in the household?

PROGRAM ELIGIBILITY AND PRIORITY

3. **PRIORITY DETERMINATION:** Is any adult member (18+) of the household currently unemployed and has not been employed for the most recent 90 days?

Select one: Yes No

4. **ELIGIBILITY REQUIREMENT:** In order to be eligible for SAFHR assistance, at least one household member must meet one or more of the following conditions. Please select the situation that applies to at least one member of your household:

Received unemployment benefits

Experienced a reduction in household income due to the pandemic

Incurred significant costs or other financial hardship due to the pandemic (*directly or indirectly*)

PROGRAM ELIGIBILITY AND PRIORITY continued

5. **Rent bond recipient shall Attest that the following statement is true and correct:**

I attest that I or another member of my household who are obligated to pay rent for the household, qualified for unemployment benefits, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak.

Signature

Date

INCOME CERTIFICATION

6. **Please select the time period for which your certified household annual income will be based on.** Select one.

Average Income for the last 30 days

Household's 2020 annual income

7. **Estimated Household Annual Income**

8. **Household Income Range**

(select one)

0-30 percent of Area Median Income

30-50 percent of Area Median Income

50-80 percent of Area Median Income

9. *The Rent Bond Recipient certifies under penalty of perjury that the household income information provided in association with this Application for federal emergency rental assistance benefits is true and correct in all respects. The Rent Bond Recipient expressly acknowledges that they understand that penalties may be imposed for providing false or misleading income information, including but not limited to, the denial of benefits, permanent disqualification, or referral to appropriate governmental and legal authorities.*

Signature

Date

Unit Information

Enter information for the unit for which rent bond assistance will be applied.

1. Physical Address of Unit for which rent bond assistance is being applied.

a. Address Line 1

b. Address Line 2

c. Property Name

d. City

e. County

f. State

g. Zip

e. Unit Type (select one)

- Multi-Family Apartment
 Single Family Home
 Duplex
 Townhouse
 Mobile Home
 Other: _____

f. Unit Size (select one)

- Studio
 1 Bedroom
 2 Bedroom
 3 Bedroom
 4 Bedroom+

2. Monthly Rent of Unit

LANDLORD INFORMATION

3. Landlord Information

a. First Name

b. Last Name

b. Company Name

c. Email

e. Phone Number

d. Address 1

e. Address 2

f. City

i. State

j. Zip