

MHTF-DR Forms Training

Lisa Moler Housing Program Administrator



Agenda

- Client File Forms-All Components
- Client File Forms-Housing Services
- Client File Forms-Home Repair
- Home Repair-Contractor Forms
- Agency Forms





Client File Forms All Components



Client File Forms – All Components

- MHTF-DR-304 Income Verification Form
- MHTF-DR-305 Self Declaration of Income
- MHTF-DR-306 Consent and Housing Status Certification
- MHTF-DR-311 Non-Duplication of Benefits



MHTF-DR-304 Income Verification Form assets. **1. List all family** ection III: Income From Assets Date of rent Cash Value **Household Member** Type of Asset "other" is members in this Valuation section. Income Verification Summary Worksheet | MHTF-DR FY2026 ction I: Household Information **Household Members** Name/Unit us Identifier Age SSN 4 Digits Proof of Identification Type (18+) Specify if "Other" ID Head of Household Household Member 2 Household Member 3 Household Member 4 Household Member 5 Household Member 6 Household Member 7 TOTALS: \$ Household Member 8 Total Members in Household 0 Multiply total of line (a) by Pasabook Rate: (.45%) \$ Section II and III Instructions: All income and assets received by household members should be detailed in the charts below. A separate line should be filled out for each source of income and asset verification. All income verification used to calculate income and assets should be dated within 30 days of when first instance of MHTF-DR assistance was provided. Please refer to Desk Guide (MHTF-DR-300) for income Section IV: Determination of Income Eligibility and asset inclusions and exclusions. ection II: Gross Annual Income County County: Select the client's eligible county of residence. requency of income Type of Income Verification Description **Date I d Lister** Gross Amount (number of times **Household Siz Household Member** Source of Income i.e., check stub, award letter, is detailed on incom Annual Income (Le., employer's on Source of 0 ome is received on employer verification) income verification sources) name year) 75% AMI (based on household size TOTAL ANNUAL INCOME: and client is income eligible. Staff Verification I certify that the information above is true and correct, as verified by supporting documentation included in the client file, I understand that household income must be re-certified after 90 days for ongoing MHTF-DR services. Staff signature: Printed Name TOTAL HOUSEHOLD INCOME (A): \$

2. List income for all household members over the age of 18.

3. Here you list all eligible

Interest Earned

0.009

0.00% 0.005

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

Actual income

(1)

(2)

TOTAL HOUSEHOLD ASSETS (8) Greater of Line (1) and (2) \$

TOTAL ANNUAL INCOME = (A)+(B): \$

hold Size: This field will populate from Section L SN AMI (based on household size): Refer to the AMI Limits tab on this form to etermine AMI based on household size. Enter the AMI limit by household number Total Annual income: If total annual income is <u>greater than</u> the household AMI limit bove, cell will turn red and the client does not qualify for MHTF-DR assistance. If total annual income is less than or equal to the household AMI, cell will turn green



MHTF-DR-305 Self Declaration of Income





Form: MHTF-DR-305

Missouri Housing Development Commission Self-Declaration of Income

Applicant Name:

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 re	sceive the fo	lowing income	and have :	supplied
documentation if possible:					

Source:	Amount:	Frequency:
Source:	Amount:	Frequency:
Source:	Amount:	Frequency:
Applicant Signature:	Date:	

1. Client fills out and signs this section if they don't have proof of their income. 3. Staff will fill out and sign this section . The staff member will document what attempts have been made to collect proof of income.

2. Client checks and signs in this section if they have no income.

Tcertify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature:

Date:

Staff Verification

Documentation of attempt made for third-party verification:

		<u> </u>
		-1
Staff Signature:	Date:	
(f you or convecte you know cerved in the U.S. Arms resources.	ed Farcer, we encourage you to visit <u>http://wetwonkenetitumo.cov</u> or call (573) 753-3779 talears about or	rolota
	10/1	
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MHTF-DR-306 Consent and Housing Status Certification

of the

status.

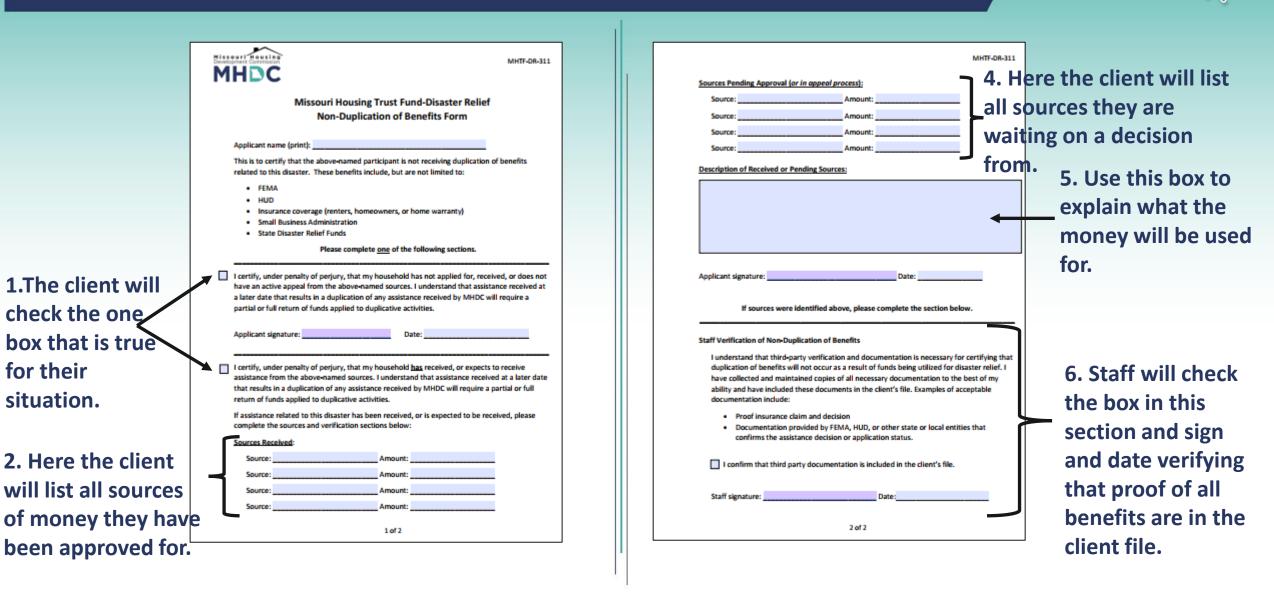
		3. Client will check the box that best
1. The client fills out this section giving Permission for MHDC to view the file.	MHTF-DR 305 METE-DR 305 MITF-DR 305 MITF-DR 305 Missouri Housing Trust Fund – Disaster Relief (MHTF-DR) Consent and Housing Status Certification	MHTF-DR 306 HOLDING Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addi
2. Staff will check which housing status best fits the household and provide a description of the	Client Signature:	 Independent of the base of any howedwage, natible to near your related to me has received or any financial benefits of a given of the base of any howedwage, natibies to any constrained the base of the coins any financial benefits of a given of the base of any howedwage. Any howedwage, natibies to any coins and the base of the coins any financial benefits of a given of the base o

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MHTF-DR-311 Non-Duplication of Benefits

for their

situation.





Client File Forms Housing Services Only



Client File Forms – Housing Services

MHDC-116 Minimum standards for Permanent Housing



MHDC-116 Minimum Standards for Permanent Housing



This form is needed when a client is placed into a new housing unit.

	Mł	HDC		MHDC-116
			N	Minimum Standards for Permanent Housing
		feficient with	respect to (ck mark in the correct column to indicate whether the property is approved or each standard. The property must meet all standards in order to be approved. hould be placed in the client file.
		Approved	Deficient	Standard
				 Structure and materials: 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.
				 Space and security: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
				 Interior air quality: 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.
				Water Supply: The water supply is free from contamination.
				Sanitary Facilities: 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.
				 Thermal environment: The housing has any necessary heating/cooling facilities in proper operating condition.
Charle ait				 Illumination and electricity: The structure has adequate natural or artificial
Check eith	ner			illumination to permit normal indoor activities and support health and
				safety. There are sufficient electrical sources to permit the safe use of
approved				electrical appliances in the structure.
approved				8. Food preparation: All food preparation areas contain suitable space and
				equipment to store, prepare, and serve food in a safe and sanitary
deficient.				manner.
				9. Sanitary condition: The housing is maintained in sanitary condition.
				10. Fire safety:
				a. There is a second means of exiting the building in the event of fire or
				other emergency. b. The unit includes at least one battery-operated or hard-wired smoke
				b. 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.
				c. 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.
				d. The public areas are equipped with a sufficient number, but not less
				than one for each area, of battery-operated or hard-wired smoke
	I I I			detectors. Public areas include, but are not limited to laundry rooms

Meets additional recipient/subrecipient standards (if

Please collect all signatures for this page.

	MHDC-116
CERTIFICATION STATEMENT	
I certify that I have evaluated the property located at the address below to find the following: Property meets <u>all</u> of the above standards. Property does not meet all of the above standards.	o the best of my ability and
COMMENTS:	
Program Participant Name:	-
Program Participant's Signature:	2. This is Client and
Landlord's Signature:	
Street Address:	Landlord
Apartment(if applicable):	information.
City: State: Zip:	
Agency Name:	
Evaluator Signature:	3. Here is the inspector's
Date of review:	information and the agency
Evaluator Name:	
	name.
	Eu)



Client File Forms Home Repair Only



Client File Forms – Home Repair

- MHTF-DR-307 Homeowner's Certification
- MHTF-DR-308 Home Repair Initial Inspection
- MHTF-DR-309 Home Repair Final Inspection Form
- MHTF-DR-310 Emergency Home Repair Certification Form (note: only used when doing an emergency home repair)
- Regulatory Agreement



MHTF-DR-307 Homeowner's Certification Form

	MHTF-DR-307
	Missouri Housing Trust Fund-Disaster Relief
	Homeowner Certification
	Applicant name (print):
	The Homeowner Certification is to certify that the above-named participant:
	 Is a Missouri Homeowner in the affected declared 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 The property where home repair assistance is being provided is my primary residence
	I (Homeowner) certify, under penalty of perjury, that I met all the required criteria as outlined above
2. Client will	Applicant signature: Date:
select one of	Please complete one of the following sections.
these boxes	I certify, under penalty of perjury, that I do not have homeowner insurance on my primary residence
	Applicant signature: Date:
then sign and	
date below the checked box.	I certify, under penalty of perjury, that I do have homeowner insurance on my primary residence, and my insurance company has provided a full or partial denial for the claim in which repairs are being requested
	*If you have a full or partial insurance claim denial letter, please attach to this form
3. If the client	Applicant signature: Date:
	If homeowner does have homeowner insurance on primary residence, please complete the following
selects the seco	
box include poli	CY Policy Number:
information.	

1. Client marks this box indicating the bullets are true, then sign and date.

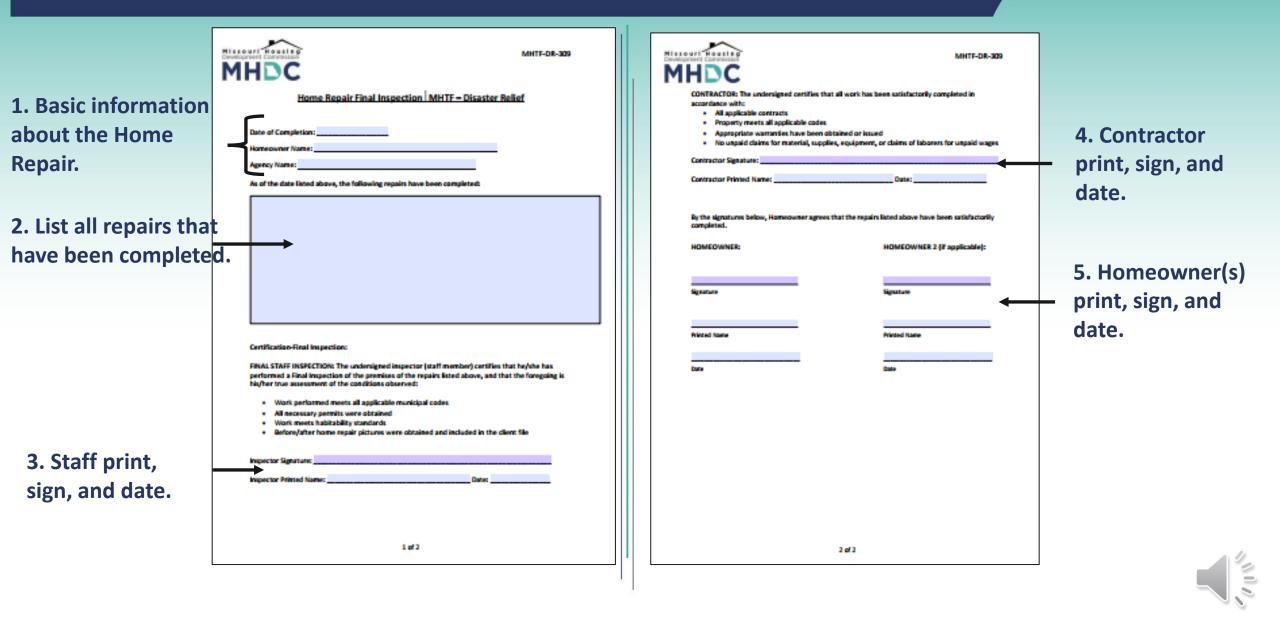


MHTF-DR-308 Home Repair Initial Inspection

	<u>^</u>			
Devel	openet Commission MHTF-DR-308	1	MHTF-DR-308	
M	HDC		Notes: Other comments or issues to be addressed (if applicable)	
1. Fill out basic				
identifying	Date of Initial Inspection:		▲ →	4. Use this box for
information.	Homeowner Address:			any comments or
	Agency Name:			other issues to be
2. Select all eligible	Please select any eligible Home Repair actives that apply to this job: Cost to meet local codes Remediation of emirormental hazards		INITIAL INSPECTOR: The undersigned inspector certifies that he/she personally performed the initial inspection of the premises and that the foregoing is his/her true assessment of the conditions observed.	addressed.
Home Repair	Accessibility improvements Energy improvements Septic repair/replacement Bepair/replacement/upgrade of existing wells		Inspector Signature:	5. Staff print,
activities that apply	Soft costs		Inspector Printed Name: Date:	sign, and date.
to this job.	As of the date listed above, the following scope of work was evaluated for full or partial repair. Please		HOMEOWNER: The undersigned homeowner certifies that the assessment of the conditions of his/her property above is accurate.	Sign, and date.
	describe in detail all the repairs that will be completed using Missouri Housing Trust Fund-Disaster Relief dollars:		Homeowner Signature:	
			Homeowner Printed Name: Date: Date:	6. Homeowner print,
3. In this box list all			Homeowner Printed Name: Date:	sign, and date.
repairs that will use				
MHTF-DR monies.				
	1 of 2		2 of 2	
		-		



MHTF-DR-309 Home Repair Final Inspection Form



MHTF-DR-310 Emergency Home Repair Certification Form

1. Homeowner	Homedwher(s) Name:	MHTF-DR-310 AGENCY REPRESENTATIVE OR INSPECTOR: The undersigned Agency Representative or Inspector certifies that he/she personally performed the initial inspection of the premises and that the foregoing is his/her true assessment that the Home Repair was life-threatening in nature and an Emergency Home Repair was required. Representative/Inspector Signature: Representative/Inspector Printed Name: Date:	3. Staff print, sign, and date.
information and	Homeowner Address:	HOMEOWNER: The undersigned homeowner certifies that they have been made aware of the necessary Emergency	
Agency Name.	Crity: Zip: Agency Name:	Home Repairs, and that the eligible Emergency Home Repairs listed above have been completed. The undersigned homeowner ocknowledges and agrees that if any of the above Emergency Home	
		Repair is fully covered by their homeowner insurance, they will be responsible for repayment to MHDC.	
	This form certifies that a repair deemed to be life-threatening in nature has been identified at the property listed above. Due to the urgency of emergency repairs, the collection of bids, proof of insurance denial, and the filing of a Regulatory Agreement will not be required.	Homeowner Signature: Date:	
2. Select all	Please select all eligible Emergency Home Repair activities that apply:	Homeowner Signature:	I. Homeowner's
eligible	Propare, natural, or methane gas detected Exposed Wires or open electrical panels Water leaks on or near electrical equipment Blocked or unusable emergency or fire exits	Homeowner Printed Name: Date: Date:	rint, sign, and date.
emergency	Blocked fire escapes or ladders Missing gas-fired hot water heater/HVAC		
repairs that	Misaligned chimney Window security bars preventing exit Depired fire extinguishers Inoperative/missing smake detectors		
•			
apply.	Emergency Home Repair Eligibility:		
	Please note that if emergency home repairs are performed on anything other than what is listed above, they will not be considered eligible.		
	Emergency Home Repair is reserved for assisting homeowners that are uninsured or underinsured. Homeowners must be at or below 75 percent AMI and the repair must be performed on eligible owner-		
	occupied, single-family properties. The Emergency Home Repair must not exceed \$5,000 in cost.		
	[Signatures required on page 2]		
	Page 1 of 2	Page 2 of 2	

Regulatory Agreements

- Required for ALL standard Home Repair Projects
- Client must not sell property within 5 years of the Home Repair
 - If the client wants to sell before the 5 years MHDC may allow the client to pay a prorated amount based on the provided repairs
 - MHDC may consider certain extenuating circumstances as reason to release a regulatory agreement without repayment at its sole discretion. Email cp.programs@mhdc.com for questions regarding the waiver process

Must be recorded prior to the start of the Home Repair project





Contractor Forms

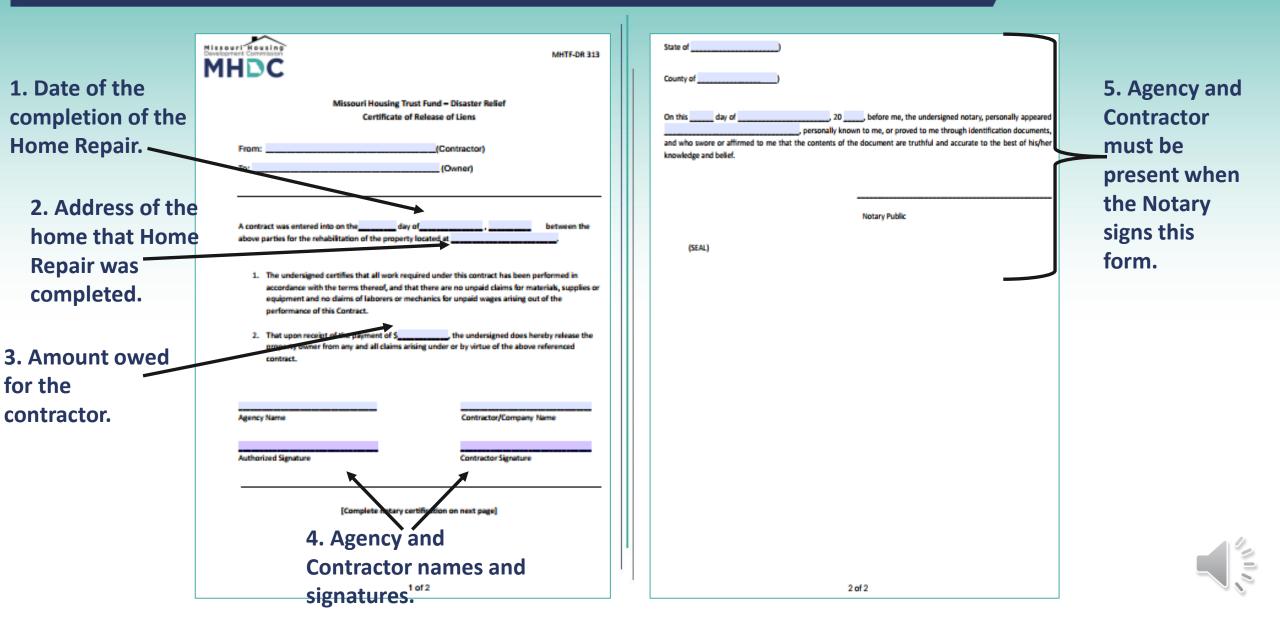


Contractor Forms

- MHTF-DR-313 Certificate of Release of Liens
- MHTF-DR-314 Contractor Pre-Screening List
- MHTF-DR-315 Contractor Application



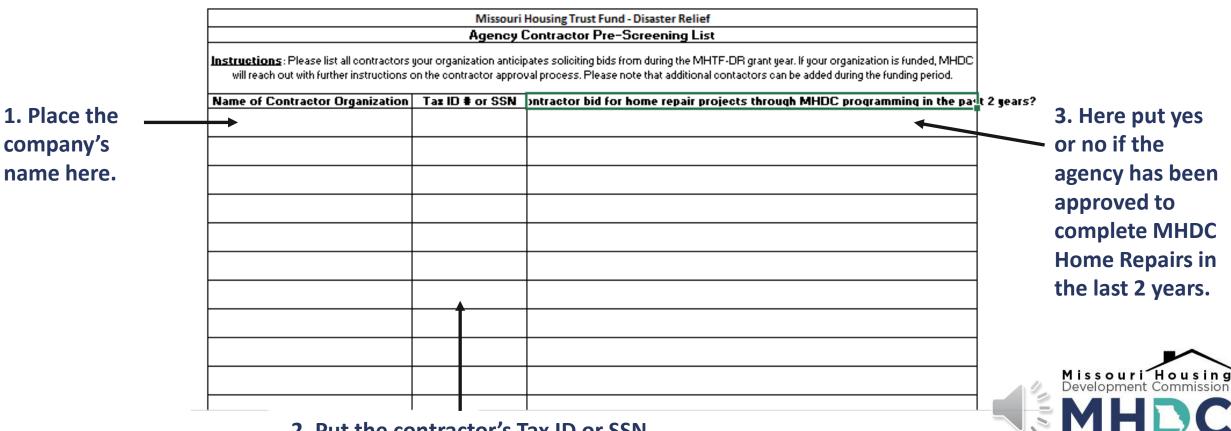
MHTF-DR-313 Certificate of Release of Liens



MHTF-DR-314 Contractor Pre-Screening List



MHTF-DR-314



2. Put the contractor's Tax ID or SSN.

MHTF-DR-315 Contractor Application

	Missouri Housing Trust Fund – Disaster Relief Contractor Application	
1.Information	Section 1 - GENERAL INFORMATION Name of Contractor Organization:	
about the company.	Owner(s) Name(s): Contact Person if different: Street Address: City: Business Phone: Tax I.D. # or Owner SSN:	
	Email Address: Years in Business: # of Missouri Employees: Previous Company Name(s) if applicable: Attach copy of contractor organization's authority to do business in Missouri (Certificate of Good Standing).	
	Section 2 – SUBCONTRACTED SERVICES TO BE PERFORMED	
2. This is information	Does contractor organization intend to subcontract any portion of the work being performed?YesNo If yes, name of subcontractor	
needed if the	Has subcontractor been approved by MHDC? Yes No	
contractor will be sub-contract	Note, all subcontractors, including independent contractors, must be MHDC pre-approved prior to performing any services.	
any part of the		G

on 3 - INSURANCE

proof of current insurance with the following minimum coverage: General Commercial Liability in the amount of \$150,000 or more Worker's Compensation Missouri Statutory Limits Vehicle Liability Insurance

3. Attach these documents and the Certificate of Good Standing to this form.

4 - CERTIFICATION

dersigned certifies that the foregoing is true and correct to the best of the undersigned's knowledge and belief. The igned authorizes the release of information to MHDC and MHDC's Sub-grantee or agents and authorizes MHDC's Sub-Grantee nts to conduct background checks, credit checks, and verify information and statements made herein through reference checks her means necessary or efficient to the administration of business. The undersigned understands that approval does not tee work availability. The undersigned understands that Sub-Grantee reserves the right to terminate approval based upon to comply with the policies and procedures of the MHTF-DR program, documented poor performance, or failure to pay ers.

ctor Signature	Date	

Name

4. Contractor will Print, sign, and date the form.



Agency Forms



Agency Forms

- MHTF-DR-302 Income Limits
- Fair Market Rent Rates
- Client File Checklist
- MHTF-DR-303 Temporary Household Data Form
- MHTF-DR-316 Expense Detail Form

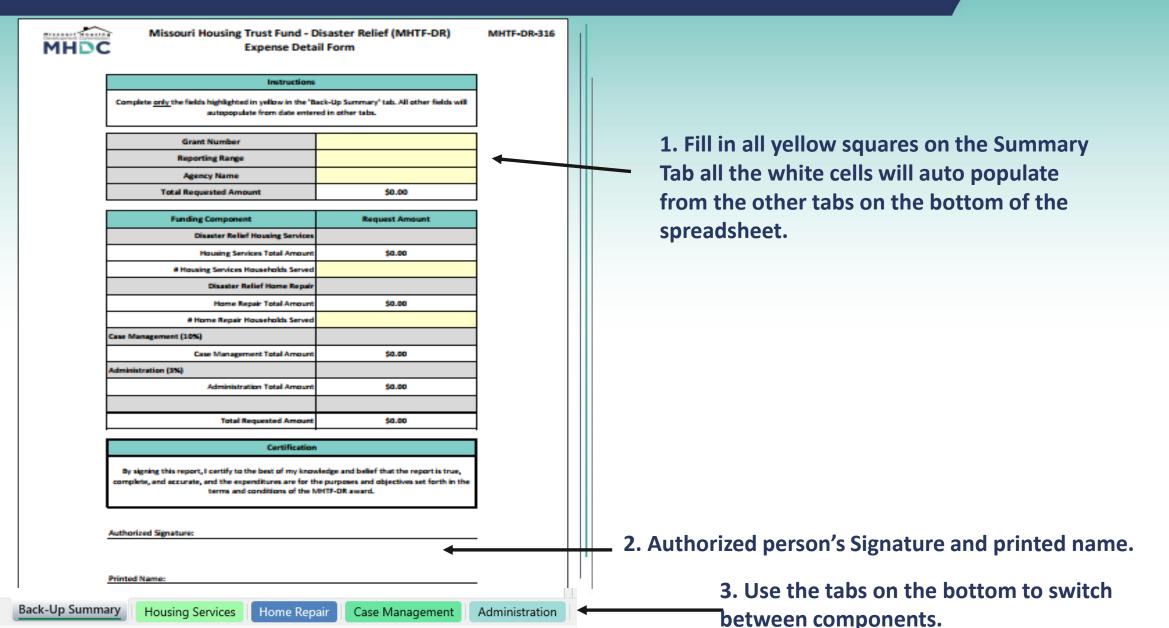


MHTF-DR-303 Temporary Household Data Form

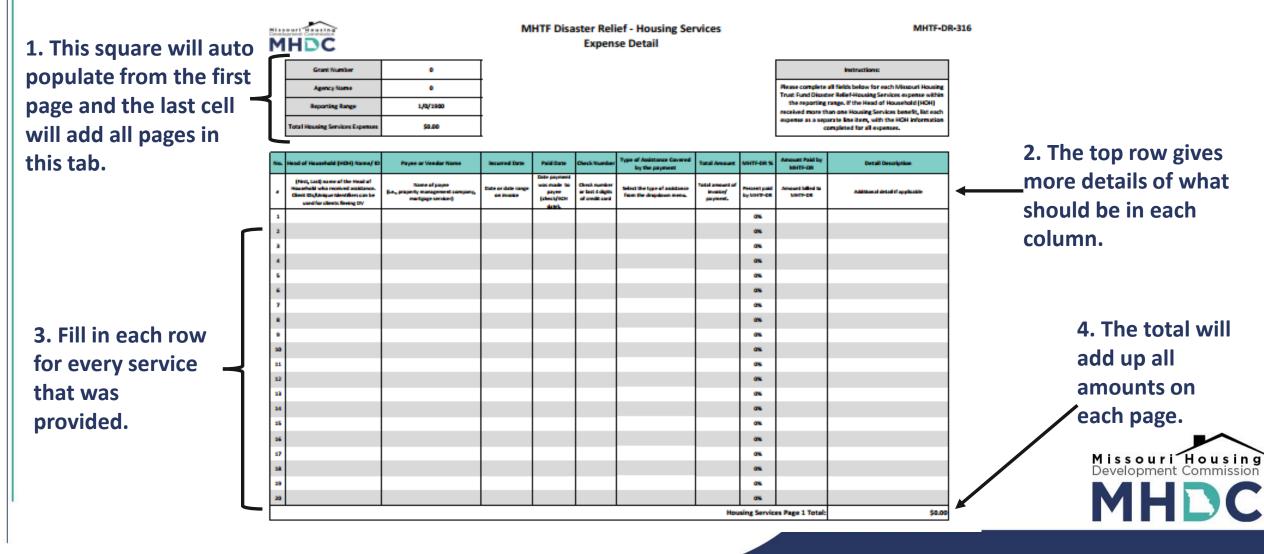
Missouri Hou Development Comm MHD ant Number:	numl	ency gran per and na Agency Name:	ame. w	Month there provid	ded. _{Misso}	ouri Housing Tru	st Fund - Disaster sehold Data Forn						M	IHTF-DI
Client I 🗸	HOH First Na 👻	HOH Last Nar 👻	Address of Residenc 🚽	punty of Resi	HOH Age 🚽	/eteran Sti 🚽	łousehold 🗧 🚽	Numbe-	Housin- Catego	Housing Status 🔻	Housing Status Detail	Disaster Incident Da	Insurance Stal 👻	
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MHTF-DR-316 Expense Detail Form



MHTF-DR-316 Expense Detail Form Continued



MHTF-DR-302 Income Limits, Fair Market Rents, and Client File Checklist

- MHTF-DR-302 Income Limits
 - All clients must be under 75% AMI which can be located on the MHTF-DR-302, which is posted on the MHDC website.
 - Annual Income Limits (AMI) is determined by HUD. A chart with the 75% AMI is located on the MHDC website and will be updated annually.
- Fair Market Rents
 - Grantees are encouraged to abide by Fair Market Rent rates when placing clients into new housing.
 - The Fair Market Rents chart is produced by HUD and is located on the MHDC website and is updated annually.
- Client File Checklist
 - A tool to ensure that all client documents are collected and is located on the MHDC website.



Missouri Housing Development Commission



Lisa Moler

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