

Disaster Relief Certification Form

Head of Household (HOH) Name : _____

Number of Household Members: _____

Disaster Relief Eligibility

The undersigned does certify that he/she is or was a resident of _____ County, Missouri, a county approved to receive disaster- related funding administered by Missouri Housing Development Commission, and that the disaster has rendered him/her homeless or at risk of homelessness.

The undersigned further certifies that he/she is either a citizen or national of the United States or is a noncitizen with eligible immigration status.

The undersigned certifies, under penalty of perjury, that all statements made herein are true and correct, and acknowledges that any fraudulent representations made in this certification may subject the undersigned to criminal prosecution.

HOH Signature: _____

Date: _____

Income Eligibility

Complete the section below, including income for all household members above the age of 18. 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
- Monthly interest and dividend income credited to an applicant's bank account available for use
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, or disability
- Any monthly payments in lieu of earnings, such as unemployment, disability, SSI, and worker's compensation
- Monthly income from government agencies excluding amounts designated for shelter, 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 pay and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire

☐ I certify, under penalty of perjury, that my household currently receives the following income. If household income is zero, please indicate so below:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

☐ I certify, under penalty of perjury, that my household income is at or below 100% of the Area Median Income (AMI).

HOH Signature: _____

Date: _____

Agency Representative Signature: _____

Date: _____