# Clearing House Verification Tool
## HSED FY2024

**Missouri Housing Development Commission — MHDC**

> **INSTRUCTIONS:**
> Using the MHDC Clearing House and CP-112 Eviction Relief Eligibility, complete the "Prior Assistance" and "Requested Assistance" for each year that the household received, or is requesting assistance.

| 2020 # | Months | Prior Assistance Rental Assistance | Utility Assistance | Requested Assistance Rental Assistance | Utility Assitance | Total Months of Assistance *Insert "1" for each line item that contains an "X", unless the request is a Duplication of Benefits.* |
|---|---|---|---|---|---|---|
| 1 | April | | | | | |
| 2 | May | | | | | |
| 3 | June | | | | | |
| 4 | July | | | | | |
| 5 | August | | | | | |
| 6 | September | | | | | |
| 7 | October | | | | | |
| 8 | November | | | | | |
| 9 | December | | | | | |
| | **Total Months of Assistance (2020):** | | | | | |
| | | | | | | *Insert the combined months of assistance from the column above.* |

**IMPORTANT REMINDERS:**

1. Households cannot recieve rental assistance for months where prior rental assistance was received. This is considered a Duplication of Benefits and is not an eligible expense under HSED.

2. Households cannot recieve utility assistance for months where prior utility assistance was received. This is considered a Duplication of Benefits and is not an eligible expense under HSED.

3. For more guidance regarding Clearing House Verification, reference the HSED Eviction Relief Eligibility recorded training on https://mhdc.com/programs/community-programs/covid-relief/.

4. If you have questions regarding a household's eligibility, please contact your program administrator before providing Eviction Relief Assistance.

5. Once 2021-2024 verifications are complete, total the combined months of assistance at the bottom of this form. **IF** the Head of Household is also reqesting a Security Deposit, add one month of assistance to the combined final total.

| 2021 # | Months | Prior Assistance Rental Assistance | Utility Assistance | Requested Assistance Rental Assistance | Utility Assitance | Total Months of Assistance *Insert "1" for each line item that contains an "X", unless the request is a Duplication of Benefits.* |
|---|---|---|---|---|---|---|
| 1 | January | | | | | |
| 2 | February | | | | | |
| 3 | March | | | | | |
| 4 | April | | | | | |
| 5 | May | | | | | |
| 6 | June | | | | | |
| 7 | July | | | | | |
| 8 | August | | | | | |
| 9 | September | | | | | |
| 10 | October | | | | | |
| 11 | November | | | | | |
| 12 | December | | | | | |
| | **Total Months of Assistance (2021):** | | | | | |
| | | | | | | *Insert the combined months of assistance from the column above.* |

| 2022 # | Months | Prior Assistance Rental Assistance | Utility Assistance | Requested Assistance Rental Assistance | Utility Assitance | Total Months of Assistance *Insert "1" for each line item that contains an "X", unless the request is a Duplication of Benefits.* |
|---|---|---|---|---|---|---|
| 1 | January | | | | | |
| 2 | February | | | | | |
| 3 | March | | | | | |
| 4 | April | | | | | |
| 5 | May | | | | | |
| 6 | June | | | | | |
| 7 | July | | | | | |
| 8 | August | | | | | |
| 9 | September | | | | | |
| 10 | October | | | | | |
| 11 | November | | | | | |
| 12 | December | | | | | |
| | **Total Months of Assistance (2022):** | | | | | |
| | | | | | | *Insert the combined months of assistance from the column above.* |

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## HSED FY2024

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| 2023 | Prior Assistance | | Requested Assistance | | Total Months of Assistance |
|------|------------------|---|---------------------|---|----------------------------|
| # | Months | Rental Assistance | Utility Assistance | Rental Assistance | Utility Assitance | *Insert "1" for each line item that contains an "X", unless the request is a Duplication of Benefits.* |
| 1 | January | | | | | |
| 2 | February | | | | | |
| 3 | March | | | | | |
| 4 | April | | | | | |
| 5 | May | | | | | |
| 6 | June | | | | | |
| 7 | July | | | | | |
| 8 | August | | | | | |
| 9 | September | | | | | |
| 10 | October | | | | | |
| 11 | November | | | | | |
| 12 | December | | | | | |
| **Total Months of Assistance (2023):** | | | | | | |
| | | | | | | *Insert the combined months of assistance from the column above.* |

| 2024 | Prior Assistance | | Requested Assistance | | Total Months of Assistance |
|------|------------------|---|---------------------|---|----------------------------|
| # | Months | Rental Assistance | Utility Assistance | Rental Assistance | Utility Assitance | *Insert "1" for each line item that contains an "X", unless the request is a Duplication of Benefits.* |
| 1 | January | | | | | |
| 2 | February | | | | | |
| 3 | March | | | | | |
| 4 | April | | | | | |
| 5 | May | | | | | |
| 6 | June | | | | | |
| 7 | July | | | | | |
| 8 | August | | | | | |
| 9 | September | | | | | |
| 10 | October | | | | | |
| 11 | November | | | | | |
| 12 | December | | | | | |
| **Total Months of Assistance (2024):** | | | | | | |
| | | | | | | *Insert the combined months of assistance from the column above.* |

**Is the client requesting a Security Deposit?**

*IF yes, insert "1" on this line and add one month to "Combined Months of Assistance" below:* _____

**COMBINED MONTHS OF ASSISTANCE:**

Calculate the combined total months of assistance from 2021 through 2024. Insert this total at the end of *CP-112 Eviction Relief Eligibility.* _____