



**Community Programs Division**  
**Replacement of Expenses Summary Form**

**Instructions:** This form should be completed in order to replace ineligible expenses previously billed to Missouri Housing Development (MHDC) Community Programs grant. Eligible expenses must be paid and incurred within the grant year.

**Date:**

**Agency:**

**Program Name/Year:**

**Grant Number:**

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**Replacement Amount**  
*Reference Agency's Audit Report*

Administration (\$):

Operating (\$):

Housing Assistance (\$):

Emergency Assistance (\$):

Home Repair (\$):

**Total to Replace (\$):**

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**Required Supporting Documentation**

**Instructions:** The following supporting documentation should be submitted with this form in order for MHDC to determine eligibility of replacement expenses:

**Direct Financial Assistance/Client-Related Expenses:**

- MHDC-114 signed and dated
- MHTF-204 Income Summary Sheet
- Proof of Household Income
- Proof of Housing Status
- Proof of Need
- Proof of Cleared Payment
- Corrected HMIS Report

**Agency Expenses (Operating & Admin)**

- Proof of Cost(s) Incurred
- Proof of Cleared Payment

*I hereby certify that all information on this form is true, that I have collected and reviewed all required records to maintain, and that all expenses are authorized and meet the eligibility of the grant.*

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_