

MHTF-DR

Client Forms Training

Lisa Moler
Housing Program Administrator

Agenda

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



Client File Forms

All Components



MHDC.com

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-305 Self Declaration of Income



Missouri Housing Development Commission
MHDC

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 pay 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 receive the following 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.

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

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

Applicant Signature: _____ Date: _____

Staff Verification

I understand that third-party verification is the preferred method of certifying income for assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third-party verification using the MHTF-DR 304 Income Verification Worksheet.

Documentation of attempt made for third-party verification:

Staff Signature: _____ Date: _____

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <https://www.onbaseforvets.org> or call (570) 251-3770 to learn about available resources.

1 of 1

#3

3. Staff will fill out and sign this section. The staff member will document what attempts have been made to collect proof of income.

MHTF-DR-306 Consent and Housing Status Certification



1. The client fills out this section giving permission for MHDC to view the file.

Missouri Housing Development Commission
MHDC
MHTF-DR 306

Missouri Housing Trust Fund – Disaster Relief (MHTF-DR)
Consent and Housing Status Certification

I, _____ understand and acknowledge that _____ (the "Agency"), in exchange for receiving funds from the Missouri Housing Development Commission ("MHDC"), is required to share certain information about me with MHDC in order to ensure the Agency's compliance with all rules and requirements associated with the distribution of funds from MHDC.

By my signature below, I hereby authorize the Agency to share all of my personal information provided with MHDC, and other state and federal agencies, for the limited purposes of proving that I qualify to receive assistance administered by MHDC to ensure that the Agency is in compliance with the rules and requirements associated with the distribution of funds from MHDC. I further authorize MHDC and all participating funding agencies to contact me directly to discuss any matters related to my receipt of MHDC funds and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for MHDC funds and/or to determine whether the Agency is in compliance with all rules and requirements associated with the distribution of funds from MHDC.

Client Signature: _____
Printed Name: _____ Date: _____

Housing Status Certification
Select the housing status of the client. For additional guidance, please reference the MHTF-DR Desk Guide.

Homeless due to disaster event (literally homeless)
 Renter impacted by disaster event (At-risk of homelessness)
 Homeowner impacted by disaster event (At-risk of homelessness)
 Fleeing/Attempting to Flee Domestic Violence

Housing Status Description:
Please provide a brief description of the client's current housing situation:
Clients receiving housing services: provide proof of disaster impact (i.e. pictures of damage, letter from landlord/employer, or letter from renter insurance claim)

2. Staff will check which housing status best fits the household and provide a description of the status.

3. Client will check the box that best describes their housing.

Missouri Housing Development Commission
MHDC
MHTF-DR 306

Housing Condition
Among the stated goals of programs administered by MHDC is the provision of safe, decent and sanitary housing. In order to assist in furthering this goal, please indicate which of the following statements is most accurate as it pertains to your current housing:

I believe my current housing, for which I am seeking MHDC assistance, IS safe, decent and sanitary.
 I believe my current housing, for which I am seeking MHDC assistance IS NOT safe, decent and sanitary.
 Not Applicable due to housing status

*NOTE = If, at any time while you are receiving assistance through programs administered by MHDC, you believe your current housing ceases to be safe, decent and sanitary, please report this to the Agency; and, the Agency will assist you in locating housing that is safe, decent and sanitary.

Staff Signature

By signing below, I certify that:

- To the best of my knowledge, the information provided to me from the program participant is accurate; and
- The program participant meets all requirements to receive assistance under MHTF-DR program; and
- To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination; and
- I understand that fraud is investigated and may be punishable under federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641; and
- I understand that if any of these certifications are found to be false, I will be subject to criminal, civil, and administrative penalties and sanctions, including repayment.

Staff Signature: _____
Printed Name: _____ Date: _____

Program Participant Signature

By signing below, I certify that:

- I have insufficient financial resources and support networks, e.g., family, friends, faith-based, other social networks, immediately available to obtain housing or to attain housing stability without assistance; and
- I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete; and
- I hereby authorize the Agency to share all of my personal information provided with MHDC for the limited purposes of proving that I qualify to receive MHTF-DR funding and ensuring that the Agency is in compliance with the rules and requirements associated with the distribution of MHTF-DR funds.
- Domestic Violence (DV) only: I hereby authorize the Agency to share non-identifying information with MHDC and its auditors for the limited purposes of proving that I qualify to receive the assistance administered by MHDC and ensure that the Agency is in compliance with the rules and requirements associated with the distribution of MHTF-DR funds.

Signature: _____
Printed Name: _____ Date: _____
DV only Unique Identifier: _____
Initials: _____ Date: _____

4. Staff will sign this area verifying the items listed.

5. The client will sign this area verifying the items listed.

MHTF-DR-311 Non-Duplication of Benefits



Missouri Housing Trust Fund
Development Commission
MHDC

MHTF-DR-311

Missouri Housing Trust Fund-Disaster Relief Non-Duplication of Benefits Form

Applicant name (print): _____

This is to certify that the above-named participant is not receiving duplication of benefits related to this disaster. These benefits include, but are not limited to:

- FEMA
- HUD
- Insurance coverage (renters, homeowners, or home warranty)
- Small Business Administration
- State Disaster Relief Funds

Please complete one of the following sections.

I certify, under penalty of perjury, that my household has not applied for, received, or does not have an active appeal from the above-named sources. I understand that assistance received at a later date that results in a duplication of any assistance received by MHDC will require a partial or full return of funds applied to duplicative activities.

Applicant signature: _____ Date: _____

I certify, under penalty of perjury, that my household has received, or expects to receive assistance from the above-named sources. I understand that assistance received at a later date that results in a duplication of any assistance received by MHDC will require a partial or full return of funds applied to duplicative activities.

If assistance related to this disaster has been received, or is expected to be received, please complete the sources and verification sections below:

Sources Received:

Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____

1 of 2

MHTF-DR-311

Sources Pending Approval (or in appeal process):

Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____

Description of Received or Pending Sources:

Applicant signature: _____ Date: _____

If sources were identified above, please complete the section below.

Staff Verification of Non-Duplication of Benefits

I understand that third-party verification and documentation is necessary for certifying that duplication of benefits will not occur as a result of funds being utilized for disaster relief. I have collected and maintained copies of all necessary documentation to the best of my ability and have included these documents in the client's file. Examples of acceptable documentation include:

- Proof insurance claim and decision
- Documentation provided by FEMA, HUD, or other state or local entities that confirms the assistance decision or application status.

I confirm that third party documentation is included in the client's file.

Staff signature: _____ Date: _____

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1. The client will check the one box that is true for their situation.

2. Here the client will list all sources of assistance they have been approved for.

4. Here the client will list all assistance they are waiting on a decision from.

5. Use this box to explain what the assistance will be used for.

6. Staff will check the box in this section and sign and date verifying that proof of all benefits are in the client file.

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.

Please collect all signatures for this page.

Missouri Housing Development Corporation
MHDC

MHDC-116

Minimum Standards for Permanent Housing

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard
		1. <i>Structure and materials:</i> 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.
		2. <i>Space and security:</i> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. <i>Interior air quality:</i> 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.
		4. <i>Water Supply:</i> The water supply is free from contamination.
		5. <i>Sanitary Facilities:</i> 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.
		6. <i>Thermal environment:</i> The housing has any necessary heating/cooling facilities in proper operating condition.
		7. <i>Illumination and electricity:</i> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. <i>Food preparation:</i> All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. <i>Sanitary condition:</i> The housing is maintained in sanitary condition.
		10. <i>Fire safety:</i>
		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 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 detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
		11. Meets additional recipient/subrecipient standards (if any).

Check either approved or deficient.

MHDC-116

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards.

Property does not meet all of the above standards.

1. Check one box here.

COMMENTS:

Program Participant Name: _____

Program Participant's Signature: _____

Landlord's Signature: _____

Street Address: _____

Apartment(if applicable): _____

City: _____ State: _____ Zip: _____

Agency Name: _____

Evaluator Signature: _____

Date of review: _____

Evaluator Name: _____

2. This is Client and Landlord information.

3. Here is the inspector's information and the agency's name.

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

MHTF-DR Home Repair applicants (primary homeowner) must review and certify each section below. It is the responsibility of the applicant and the MHTF-DR funded agency to disclose any liens and/or encumbrances on the primary residence receiving assistance to MHDC for approval prior to the project's start.

Primary Homeowner Name (Applicant): _____
(First, Last)

Section 1: Homeowner Certification

This Homeowner Certification is to certify that the above-named participant:

- Is a Missouri homeowner that resides in a county included in a state 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.
- Has disclosed all liens or encumbrances on the primary residence.
- Is requesting home repair assistance for the household's primary residence.

I (Homeowner) certify, under penalty of perjury, that I meet all the required criteria as outlined above.

I (Homeowner) disclose the following liens or encumbrances related to delinquencies on my primary residence.

Instructions: Include all delinquency-related liens or encumbrances on the property receiving assistance, along with the dollar amount of each. If not applicable, write "NONE".

Submit all reported liens/encumbrances to myrequest@mhtfdr.com for review and approval prior to the project's start.

Applicant Signature: _____ Date: _____

[Continue to Section 2 on Next Page]

Page 1 of 2 Effective Date: 4/16/2026

1. Place Head of Household name here.

2. Client will select one of these boxes then sign and date below the checked box.

MHTF-DR-307

Missouri Housing Trust Fund-Disaster Relief Homeowner Certification

Section 2: Insurance Certification

Complete one of the sections below:

I (Homeowner) certify that I do not have homeowner's insurance on my primary residence.

Applicant Signature: _____ Date: _____

I (Homeowner) certify that I do have homeowner's insurance on my primary residence, and my insurance provider has issued a full or partial denial for the claim in which repairs are being requested.

Homeowner's Insurance Provider: _____
Policy Number: _____

Applicant Signature: _____ Date: _____

[Attach homeowner's insurance claim determination to this form]

[End of document]

Page 2 of 2 Effective Date: 4/16/2026

3. Client will check if they have insurance or not, then sign and date in the selected box.

Slide 14

LM1 This slide has been updated and re-recorded.
Lisa Moler, 2026-04-15T18:18:52.669

MHTF-DR-308 Home Repair Initial Inspection

1. Fill out basic identifying information.

Missouri Housing Development Commission
MHDC
MHTF-DR-308

Home Repair Initial Inspection | MHTF – Disaster Relief

Date of Initial Inspection: _____
Homeowner(s) Name: _____
Homeowner Address: _____
City: _____ County: _____ Zip: _____
Agency Name: _____

Please select any eligible Home Repair activities that apply to this job:

<input type="checkbox"/> Cost to meet local codes	<input type="checkbox"/> Remediation of environmental hazards
<input type="checkbox"/> Accessibility improvements	<input type="checkbox"/> Energy improvements
<input type="checkbox"/> Septic repair/replacement	<input type="checkbox"/> Repair/replacement/upgrade of existing wells
<input type="checkbox"/> Soft costs	

As of the date listed above, the following scope of work was evaluated for full or partial repair. Please describe in detail all the repairs that will be completed using Missouri Housing Trust Fund-Disaster Relief dollars:

1 of 2

2. Select all eligible Home Repair activities that apply to this job.

3. In this box list all repairs that will use MHTF-DR monies.

MHTF-DR-308

Notes: Other comments or issues to be addressed (if applicable)

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.

Inspector Signature: _____
Inspector Printed Name: _____ Date: _____

HOMEOWNER: The undersigned homeowner certifies that the assessment of the conditions of his/her property above is accurate.

Homeowner Signature: _____
Homeowner Printed Name: _____ Date: _____
Homeowner 2 Signature (if applicable): _____
Homeowner Printed Name: _____ Date: _____

4. Use this box for any comments or other issues to be addressed.

5. Staff print, sign, and date.

6. Homeowner print, sign, and date.



MHTF-DR-309 Home Repair Final Inspection Form

1. Basic information about the Home Repair.

2. List all repairs that have been completed.

3. Staff print, sign, and date.

Missouri Housing Development Commission
MHDC
MHTF-DR-309

Home Repair Final Inspection | MHTF - Disaster Relief

Date of Completion: _____
Homeowner Name: _____
Agency Name: _____

As of the date listed above, the following repairs have been completed:

Certification-Final Inspection:

FINAL STAFF INSPECTION: The undersigned inspector (staff member) certifies that he/she has performed a Final Inspection of the premises of the repairs listed above, and that the foregoing is his/her true assessment of the conditions observed:

- Work performed meets all applicable municipal codes
- All necessary permits were obtained
- Work meets habitability standards
- Before/after home repair pictures were obtained and included in the client file

Inspector Signature: _____
Inspector Printed Name: _____ Date: _____

1 of 2

4. Contractor print, sign, and date.

5. Homeowner(s) print, sign, and date.

Missouri Housing Development Commission
MHDC
MHTF-DR-309

CONTRACTOR: The undersigned certifies that all work has been satisfactorily completed in accordance with:

- All applicable contracts
- Property meets all applicable codes
- Appropriate warranties have been obtained or issued
- No unpaid claims for material, supplies, equipment, or claims of laborers for unpaid wages

Contractor Signature: _____
Contractor Printed Name: _____ Date: _____

By the signatures below, Homeowner agrees that the repairs listed above have been satisfactorily completed.

HOMEOWNER:	HOMEOWNER 2 (if applicable):
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____

2 of 2



MHTF-DR-310 Emergency Home Repair Certification Form

1. Homeowner information and agency name.

2. Select all eligible emergency repairs that apply.

Missouri Housing Development Commission
MHDC

MHTF-DR-310

Emergency Home Repair Certification | MHTF – Disaster Relief

Date: _____
Homeowner(s) Name: _____
Homeowner Address: _____
City: _____ County: _____ Zip: _____
Agency Name: _____

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.

Please select all eligible Emergency Home Repair activities that apply:

<input type="checkbox"/> Propane, natural, or methane gas detected	<input type="checkbox"/> Exposed Wires or open electrical panels
<input type="checkbox"/> Water leaks on or near electrical equipment	<input type="checkbox"/> Blocked or unusable emergency or fire exits
<input type="checkbox"/> Blocked fire escapes or ladders	<input type="checkbox"/> Missing gas-fired hot water heater/HVAC
<input type="checkbox"/> Misaligned chimney	<input type="checkbox"/> Window security bars preventing exit
<input type="checkbox"/> Expired fire extinguishers	<input type="checkbox"/> Inoperative/missing smoke detectors

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

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: _____

HOMEOWNER:
The undersigned homeowner certifies that they have been made aware of the necessary Emergency Home Repairs, and that the eligible Emergency Home Repairs listed above have been completed.
The undersigned homeowner acknowledges 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.

Homeowner Signature: _____
Homeowner Printed Name: _____ Date: _____

Homeowner Signature: _____
Homeowner Printed Name: _____ Date: _____

Page 2 of 2

3. Staff print, sign, and date.

4. Homeowner's print, sign, and date.



Regulatory Agreements

- Required for ALL standard Home Repair Projects over \$2,500
- 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
- The Regulatory Agreement Template and an example on how to fill it out are on the MHDC website

LM1



Slide 18

LM1 Do you want me to add in the last bullet point here that there is a new RA on the website?
Lisa Moler, 2026-04-15T17:19:32.520

Regulatory Agreements Process

- The agency will meet with the client and help them fill out the Regulatory Agreement, get it notarized, and fill out the MHTF-DR-307.
- The Agency will then email an electronic copy of the RA and the MHTF-DR-307 to Cp.programs@mhdc.com
 - The MHTF-DR-307 will inform MHDC of any delinquencies or encumbrances disclosed on the property.
- Once received MHDC will e-file the RA with the appropriate county recorded.
- Then MHDC will email a confirmation and copy of the recorded RA to the agency.
 - At this point work on the Home Repair project may begin.

Slide 19

LM1 This slide has been updated to include the Lien stuff and I split it into 2 slides. This has been recorded, please review.

Lisa Moler, 2026-04-15T17:20:09.201

Regulatory Agreements Process Continued

- Once the email confirmation has been received by the agency, the agency will immediately mail the original copy of the RA using the address below:

MHDC – Community Programs
1201 Walnut Street, Suite 1800
Kansas City, MO 64106

- Once the original RA has been received by MHDC a confirmation email will be sent to the agency
 - At this point the agency can then include the HR project on MHTF-DR-316 Expense Detail form as back-up
- Please note that if the original copy is not received the agency will not be able to claim the Home Repair on their back-up submission

LM1



Slide 20

LM1 This is the rest of the items that were on the one slide. This has been recorded, please review.
Lisa Moler, 2026-04-15T17:21:09.281

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.

Lisa Moler

Housing Program Administrator

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