



**Missouri Housing Trust Fund – Disaster Relief  
Worker’s Compensation Affidavit**

Contractor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contractors who are a sole proprietor or partnership with no other employees may complete a Worker’s Compensation Affidavit as a part of the MHTF-DR Contractor Application.

**Please check all that apply below:**

- ☐ I am a sole proprietor and have no employees
- ☐ I am a partner in a partnership with no employees
- ☐ I have filed a Notice of Employer’s Exemption with the Missouri Division of Workers’ Compensation for the above named company to be withdrawn from coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. **[Attach copy of acknowledgement letter from Division of Workers Compensation]**

I certify, under penalty of perjury, that the above statements are true and correct.

\_\_\_\_\_  
Contractor Printed Name

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date