



Housing Stability and Eviction Diversion

Fiscal Year 2024

Eviction Relief Agency Certification

The Missouri Housing Development Commission (MHDC) has developed Eviction Relief and Clearing House Eligibility trainings to assist Housing Stability and Eviction Diversion (HSED) agencies in their work with Missouri residents who are seeking Eviction Relief assistance. These trainings are mandatory for any agency staff member who will determine client eligibility for the provision of direct assistance through Eviction Relief services. To provide Eviction Relief assistance and gain search-only access to the Clearing House portal, each user must complete this form, certifying that they have watched all of the required HSED 2024 trainings.

Agencies who will not offer Eviction Relief services must complete the first section of this form titled, *“Legal Services/Case Management Providers Only”*.

Agency Name: _____

Grant Number: _____

Legal Services/Case Management Providers Only

If your organization **will not** provide Eviction Relief services, please complete the below certification. By signing, the representative is attesting that your organization will not provide direct assistance through the provision of Eviction Relief services, and that you will notify your Program Administrator in the event that you opt to offer Eviction Relief services in the future. The representative is also attesting that all relevant staff members have reviewed the required trainings.

By checking this box, I certify that the organization listed below will not provide Eviction Relief assistance through HSED funding. I understand that I must notify the HSED program administrator before providing any Eviction Relief assistance in the future.

By checking this box, I certify that all staff members providing HSED services and/or administrative tasks have watched the required HSED 2024 Funded Agency and Compliance trainings in their entirety.

Organization Representative Name: _____
(First/Last)

Organization Representative Signature: _____

Date: _____

Do not complete the section above if your organization will be providing Eviction Relief assistance. Organizations providing Eviction Relief Services MUST complete the attached Eviction Relief Certification for Eviction Relief providers.



Eviction Relief Certification

Eviction Relief Providers

If your agency will provide Eviction Relief services, complete the attached form for each staff member that is requesting login credentials to the MHDC Clearing House. Agencies must assign 1-2 staff members advanced access to the database. *The selection of staff should be designated to those who will be responsible for the timely data entry of all Eviction Relief assistance into the Clearing House, before payment is made.*

Please indicate the staff members your agency would like to designate advanced access to using the check box provided. All other certified staff will be granted limited access, with the ability to search the Clearing House database for prior assistance and Duplication of Benefit checks.

By signing this document, agency staff is attesting that they have watched and understand the Eviction Relief and MHDC Clearing House recorded trainings in their entirety and are ready to provide eligible Eviction Relief services. Staff members providing Eviction Relief services are also required to complete the HSED Information Security Standards.

Organization Name:

Organization Grant Number:

1. Staff Name (First, Last)

Staff Email

By signing below, I am certifying that I have watched and understand the HSED 2024 Eviction Relief and Clearing House recorded trainings, in their entirety, and am prepared to provide Eviction Relief assistance to eligible Missourians. I also attest that I have watched and understand the HSED 2024 Funded Agency and Compliance trainings in their entirety.

Date

Staff Signature

Designate staff member as an advanced user (1-2 users per agency).

2. Staff Name (First, Last)

Staff Email

By signing below, I am certifying that I have watched and understand the HSED 2024 Eviction Relief and Clearing House recorded trainings, in their entirety, and am prepared to provide Eviction Relief assistance to eligible Missourians. I also attest that I have watched and understand the HSED 2024 Funded Agency and Compliance trainings in their entirety.

Date

Staff Signature

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3. Staff Name (First, Last)

Staff Email

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4. Staff Name (First, Last)

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Date

Staff Signature

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5. Staff Name (First, Last)

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6. Staff Name (First, Last)

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Date

Staff Signature

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7. Staff Name (First, Last)

Staff Email

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Date

Staff Signature

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8. Staff Name (First, Last)

Staff Email

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Date

Staff Signature

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9. Staff Name (First, Last)

Staff Email

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Date

Staff Signature

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10. Staff Name (First, Last)

Staff Email

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Date

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