



# Housing Stability & Eviction Diversion

## HSED Eviction Relief Training

### FY 2024

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[MHDC.com](https://www.mhdc.com)

# Overview

- General Information
- Eligible/Ineligible Activities
- Client Eligibility
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- Client File Forms
- Records to Maintain
- Required Training Documents

# General Information

- Eviction Relief is intended to provide financial assistance to eligible households who have experienced/are experiencing an eviction after March 13, 2020.
- All HSED agency staff members who have attended this training and completed CP-114 Eviction Relief Certification are eligible to offer these services.
- HSED agency staff members who have not completed this training/certification can not offer Eviction Relief services, or sign Eviction Relief documents as an agency representative.
- Agencies are not bound to/limited by the amount of Eviction Relief funding originally requested. The total funding award may be used for eligible expenses in any category once requirements are fulfilled.

# Eligible Activities: Rental Judgements

- **Rental Judgements:** Grantees may provide payment to the court and/or its appropriate parties to satisfy eviction judgements and/or eviction filings on behalf of eligible households who have experienced an eviction as a result of the Covid-19 pandemic.
  - Up to \$15,000 per household for those whose hardship occurred after March 13, 2020.
  - Payments cannot be made to collection agencies.
  - Late fees may be considered if they are included in the rental ledger, and are consistent with the original lease agreement.
- Rental Judgement funds can be used to pay evictions that have been filed with the courts, before a judgement has been executed.
- Rental Judgement funds cannot be used if the eviction has not been filed with the courts.

# Eligible Activities: Forward Rent

- Grantees may also provide 3 to 6 months of forward rent payments to the property owner on behalf of eligible households. The following criteria must be met to provide forward rent payments:
  - Recipient must also be receiving direct HSED assistance via Rental Judgements and/or a Security Deposit.
  - Forward rent payments can only be remitted in increments of 3 months.
  - After the initial 3 months of forward rent has passed, the client can re-attest to ongoing hardship and eligibility via a new CP-101, 112 and 116. If the client is determined eligible, they may receive an additional 3 months, not to exceed 6 months total.
  - Clients are not eligible for forward rent if they have exceeded their 18 month maximum benefit, which we'll review shortly.
  - The Lease Agreement must be in effect for the months of assistance provided. Forward rent provided for months outside of the lease duration are not eligible under HSED 2024.
  - Forward rent payments must be made directly to the property owner/property management company. Under no circumstances can payment be made directly to the client.
  - If CP-101,112, or 116 is dated more than 90 days from the date of payment, new forms must be completed and included in client file.

# Eligible Activities: Security Deposit

- Grantees may provide a Security Deposit to the property owner on behalf of eligible households.
  - Recipients of Security Deposit funds must be receiving direct HSED assistance via rental judgements and/or have experienced an eviction after March 13, 2020. Proof of prior eviction must be included in the client file.
  - Security Deposit funds may be used to pay for a deposit that is less than or equal to one months' rent.
  - The deposit must secure a lease with a duration of at least 6 months.

# Eligible Activities: Utility Arrears

- Eviction Relief funds can be used to provide direct payment to utility companies in order to satisfy utility arrears on behalf of eligible households.
  - Recipients of Utility Arrear funds must be receiving direct HSED assistance via rental judgements and/or a security deposit.
  - Households are eligible to up to 6 months of utility arrears, if the arrearages are preventing current housing and occurred after March 13, 2020.
  - Qualifying utilities include:
    - Up to a combined 6 months of gas, electric, water, sewage/waste water, and trash.

# Ineligible Activities: Eviction Relief

- Eviction relief assistance for clients not eligible for the HSED program;
- Eviction Relief for judgements in excess of \$15,000.00;
- Eviction relief for judgements occurring on or before March 13, 2020;
- Eviction relief for clients who have already received their maximum ERA benefit of 18 months of utility/rental assistance;
- Eviction relief for clients who have already received ERA benefits for overlapping months;
- Eviction relief for clients who's eviction has not been filed with the courts;
- Eviction relief payments made to ineligible parties (i.e., client, collection agencies);
- Damage fees;
- Late fees that are not consistent with the original lease agreement;



# Ineligible Activities: Continued

- Forward rent payments exceeding 6 months;
- Security deposits larger than one month's rent;
- Security deposits for leases that have less than 6 months duration;
- Security deposits for rent-to-own agreements where the renter has exercised ownership interest in the property;
- Rental insurance;
- Utility assistance exceeding 6 months of arrears;
- Utility assistance for arrearages that are not preventing future housing;
- Forward utilities;
- Client incentives (i.e., gift cards, bus passes etc.);
- Direct financial assistance outside of the parameters outlined in Eviction Relief, Security Deposit and Utility Assistance guidance.

# Client Eligibility – Eviction Relief

- Recipients of Eviction Relief funding must first meet all HSED qualifying criteria, which is verified using form CP-101 HSED Eligibility.
- Must be accompanied by CP-112 Eviction Relief Eligibility and CP-116 Clearing House Verification.



CP-101

## MHDC COMMUNITY PROGRAMS HSED Eligibility Form

Client Name: \_\_\_\_\_  
Agency Name: \_\_\_\_\_

This is to certify the income status for the above named individual's household. 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 day 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 my household currently receives the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

I certify, under penalty of perjury, that my household income falls within the following Area Median Income (AMI) range:

0-30%                       30-50%                       50-80%

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COVID-19 Eligibility Certification

I certify, under penalty of perjury, that at least one (1) individual in my household has qualified for unemployment benefits AND/OR has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the coronavirus pandemic.

I certify, under penalty of perjury, that at least one (1) individual in my household has experienced/are experiencing homelessness or housing instability during or due, directly or indirectly, to the coronavirus pandemic.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EVICTON RELIEF ELIGIBILITY MUST BE VERIFIED USING FORM CP-112.**

Effective: February 22, 2023



# Client Eligibility – Eviction Relief

## Overview:

- Clients cannot receive more than 18 months of combined rental/utility assistance under all ERA programs.
- Clients cannot receive assistance for months that have already been paid through a previous ERA award (Duplication of Benefits).
- Verified through the processes in CP-112 and CP-116.

# Eviction Relief Eligibility (CP-112)

- ALL on-site Eviction Relief recipient files must be accompanied by a completed CP-112 Eviction Relief Eligibility Form.
- Recipients are only eligible for Eviction Relief if a certified Agency Representative completes CP-112 and verifies eligibility.
- Expenses for Eviction Relief recipient files that do not contain CP-112 showing certified eligibility and/or the required documentation will be deemed ineligible.



## MHDC COMMUNITY PROGRAMS EVICTON RELIEF ELIGIBILITY FORM

Section 1: Enter Head of Household Name, Last 4 Digits of SSN, Agency Name and the Agency Representative Name

\*Head of Household Name (First, Last): \_\_\_\_\_  
\*Head of Household Social Security Number (Last 4 digits): \_\_\_\_\_  
\*Agency Name: \_\_\_\_\_  
\*Agency Representative Name (First, Last): \_\_\_\_\_

This form is to certify the Eviction Relief eligibility for the above named individual's household:

- All information must be completed and assessed by the agency representative to confirm household eligibility for direct assistance benefits.
- If household is determined eligible, this form **must** be signed by both the Head of Household (HoH) and agency representative and be included in the client's on-site file, along with all required supporting documentation before any payment can be made on the client's behalf.
- If client is determined ineligible for Eviction Relief, but meets all other eligibility requirements (CP-101) they may still receive Housing Stability Services as outlined in the HSED Desk Guide.

### Household Eligibility

\* Indicates a required field.

Before an Eviction Relief payment can be made on behalf of the household, an Agency Representative must ensure eligibility in accordance with the HSED Desk Guide and U.S. Treasury Guidance. **Eviction Relief payments cannot be made directly to clients under any circumstances.** The following must be included and verified in the on-site client file:

### \*Include in All Eviction Relief Files:

- HoH Government Issued ID. If Government Issued ID is not available, detailed notes of the staff member's attempt to obtain this requirement must be detailed in the client's case notes.
- HSED Eligibility Form (CP-101) signed by the Head of Household (HoH). AMI Eligibility must be verified by an Agency Representative;
- HSED Consent Form (CP-102) signed by the Head of Household;
- HSED Eviction Relief Eligibility Form (CP-112) signed by Head of Household and verified/signed by Agency Representative.
- Clearinghouse Eligibility verified by an Agency Representative.
- Detailed case notes of services provided.

### \*Rental Judgement Eligibility:

- If HoH is experiencing an **active eviction**;
  - Copy of eviction filings from the corresponding court (dated after March 13, 2020) and;
  - Copy of ledger from landlord/property manager showing the months of assistance included in the judgement and total balance due and;
- If HoH experienced a **prior eviction**;
  - Copy of judgement from the corresponding court (dated after March 13, 2020) and;
  - Copy of ledger from landlord/property manager showing the months of assistance included in the judgement and total balance due and;
- Proof of cleared payment (not to exceed \$15,000) as listed in the HSED Desk Guide.

### \*Forward Rent Eligibility:

Please see the Forward Rent Eligibility certification on page 5.

### \*Security Deposit Eligibility:

- Landlord/owner W-9;

Section 2: Follow the Eligibility Checklist to ensure you are prepared to provide Eviction Relief assistance. Documentation MUST be collected before eligibility is determined.

# Eviction Relief Eligibility (CP-112)

- Section 2 (cont'd): Collect and verify all of the required documentation for each assistance category.

REMINDER:

- Section 3: Once all documentation has been collected, and CP-112 is completed, both the certified agency representative and the Head of Household will print, sign and date.



- Proof of Ownership of Landlord/Property Manager;
  - Copy of mortgage bill, homeowner's insurance policy, or property tax statement.
- Fully Executed Lease Agreement that includes:
  - Landlord's name, address and phone number
  - Address of rental property
  - Amount of monthly rent and security deposit
  - Rent due date and grace period (if any)
  - Term of lease (must be at least 6 months)
  - Signed by both landlord and tenant.
- Proof of prior eviction (see Rental Judgement Eligibility)
- Proof of cleared payment to landlord as listed in the HSED Desk Guide.

**\*Utility Arrears Eligibility:**

- Copy of utility bill including:
  - Tenant name and subject property address
  - Billing Date
  - Billing/payment history to ensure months of assistance
  - Total delinquent amount
- Proof of prior eviction (see Rental Judgement Eligibility)
- Proof of cleared payment to landlord as listed in the HSED Desk Guide.

**It is the responsibility of the Agency to verify the eligibility of each household requesting Eviction Relief Assistance before payment is made. Failure to meet the above documentation/eligibility requirements may result in a re-capture of funds.**

**\*Agency Certification:**

I certify, under penalty of perjury, that I have verified the Eviction Relief eligibility of this household, and that all required documentation is included in the household file. I understand that a failure to comply with these requirements may result in automatic household ineligibility and a re-capture of funds by MHDC.

\_\_\_\_\_  
\*Agency Representative Name

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

\_\_\_\_\_  
\*Agency Representative Signature

**\*Household Certification:**

I certify, under penalty of perjury, that all of the information provided in this certification is true and correct. I understand that failure to provide accurate information may result in automatic household ineligibility and a re-capture of funds by MHDC.

\_\_\_\_\_  
\*Head of Household Name

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

\_\_\_\_\_  
\*Head of Household Signature

# Eviction Relief Eligibility (CP-112)

- Section 4: Collect all of the required Head of Household Information.

**REMINDER:**  
HoH Information is required in your monthly HSED reporting for all recipients of Eviction Relief Assistance.

- Section 5: Complete the type, amount, and months of assistance being requested.



*\* indicates a required field*

**\*Head of Household (HoH) Information:**

\* Current Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City/State) \_\_\_\_\_ (County) \_\_\_\_\_ (Zip Code)

Address of Assistance Request: \_\_\_\_\_  
(if different than Current Address) (Street)

\_\_\_\_\_ (City/State) \_\_\_\_\_ (County) \_\_\_\_\_ (Zip Code)

\* HoH Gender:  Male  Female  Trans. Male  Trans. Female  Gender Non-Conforming

\* HoH Ethnicity:  Not Hispanic/Latino  Mexican  Mexican American  Chicano  
 Puerto Rican  Cuban  Another Hispanic/Latino/Spanish Origin  Did Not Disclose

\* Race:  White/Caucasian  Black/African American  American Indian/Alaskan Native  Asian  
 Pacific Islander/Native Hawaiian  Other  Did Not Disclose

\* Income Range:  0-30%  30-50%  50-80%  
(As verified on CP-101)

\*HoH Contact Information:

\_\_\_\_\_ (Cell Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_ (Email)

**\*Assistance Request Information:**

\*Type of Financial Assistance Requested *(Select all that apply)*

Rental Judgement  Forward Rent  Security Deposit  Utility Arrears (up to 6 months)

**\*Amount of Financial Assistance Requested**

Rental Judgement:	\$ _____	Months of Assistance:	_____
Forward Rent 1:	\$ _____	Months of Assistance:	_____
Forward Rent 2:	\$ _____	<small>(3 months)</small>	_____
Security Deposit:	\$ _____	Months of Assistance:	_____
Utility Arrears:	\$ _____	<small>(3 months)</small>	_____
		Months of Assistance:	_____
		<small>(1 month)</small>	_____
		Months of Assistance:	_____

# Eviction Relief Eligibility (CP-112)

## Reminders:

- Collect a new CP-101 to recertify eligibility if originals are dated more than 90 days prior to the date forward rent payment is made.
- Collect new CP-112 and CP-116s before remitting payment for a second instance of forward rent.

• **Section 6: Collect all of the required Forward Rent documentation.** →

• **Section 7: Complete this section at the first instance of forward rent.** →

• **Section 8: Complete this section at the second instance of forward rent.** →



\* indicates a required field

**\*Forward Rent Eligibility Checklist:**

Agency Representative must complete this section for each instance of Forward Rent provided. Forward Rent can be provided in 3 month increments, up to a total of 6 months if the client attests to ongoing hardship via CP-101 and will not exceed the maximum benefit of 18 months of total assistance, verified through the MHDC Clearing House.

The following must be verified and completed before providing Forward Rent payments. All documentation must be stored on-site in the client's file:

- Updated CP-116 Clearing House Verification Tool:** Updated to include the additional months of assistance (client must remain under 18 months).
- Recertified CP-101 HSED Eligibility:** Forward rent payments can only be remitted in increments of 3 months. CP-101 HSED Eligibility form must be completed within 90 days before the date of payment. If 90 days has passed and/or this is the client's 2<sup>nd</sup> time receiving forward rent assistance, a new CP-101 must be included in the client's file.
- Landlord/owner W9
- Proof of ownership of landlord/property manager
  - Copy of mortgage bill, homeowner's insurance policy, or property tax statement.
- Proof of cleared payment to landlord (see HSED Desk Guide)
- Proof of prior eviction (see HSED Desk Guide)
- Fully executed Lease Agreement that includes;
  - Landlord's name, address and phone number
  - Address of rental property
  - Amount of monthly rent and security deposit (forward rent cannot exceed rent amount stated in Lease)
  - Rent due date and grace period (if any)
  - Term of lease (**forward rent must fall within lease term**)
- Forward rent recipient received Rental Judgement assistance via HSED 2024.
- Months of assistance have been added to the MHDC Clearing House.

**Complete the following section(s) for each instance of Forward Rent (3 month increments).**

Date of Forward Rent Payment #1: \_\_\_\_\_

Amount of Forward Rent Payment #1: \_\_\_\_\_  
 Cannot exceed rent amount stated in Lease Agreement.

Months Included in Forward Rent Payment #1: \_\_\_\_\_  
 Ex. April '24, May '24, June '24

Date of Forward Rent Payment #2: \_\_\_\_\_

Amount of Forward Rent Payment #2: \_\_\_\_\_  
 Cannot exceed rent amount stated in Lease Agreement.

Months Included in Forward Rent Payment #2: \_\_\_\_\_  
 Ex. July '24, August '24, September '24

*If Forward Rent is not being requested at this time, move onto Clearing House Eligibility on next page.*

# Eviction Relief Eligibility (CP-112) Clearing House Eligibility Checklist

- Section 10: Insert the months of Rental Judgement, Utility Arrear, and Forward Rent Assistance requested.
- Section 9: Enter first and last name of certified Agency Representative.
- Use CP-116 Clearing House Verification Tool to count the number of months being requested by the applicant.
- Indicate whether the household is applying for a Security Deposit.
- Use CP-116 Clearing House Verification Tool to count the total months of assistance (past and current) requested by the household.
- If the total months of assistance are less than or equal to 18 months, client can be considered for Eviction Relief eligibility.



**\*Clearinghouse Eligibility:**

Agency Representative must complete these sections before payment is made to ensure that the household does not receive a Duplication of Benefits. Payments that are found to be a duplication of benefits are not eligible for HSED Eviction Relief assistance.

Duplication of Benefits (DOB) Criteria:

- A DOB occurs when:
  - An Eviction Relief applicant requests assistance after they have exhausted their maximum benefit (18 months of combined rental/utility assistance) under other ERA programs, (SAFHR, ERAP etc.).
  - An Eviction Relief applicant requests assistance for months that have already been paid through a previous ERA award, (SAFHR, ERAP, etc.).

Completed Before Funding By: \_\_\_\_\_  
Agency Representative Name (First, Last)

What months of assistance are being requested under Rental Judgements? (ex. June '23, July '23, Aug '23)  
\_\_\_\_\_

What months of assistance are being requested under Utility Arrears? (ex. June '23, July '23, Aug '23)  
\_\_\_\_\_

What months of assistance are being requested under Forward Rent? (ex. June '24, July '24, Aug '24)  
NOTE: IF Forward Rent is being requested, complete the Forward Rent Eligibility Checklist in the previous section.  
\_\_\_\_\_

Is the household applying for a Security Deposit?  Yes  No  
IF YES, add one additional month of assistance to total.

When searching by address/name in MHDC's Clearing House, how many months of rental and utility assistance have been received by the household? (ex. Rent: 10 mo., Utility 3 mo.) \_\_\_\_\_

Use the above information to count the months of assistance received, using the Clearing House Eligibility Verification Tool.

How many **total** months of assistance (past and current) are being requested by the household? (ex. 16 months) \_\_\_\_\_

Examples:

- IF John Doe received 10 months of rental assistance (January-October 2023) and 3 months of utility assistance (January-March 2022), he would have utilized a total of 10 months of his total award because the months of utility/rental assistance overlap. If John meets all other qualifying criteria, he would be eligible for 8 additional months of eviction relief within the parameters of eligible expenses listed in the HSED Desk Guide.
- IF John Doe received 10 months of rental assistance (January – October 2023) and 3 months of utility assistance (October-December 2022), he would have utilized a total of 13 months of his total award because the months of utility/rental assistance do not overlap. If John meets all other qualifying criteria, he would be eligible for 5 additional months of eviction relief within the parameters of eligible expenses listed in the HSED Desk Guide.

Is the household within the maximum allowable benefit of 18 months combined rental/utility assistance?  Yes  No

**\*\*IF NO, household is not eligible for additional Eviction Relief assistance.**



# Clearing House Verification

**EXAMPLE:** If John Doe received 10 months of rental assistance (January-October 2023) and 3 months of utility assistance (January-March 2023), he would have utilized a total of 10 months of his total award because the months of utility/rental assistance do overlap.

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

# Clearing House Verification

John is requesting 3 additional months of Rental Judgement assistance, and two additional months of Utility Assistance under HSED Eviction Relief assistance.

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

Duplication of Benefits must be removed from Requested Assistance.

# Clearing House Verification



## Clearing House Verification Tool HSED FY2024

CP-116

Continued on next page

2023		Prior Assistance		Requested Assistance		Total Months of Assistance
#	Months	Rental Assistance	Utility Assistance	Rental Assistance	Utility Assistance	Insert "1" for each line item that includes an "X" below the request in a Distribution of Benefits.
1	January	X	X			1
2	February	X	X			1
3	March	X	X			1
4	April	X				1
5	May	X				1
6	June	X				1
7	July	X				1
8	August	X				1
9	September	X				1
10	October	X				1
11	November			X	X	1
12	December			X	X	1
<b>Total Months of Assistance (2023):</b>						<b>12</b>

2024		Prior Assistance		Requested Assistance		Total Months of Assistance
#	Months	Rental Assistance	Utility Assistance	Rental Assistance	Utility Assistance	Insert "1" for each line item that includes an "X" below the request in a Distribution 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					
<b>Total Months of Assistance (2024):</b>						

Is the client requesting a Security Deposit?  
If yes, insert "1" on this line and add any months in "Continued Months of Assistance" below. No

**COMBINED MONTHS OF ASSISTANCE:**  
Calculate the combined total months of assistance from 2021 through 2023. Insert this total at the end of CP-117 Public Reply. 12





# CP-112 Eviction Relief Eligibility

• Section 11: Enter first and last name of certified Agency Representative who is completing the Eviction Relief Eligibility.

• Complete this checklist before Eviction Relief payment is made.

• Complete this checklist after Eviction Relief payment is made.

• Agency representative will print, sign and date the Clearing House Certification.

**\*Clearinghouse Certification:**

\*Completed Before Funding By: \_\_\_\_\_  
*Agency Representative Name (First, Last)*

*The Agency Representative must confirm all required documents are included in the household file, and must enter household and payment information into the MHDC Clearing House right before payment is made. In the event the payment does not get made after the entry has been made into the CH, please notify your Program Administrator to delete/correct the entry.*

**\*Please complete the following checklist before an Eviction Relief payment is made on behalf of a household:**

Head of Household/Months of Assistance are entered into MHDC's Clearinghouse and a Duplication of Benefits check has been completed.

- Date entered into Clearing House: \_\_\_\_\_
- Total Amount of Rental Judgement Assistance: \_\_\_\_\_
- Total Amount of Forward Rent Assistance: \_\_\_\_\_
- Total Amount of Security Deposit Assistance: \_\_\_\_\_
- Total Amount of Utility Arrear Assistance: \_\_\_\_\_
- TOTAL AMOUNT OF EVICTION RELIEF ASSISTANCE:** \_\_\_\_\_

**\*Please complete the following checklist after an Eviction Relief payment is made on behalf of a household:**

- Head of Household is added to the Eviction Relief tab on CP-106 HSED Expense Detail.
- Copy of cleared payment is included in client file.

Date payment made: \_\_\_\_\_

**Clearinghouse Certification**

I certify, under penalty of perjury, that I have completed a Duplication of Benefits check in MHDC's Clearing House and found the household to be eligible for the assistance outlined above. I understand that a failure to comply with these requirements may result in automatic household ineligibility and a re-capture of funds by MHDC.

\_\_\_\_\_  
\*Agency Representative Name

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

\_\_\_\_\_  
\*Agency Representative Signature

**End of CP-112 Eviction Relief Eligibility**

# Eviction Relief – Client File Forms

## All Eviction Relief Files:

- HSED Eligibility Form (CP-101) and;
- Eviction Relief Eligibility Form (CP-112);
- Clearing House Verification Tool (CP-116);
- HSED Consent Form (CP-102);
- Head of Household Government Issued ID;
- Proof of cleared payment;
- Proof of prior eviction as listed in the HSED FY2024 Desk Guide;
- Case notes and/or service records detailing the required information as stated in the HSED FY2024 Desk Guide.

## Rental Judgements:

- Copy of eviction filings or rental judgement from the corresponding court (dated after March 13, 2020) and;
- Copy of ledger from the landlord/property manager showing months of assistance included in the filing/judgement and the total balance due. Ledger must also include the landlord name, client name and the address for which assistance is being received.

## Forward Rent:

- CP-101 HSED Eligibility form that is no more than 90 days old. New form must be completed if CP-101 is expired and;
- CP-112 Eviction Relief Eligibility form. If a second instance of forward rent is provided, agency must complete a new CP-112;
- CP-116 Clearing House Verification Tool. If a second instance of forward rent is provided, agency must complete a new CP-116;
- Landlord/owner W9;
- Proof of ownership of landlord/property manager;
  - Mortgage bill, homeowner's insurance policy, or property tax statement.
- Fully executed Lease Agreement that includes:
  - Landlord's name
  - Address of rental property where assistance is being received
  - Amount of monthly rent and security deposit
  - Rent due date and grace period (if any)
  - Term of lease (forward rent must fall within lease term)
  - Signed by landlord and client

# Eviction Relief – Client File Forms (cont'd)

## Security Deposit:

- Landlord Owner/W9 and;
- Proof of Ownership of landlord/property manager;
  - Copy of mortgage bill, homeowner's insurance policy, or property tax statement.
- Proof of cleared payment to landlord;
- Proof of prior eviction;
- Fully executed Lease Agreement that includes:
  - Landlord's name
  - Address of rental property where assistance is being received
  - Amount of monthly rent and security deposit
  - Rent due date and grace period (if any)
  - Term of lease (must be at least 6 months)
  - Signed by both landlord and client

## Utility Arrears:

- Copy of utility bill(s) including:
  - Tenant name and property address where assistance is being received
  - Billing date
  - Billing/payment history to ensure months of assistance
  - Total delinquent amount
  - Proof of cleared payment
  - Proof of prior eviction

# Required Training Documents

- CP-114 Eviction Relief Certification
- Personnel Agreement to Comply with HSED Information Security Standards
- MHDC may place an agency out of compliance in situations including, but not limited to the following:
  - Inaccurate Clearing House reporting
  - Ineligible uses of Eviction Relief funds
  - Failure to maintain accurate supporting documentation



**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.

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**Organization Name:**

**Organization Grant Number:**

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1. Staff Name (First, Last)

Staff Email

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

Date

Staff Signature

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

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## CP-114 Eviction Relief Certification

- Agencies must complete CP-114 Eviction Relief Certification for all staff members requesting access to the Clearing House.
- All staff members will receive access to search for a client's prior assistance.
- Agencies must designate 1-2 staff members access advanced access to import Eviction Relief assistance into the database.



# Thank you!

**Amanda Eisenmann**  
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Please review the required HSED 2024 Clearing House Training, available  
at <https://mhdc.com/programs/community-programs/covid-relief/>

