



State Assistance for Housing Relief Mortgage Assistance Counseling

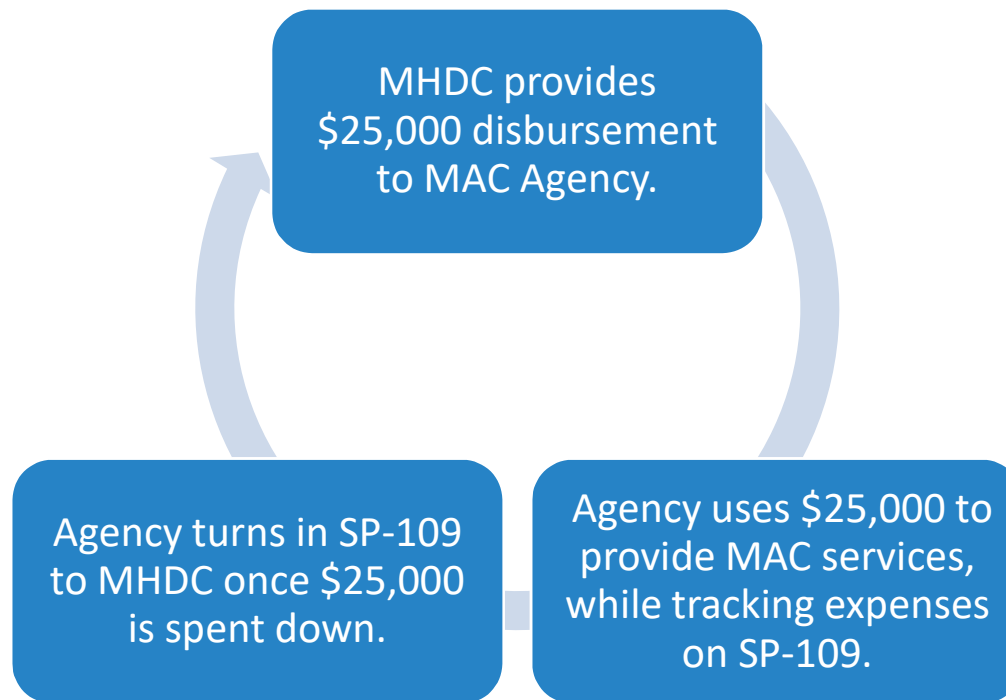
SAFHR-MAC Agency Training
Amanda Eisenmann
Housing Program Administrator
Missouri Housing Development Commission



Overview

- **Funding Structure**
- **Eligible Expenses**
- **SAFHR – MAC Forms**
- **Reporting/Expense Tutorial**
- **AMI Tutorial**
- **Q&A**

Funding Structure





Eligible Expenses – Housing Counseling

Eligible Activities

- Salaries and benefits associated with staff serving eligible SAFHR for Homeowners households in:
 - Conducting initial evaluation or intake, including verifying and documenting SAFHR for Homeowners eligibility;
 - Assisting program participants to complete and submit a SAFHR for Homeowners application
 - Counseling, including but not limited to:
 - Resolving/Preventing Mortgage Delinquency Workshops
 - Mortgage Delinquency and Default Resolution Counseling
 - Mobility and Relocation Counseling
 - Financial Management/Budget Counseling
 - Financial, Budgeting, and Credit Workshops
 - Loss Mitigation
 - Marketing and Outreach Initiatives
 - Reverse Mortgage Counseling
 - Developing, securing, and coordinating services and obtaining Federal, State, and local benefits;
 - Monitoring and evaluating client progress;
 - Providing information and referrals to other resources and providers;
 - Developing an individualized housing and service plan, including planning a path to permanent housing stability;
- Purchase of office supplies to be utilized for providing housing counseling services.
- Time spent making case notes that document client interactions.
- Mileage costs associated with assisting SAFHR for Homeowners eligible clients (e.g., transporting clients or travel to and from meeting with clients).



Eligible Expenses - Legal

Eligible Activities

- Eligible costs are attorney fees for legal counsel and representation by attorneys licensed and in good standing with the Missouri Bar Association in which the services are provided, and by person(s) under the supervision of the licensed attorney, regarding matters that interfere with the client's ability to maintain homeownership. Hourly fees for legal services must not exceed a maximum cap of \$150 dollars an hour.
- Eligible subject matters include mortgage reinstatement and foreclosure mitigation.
- Component services or activities may include client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling.



Ineligible Expenses

- Housing Counseling or Legal services for households not eligible for the SAFHR for Homeowners program.
- Conference costs
- Training costs
- Food purchases
- Direct financial assistance
- Technology costs



SAFHR – MAC Forms

- **SP 103 – SAFHR for Homeowners Eligibility:** This self-attestation form is to be included in all client files and will take the place of income verification.
- **SP 102 – Release of Information:** to be included in all client files.
- **SP 109 – MAC Expense Detail Form:** MAC back-up's are to be sent no more than once per month and no less than once per quarter. Once back-up's and Monthly Reporting forms are received and approved for the prior \$25,000 disbursement, a new disbursement of \$25,000 will be granted.
- **SP 110 – MAC Monthly Reporting Form:** This form is to be uploaded via a survey monkey link provided in the Desk Guide, monthly to capture demographic information per Treasury Guidelines. NOTE: This form must be submitted monthly per mandatory Treasury reporting guidelines.



SP - 103: SAFHR for Homeowners Eligibility

- *SP – 103: SAFHR for Homeowners Eligibility* is the applicant's self- attestation of income and takes the place of income documentation.
- A copy of this form is to be kept in physical client files.

Missouri SAFHR For Homeowners Form: SP 103

MHDC Special Projects: SAFHR FOR HOMEOWNERS ELIGIBILITY

Homeowner Name: Jane Smith

Income Eligibility Certification: Please complete Section 1 and 2
This is to certify the income and SAFHR for Homeowners eligibility 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 pay and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Section 1:
 I certify, under penalty of perjury, that my household currently receives the following income (if none, enter "0"):
Source: Unemployment Amount: \$500.00 Frequency: Monthly
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

Section 2: If the first applies, select the first checkbox. If household income is greater than \$79,900, select the second checkbox.
 I certify, under penalty of perjury, that my household income is at or below \$79,900. (U.S. Median Income)
OR
 I certify, under penalty of perjury, that my household income falls within the following Area Median Income (AMI) range:
 0-100% AMI 100.01% - 150% AMI

Homeowner Signature: _____ Date: _____

COVID-19 Eligibility Certification
 I certify, under penalty of perjury, that at least one (1) individual in my household experienced financial hardship, which began or extended beyond January 21, 2020, related to the COVID-19 pandemic.

Homeowner Eligibility Certification
 I certify, under penalty of perjury, that I am a homeowner and the property for which I am seeking this counseling and/or legal assistance is my primary residence.

Homeowner Signature: _____ Date: _____

1 of 1 Effective: September 1, 2021

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit MHI.OverseasBenefits.mil.gov or call (877)751-2779 to learn about available resources.



SP - 102: Release of Information

- *SP – 102: Release of Information* authorizes your agency to share personal information with Missouri Housing Development Commission and related funding sources.
- A copy of this form is to be kept in physical client files.

SP-102



APPLICANT'S CONSENT TO RELEASE OF INFORMATION

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 funds from the State Assistance for Housing Relief ("SAFHR").

By my signature below, I hereby authorize the Agency to share all of my personal information with MHDC for the limited purposes of proving that I qualify to receive assistance administered by SAFHR and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from SAFHR. I further authorize MHDC to contact me directly to discuss any matters related to my receipt of SAFHR funds and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for SAFHR funds and/or to determine whether the Agency is in compliance with all rules and requirements of associated with the funds from SAFHR. I understand that the funding received by Agency and administered by MHDC may actually be from other state and federal agencies, such as the United States Treasury, and I hereby authorize MHDC to share my information with such funding sources for the limited purposes of proving that I qualify to receive such assistance and ensuring that all program rules and requirements are complied with by Agency and MHDC. I further authorize such other funding sources to contact me directly to discuss any matters related to my receipt of the funds administered by MHDC and agree to provide any additional information that such funding sources may deem necessary in order to fully determine my eligibility and/or to determine whether all program rules are complied with by Agency and MHDC.

Applicant's Signature: _____

Printed Name: _____

Date: _____

1 of 1

Effective: August 24, 2021



SP - 109: MAC Expense Detail

- *SP – 109: MAC Expense Detail* will be used to track your services/expenses.
- Submit this form to your program administrator as your agency nears the \$25,000 mark. Your next \$25,000 advance will be disbursed upon submission/approval.
- SP-109 must be submitted once per quarter, and no more than once per month.

SP-108



State Assistance for Housing Relief
Mortgage Assistance Counseling (SAFHR-MAC)
Back-Up Form

Reporting Range	
Start Date:	End Date:

Date Submitted	
Grant Number	
Agency Name	
Total Requested Amount	\$0.00

Funding Component	Request Amount
Housing Counseling Services	\$0.00
Legal Services	\$0.00
Administration	\$0.00
Total Requested Amount	\$0.00

INSTRUCTIONS
Complete only the fields highlighted in yellow in the 'Back-Up Summary' tab. All other fields will autopopulate from data entered in other forms. This form is to be submitted via Survey Monkey no more than once per month and no less than once per quarter.

Expense Detail



SP - 110: MAC Monthly Reporting

- *SP – 110: Monthly Reporting Detail* captures the demographic information of the clients you serve.
- This must be submitted via email to your program administrator **monthly, by the 10th of the following month.**



SAFHR-MAC Monthly Reporting Detail

SP-109

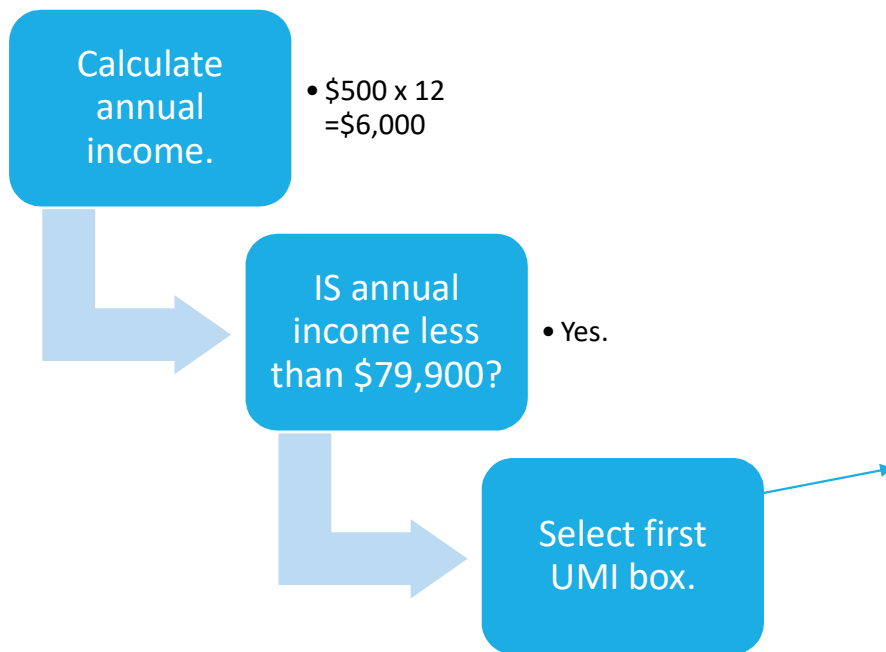
Reporting Month	
Grant Number	
Agency Name	
Monthly Reporting Data	
Total Households Served by UMI/AMI:	Reported Detail
At or below \$79,900 UMI:	0
0-100% AMI:	0
100.01%-150% AMI:	0
Total Unique Households Served this Month:	0

Instructions

Complete only the fields highlighted in yellow to complete the Monthly Summary page. All other fields will autopopulate from data entered in other forms. This form is to be submitted monthly by the 10th of the following month.

[Monthly Reporting Detail](#)

U.S Median Income (UMI) Calculation Tutorial



Section 1:

I certify, under penalty of perjury, that my household currently receives the following income (if none, enter "0"):

Source: Unemployment Amount: \$500.00 Frequency: Monthly

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Section 2: If the first applies, select the first checkbox. If household income is greater than \$79,900, select the second checkbox.

I certify, under penalty of perjury, that my household income is at or below **\$79,900**. (U.S. Median Income)

_____ **OR** _____

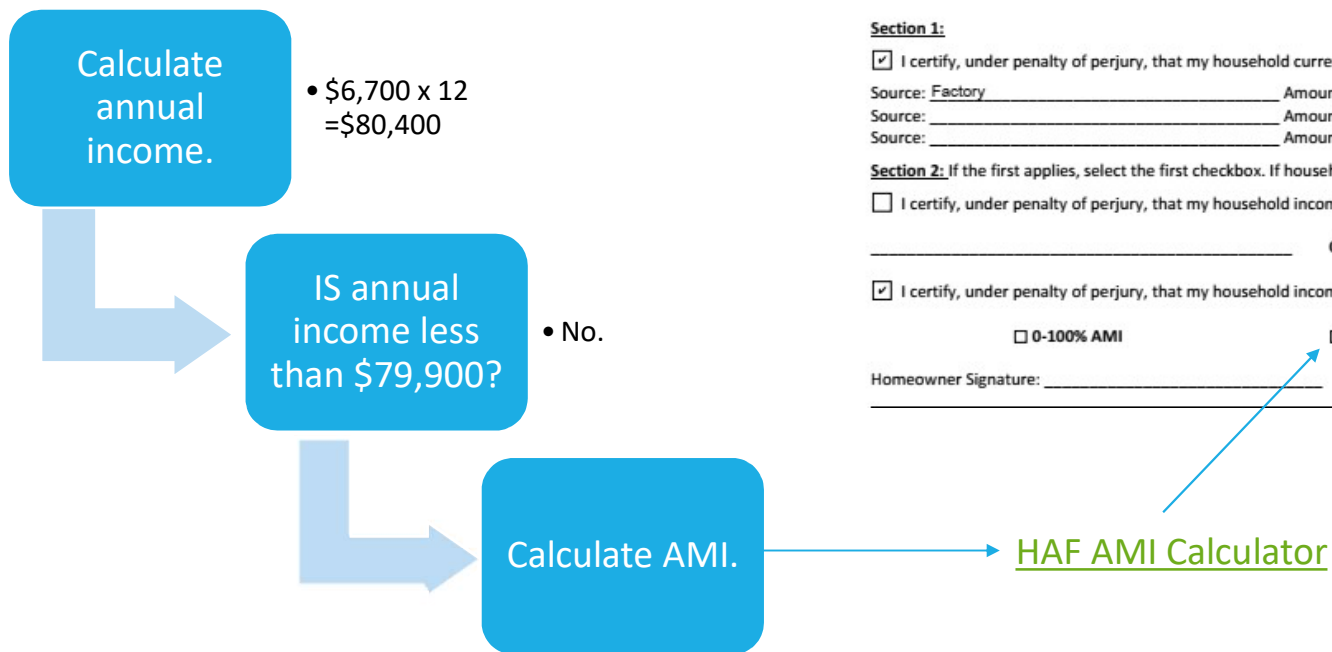
I certify, under penalty of perjury, that my household income falls within the following Area Median Income (AMI) range:

0-100% AMI

100.01% - 150% AMI

Homeowner Signature: _____ Date: _____

Area Median Income (AMI) Calculation Tutorial



Section 1:

I certify, under penalty of perjury, that my household currently receives the following income (if none, enter "0"):

Source: Factory Amount: \$6,700 Frequency: Monthly

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Section 2: If the first applies, select the first checkbox. If household income is greater than \$79,900, select the second checkbox.

I certify, under penalty of perjury, that my household income is at or below **\$79,900**. (U.S. Median Income)

OR

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

0-100% AMI

100.01% - 150% AMI

Homeowner Signature: _____

Date: _____




Save the date!

Agency Q&A

Amanda Eisenmann – Housing Program Administrator

amanda.eisenmann@mhdc.com

816-759-6698

A solid blue horizontal bar at the bottom of the slide.