



Housing Stability & Eviction Diversion

HSED Funded Agency Training

FY 2023

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Overview

- General Information
- FY 2023 Timeline
- HSED Client Eligibility
- HSED Forms
- Eligible Activities
- Recordkeeping Requirements
- Financial Processes
- Reporting Requirements

General Information

- Purpose: to support programs within Missouri communities that work to prevent evictions and help ensure long-term housing stability for eligible Missouri renters.
- HSED funds can be utilized to provide assistance related to:
 - Eviction Relief
 - Case Management
 - Legal Services

FY 2023 Timeline

Important Deadlines:

- All demographic reporting is due by the 5th of the month by 5:00pm. If the 5th of the month falls on a holiday or weekend, reporting is due the prior business day.
- Payment requests can be submitted as frequently as once per month, and must be submitted once per quarter.
- Grant funds are disbursed on a monthly schedule. Payment requests received and approved before the 1st of the month at 5:00pm will be disbursed the following month.

HSED 2023 Key Dates

Description	Dates
Grant Start Date	March 1, 2023
Quarter 1	March 1, 2023 – June 30, 2023
Quarter 2	July 1, 2023 – September 30, 2023
Quarter 3	October 1, 2023 – December 31, 2023
Final Spending Deadline	December 31, 2023
Grant Close Out	January 31, 2024

HSED Client Eligibility

- Income:
 - Clients must be at or below 80 percent of the Area Median Income (AMI), adjusted for household size.
 - One or more individuals within a household must have experienced a financial hardship during or due, directly or indirectly to the COVID-19 pandemic.

- Housing Status:
 - Clients must be currently renting, or seeking to rent a residential property in the state of Missouri.
 - One or more individuals within a household must have experienced/are experiencing homelessness or housing instability during or due, directly or indirectly, to the COVID-19 pandemic.
 - **Qualifying Eviction Relief recipients must be able to provide court documentation of an active or prior eviction occurring after March 13, 2020.**

HSED Forms – HSED Eligibility (CP-101)

- Complete CP-101 HSED Eligibility Form for all clients receiving HSED Eviction Relief, Case Management and Legal Services.
- This form serves as a self-certification for the HSED Income, Housing, and Financial Hardship eligibility requirements.
- It is the responsibility of the staff member to verify income eligibility using HUD's AMI Calculator.



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: _____

EVICTION RELIEF ELIGIBILITY MUST BE VERIFIED USING FORM CP-112.

Effective: February 22, 2023



HSED Forms – Release of Information (CP-102)

- Complete CP-102 Release of Information for all clients receiving HSED Eviction Relief, Case Management and Legal Services.
- This form provides client authorization to release information required by the MHDC and other state/federal parties.
- CP-102 must be included in all client files before providing services.
- Agencies may use unique client identifiers for clients who are receiving legal services and/or fleeing domestic violence.



CLIENT'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 Housing Stability and Eviction Diversion Program.

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 HSED and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from HSED. I further authorize MHDC to contact me directly to discuss any matters related to my receipt of HSED services/assistance and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for HSED and/or to determine whether the Agency is in compliance with all rules and requirements of associated with the funds from HSED. 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.

Client's Signature: _____

Printed Name: _____

Date: _____

Eligible Activities – Eviction Relief

- **Rental Judgements:** Grantees may provide payment to the court and/or its appropriate parties in order to satisfy eviction judgements/filings on behalf of eligible households. The purpose of these funds is to reduce barriers to stable housing for tenants that are experiencing/have experienced an eviction as a result of the COVID-19 Pandemic. Eligible eviction relief expenses include:
 - Up to \$7,500 per judgement per household for those whose hardship occurred after March 13, 2020.
- **Security Deposit:** Grantees may provide a security deposit to the property owner on behalf of eligible households. The purpose of these funds is to secure stable housing for qualifying tenants that are experiencing/have experienced an eviction as a result of the COVID-19 pandemic. Eligible security deposit expenses include:
 - Funds may be used to pay for a security deposit that is **less than or equal to one months' rent**. The security deposit must secure a lease with a duration of at least 6 months.
- **Utility Arrears:** Grantees may provide direct payment to utility companies in order to satisfy utility arrears on behalf of eligible households **who are receiving direct HSED assistance via Rental Judgements and/or a Security Deposit**. The purpose of these funds is to reduce barriers to stable housing for tenants that may have acquired utility arrears as a result of the COVID-19 Pandemic. Eligible Utility Arrears expenses include:
 - Up to six (6) months of utility arrears **if the arrearages are preventing future housing** and occurred after March 13, 2020.

Eligible Activities – Case Management

- Conducting initial evaluation or intake, including verifying and documenting HSED eligibility;
- Counseling;
- Developing, securing, and coordinating services and obtaining Federal, State, and local benefits;
- Monitoring and evaluating client progress;
- Providing information and referrals to other providers;
- Developing an individualized housing and service plan, including planning a path to permanent housing stability;
- Providing remote and/or outreach services to eligible HSED clients.
- Time spent making case notes that document client interactions.
- Mileage costs associated with assisting HSED eligible clients (i.e., transporting clients or travel to and from meeting with clients, outreach). *Mileage costs may not exceed the state of Missouri's standard mileage rate).*

Eligible Activities - Legal Services

- Hourly fees for legal advice 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 obtain and retain housing. Hourly fees for legal services must not exceed a maximum cap of \$150 dollars an hour.
- Mediation between the client and the owner or person(s) with whom the client is living, provided that the mediation is necessary to prevent the client from losing permanent housing in which the client currently resides.
- Eligible subject matters are limited to evictions.
- Component services or activities may include client intake, preparation of cases for trial, preparation/disbursement of Eviction Relief, provision of legal advice, representation at hearings, and counseling.
- Mileage costs for assisting HSED eligible clients (i.e., traveling to and from court or meetings with clients). *Mileage costs may not exceed the state of Missouri's standard mileage rate.*

Recordkeeping Requirements

- All recipients of Eviction Relief, Case Management and Legal Services must contain the following documentation in their on-site client file:
 - HSED Eligibility Form (CP-101)
 - Release of Information (CP-102)
 - Head of Household's Government Issued ID. If identification is not available, detailed notes of the staff member's attempt to obtain this requirement must be detailed in client's case notes.
 - Case notes and/or service records.
 - Must be dated and detail housing goals, direct assistance provided (if applicable), housing plans and referrals.

*****NOTE: Eviction Relief recipients are subject to additional Recordkeeping Requirements, as outlined in the Eviction Relief Funded Agency Training. *****

Grant Financial Administration

Overview

- CP-106 Expense Detail forms should be submitted electronically via the [MHDC Online Grant Interface follow-up assignments](#).
- Electronic uploads must be legible in order to be processed.
 - Illegible submissions will be discarded.
- Back-Up submitted to any other platform will not be processed.
- All fields on the follow-up forms must match the amounts included on the uploaded on CP-106 Expense Detail.
- Upload the back-up document as a single **PDF**.
- Complete submissions consist of:
 - Completed Grant Interface follow-up form.
 - Complete and uploaded CP-106 Expense Detail, (this will be uploaded into the follow up form).

Grant Financial Administration

- Below is the chart used to calculate how much each agency will be disbursed:

Percent of Total Grant Award Amount Disbursed	25% Initial Advance	50%	75%	100%
Percent Backed Up and Approved	0-24%	25-49%	50-74%	75-100%

Grant Financial Administration

- Quarterly Draws

- Grantees must submit at least one approvable CP-106 Expense Detail via Grant Interface per grant quarter.
- Grantees may only submit ONE approvable Expense Detail form per month.

Grant Financial Administration

- All expenses must be incurred and paid within the grant year (March 1, 2023-December 31, 2023).
- Expenses outside of the grant year will be discarded
- Please consult your desk guide on eligible uses for funding.
- Please fill out your CP-106 completely with all information requested (including grant number).

Grant Financial Administration

CP-106 Expense Detail Form



HSED
Back-Up Summary

CP-106

Reporting Range	
Start Date:	End Date:

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

Funding Component	Request Amount
Case Management Services	\$0.00
Case Management Households Served	
Legal Services	\$0.00
Legal Services Households Served	
Eviction Relief	\$0.00
Eviction Relief Households Served	
Administration	\$0.00
Total Request	\$0.00
Total Households Served	0

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 Grant Interface no more than once per month and no less than once per quarter.**

CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures are for the purposes and objectives set forth in the terms and conditions of the HSED award.

Authorized Signature: _____



Grant Financial Administration

CP-106 Expense Detail Form



HSED
Case Management Expense Detail

CP-106

Reporting Range	Start Date	End Date
	1/0/00	1/0/00
Grant Number	0	
Agency Name	0	
Total Case Management Services Expenses		

Instructions
Please include the last four digits of the SSN for employee salary within the detail description.

Insert eligible expenses into their corresponding grant category.

No.	Expense Type	Incurred Date(s) (i.e. Pay Period)	Paid Date	Check Number	Vendor	Total Amount	HSED %	Amount Paid by HSED	Detail Description
1							0%		
2							0%		
3							0%		
4							0%		
5							0%		
6							0%		
7							0%		
8							0%		
9							0%		
10							0%		
11							0%		



Grant Financial Administration

HSED Administrative Expense Detail

CP-106

This will populate based on what is entered on summary sheet

Reporting Range	Start Date	End Date
	3/1/23	3/31/23
Grant Number	HS-8000	
Agency Name	MHDC	
Total Administrative Expenses	\$610.00	

Instructions:
Please include the last four digits of the SSN for employee salary within the detail description.

Select Expense type from drop down menu

No.	Expense Type	Incurred Date(s) (i.e. Pay Period)	Paid Date	Check Number	Vendor	Total Amount	HSED %	Amount Paid by HSED	Detail Description
1	Salaries and Benefits	3/1/23-3/15/23	3/31/2023	1234	Barbara Smith	\$ 3,500.00	10%	\$ 355.00	#3623
2	Supplies	3/1/23-3/31/23	3/1/2023	ACH	Office Max	\$ 650.00	39%	\$ 255.00	pens, file folders, paper clips, printer paper
3						\$ -	0%	\$ -	
4						\$ -	0%	\$ -	

For salary and benefits include last four of employee social security and other detail necessary to help determine eligibility

Grant Financial Administration

- Payment Schedule:
 - IF agency appropriately backs up previous 25% disbursement no later than 5:00 p.m. on the first business day of the month; they should expect their next disbursement in 30 days.
 - Submissions received on the 2nd of the month or later will be paid out on the following month.

HSED Demographic Reporting

- HSED Demographic Reporting is due every month, by the 5th of the month for month prior to the reporting due date.
- Report must be sent to ci.accounting@mhdc.com.
- Only include clients at entry to the HSED grant during the respective reporting month.
- Demographic Reporting must be submitted using form CP-107 HSED Demographic Reporting.

HSED Demographic Reporting (CP-107)

- Complete fields highlighted in yellow on the Monthly Demographic Reporting summary page.
- All other fields will auto-populate based on the data entered in the HoH Detail tab.



HSED FY2023 Monthly Demographic Reporting Summary

CP-107

Reporting Month	April 2023
Grant Number	HS23-1111
Agency Name	MHDC

Monthly Reporting Data	Reported Detail
Total Households Served by AMI:	
At or below 30% AMI:	1
31-50% AMI:	1
51-80% AMI:	1
Total Unique Households Served this Month:	3

Instructions
<p>Complete <u>only</u> the fields highlighted in yellow. All other fields will autopopulate from data entered on the HoH Detail. This form is to be submitted by the 5th of each month for the prior month's demographic reporting to ci.accounting@mhdc.com.</p> <p><i>Ex. January reporting is due by February 5th at 5:00pm.</i></p>

HSED Demographic Reporting (CP-107)

- Fields entered on the first page will auto-populate to the HoH Detail tab.
- The *Number of Households Served* will auto-populate based on the data entered in the HoH Detail fields.
- Enter all of the required demographic data in the template provided. This data will transfer to the Monthly Summary page.
- Submit to ci.accounting@mhdc.com



HSED Monthly Housing Stability Services Demographic Detail

CP-107

INSTRUCTIONS
Include all Head of Household (HoH) information for the clients your agency began HSED Case Management, Legal or Eviction Relief Services within the applicable reporting month. <i>Ex. If you are reporting for the month of January, include all clients that began receiving HSED services in January.</i>
Do not report all clients served. Only report clients who <u>started</u> receiving HSED Services during the applicable month.

Reporting Month	April 2023
Grant Number	HS23-1111
Agency Name	MHDC

Number of Households Served:	
At or below 30% AMI:	1
31-50% AMI:	1
51-80% AMI:	1
Total Households Served:	3

No.	Last Name	First Name	City	County	Zip Code	Gender	Ethnicity	Race	Income Range
1	Doe	John	Kansas City	Jackson	64114	Male	Non-Hispanic	White/Caucasian	0-30
2	Smith	Jane	Kansas City	Jackson	64101	Female	Non-Hispanic	Black/African American	51-80
3	Jones	Greg	Kansas City	Jackson	64114	Male	Mexican	White/Caucasian	31-50
4									
5									
6									
7									
8									
9									

Eviction Relief Reporting (CP-106)



HSED Eviction Relief Expense Detail

CP-106

Reporting Range	Start Date	End Date
	1/0/00	1/0/00
Grant Number	0	
Agency Name	0	
Total Eviction Relief Expenses	\$8,700.00	

Instructions:

Please complete all fields below for each Eviction Relief expense within the reporting range. If the Head of Household (HoH) received more than one Eviction Relief benefit, list each expense as a separate line item, with the HoH information completed for all expenses

No.	Head of Household (HoH) Name	HoH Address	HoH City	HoH State	HoH Zip Code	Payee Type	Payee or Vendor Name	Amount of Payment	Check Number	Date of Payment	Type of Assistance Covered by the payment	Start Date Covered by the Payment	End Date Covered by the Payment
#	(First, Last) name of client assisted by Eviction Relief	P.O. Boxes not accepted. If HoH does not have an address, please list their housing status in this field.	City of client assisted by Eviction Relief.	State of client assisted by Eviction Relief.	Zip Code of client assisted by Eviction Relief.	Type of payee that received payment	Name of payee that received payment	Amount Paid (must be 100% paid by HSED funds)	If paid via credit/debit card, insert last 4 digits of card	Date payment was disbursed to Payee (MM/DD/YYYY)	Security Deposit, Rental Judgement, Utility Arrears	(MM/DD/YYYY)	(MM/DD/YYYY)
1	John, Doe	123 Main Street	Kansas City	MO	64114	Landlord/Owner	Lisa Smith	\$ 1,200.00	1234	4/1/2023	Security Deposit	4/1/2023	4/30/2023
2	Jane, Doe	456 Main Street	Kansas City	MO	64101	Court	16th Judicial Cort	\$ 7,500.00	1011	4/1/2023	Rental Judgement	1/1/2023	12/31/2023
3													
4													
5													
6													
7													

Thank you!

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