



STATE ASSISTANCE FOR HOUSING RELIEF ("SAFHR")
HOMEOWNER - AGENCY AUTHORIZATION

As a homeowner applying for assistance from the SAFHR for Homeowners program, I understand that I may designate a third party, such as a non-profit service agency, to submit this application on my behalf. I further understand that the agency's only responsibility or function is to manually enter my provided information and documentation in this application on my behalf into the SAFHR for Homeowners online application system. I am aware that the responsibility for the accuracy and completeness of this application is entirely mine and I accept the same.

I do hereby authorize (please print agency name) \_\_\_\_\_ to submit this SAFHR for Homeowners application in my name by affixing my name and signature followed by an agency name and signature below:

1. Homeowner Authorization

a. FIRST NAME

[Empty text box for first name]

b. LAST NAME

[Empty text box for last name]

c. SIGNATURE

[Empty text box for signature]

d. DATE

[Empty text box for date]

2. Agency Representative Authorization

a. FIRST NAME

[Empty text box for first name]

b. LAST NAME

[Empty text box for last name]

c. SIGNATURE

[Empty text box for signature]

d. DATE

[Empty text box for date]

If you or someone you know served in the U.S Armed Forces, we encourage you to visit http://veteranbenefits.mo.gov or call (573)751-3779 to learn about available resources.



**HOMEOWNER ASSISTANCE FUND**  
***Borrower Consent Form***

“I” and “My” means and refers to individually and collectively the undersigned Owner and Co-Owner (if any), and any non-owner borrower identified below.

“Servicer” means the first mortgage lender/servicer identified below.

“Third Party” means individually and collectively the third parties (including their employees, contractors, subcontractors, agents, successor, and assigns) identified below.

I authorize the Servicer and any Third Party to obtain, share, release, discuss, and otherwise provide to and with each other and with my public and non-public personal information contained in or related to my mortgage loans, insurance policies and associated premiums, tax and homeowner payment obligations. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Owner and non-owner borrower. I also understand and consent to the disclosure of my personal information and the terms of any applications, agreements, or other communications under Homeowner Assistance Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

The Servicer and any Third Party is authorized to take such steps as it may deem reasonable to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

**Before signing this Third Party Authorization, beware of foreclosure rescue scams!**

- A HUD-approved housing counselor, HFA representative or other authorized third party may work directly with the Owner’s lender/mortgage servicer.
- The Owner can visit <https://www.hud.gov/findacounselor> to identify a HUD-approved housing counseling agency.
- Beware of anyone who asks for a fee in exchange for a counseling service or modification of a delinquent loan.

All owners and non-owner borrowers should sign this Borrower Consent. This Borrower Consent is not revocable except as otherwise required by applicable law.

**First Mortgage Lender/Servicer Name:** \_\_\_\_\_  
**Account/Loan Number:** \_\_\_\_\_

**Second Mortgage Lender/Servicer Name:** \_\_\_\_\_  
**Account/Loan Number:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**State HFA Entity:** Missouri Housing Development Commission  
**State HFA Contact Number:** 816-759-6600

**Other Third Party: (leave blank)**  
**Third Party Contact Name and Phone Number: (leave blank)**

**I UNDERSTAND AND AGREE WITH THE TERMS OF THIS BORROWER CONSENT:**

<b>Owner</b>	<b>Co-Owner</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Signature:</b> _____	<b>Signature:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____

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**HOMEOWNER ASSISTANCE FUND**  
**Hardship Attestation**

I hereby affirm and attest that I have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, the novel coronavirus disease (COVID-19) outbreak.

Specifically, I have experienced:

- A material reduction in household income (For example: a job loss, furlough, reduction in hours or pay, reduction in business hours or capacity, temporary or permanent closure of a business, or another income-reducing scenario associated with the coronavirus pandemic)

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A material increase in living expenses (For example: an increase in medical expense, the expense of care for additional family members, increase in childcare costs, increase in household size, and/or any other expense increasing scenario for out-of-pocket household expenses related to the coronavirus pandemic)

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other financial hardship

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I attest that the information presented in this attestation is true and accurate to the best of my knowledge. I further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in my obligation to repay any funds received through the SAFHR for Homeowners program and/or other penalties or remedies available under applicable law. I also give MHDC and SAFHR for Homeowners program partners permission to obtain a copy of my tax returns from the Internal Revenue Service or the Missouri Department of Revenue and/or any other income verification information that is necessary and that can be acquired from any Federal or State agency in order to confirm the above.

I further understand that I am submitting a written attestation of my hardship and the SAFHR for Homeowners program is relying upon this attestation which is part of the review process for determining whether my household is eligible for the program.

By entering my name below and submitting this form, I am acknowledging that I understand the foregoing sentences.

\_\_\_\_\_  
Signature of Applicant/Homeowner                      Date

\_\_\_\_\_  
Signature of Co-Applicant/Co-Homeowner                      Date

\_\_\_\_\_  
Printed Name of Applicant/Homeowner

\_\_\_\_\_  
Printed Name of Co-Applicant/Co-Homeowner

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**HOMEOWNER ASSISTANCE FUND**  
***Income Certification Form***

The following represent any and all income received by the household by all household members over the age of 18.

- Earned Income
- Self-employment/Business
- Income Interest & Dividend
- Income Pension/Retirement Income
- Unemployment & Disability Income
- Public Assistance
- Alimony, Child Support and Foster Care
- Armed Forces Income
- Other
- My household does not receive income from any sources

Under penalty of perjury, I attest that the information presented in this attestation is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in my obligation to repay any funds received through State Assistance for Housing Relief for Homeowners ("SAFHR for Homeowners") and/or other penalties or remedies available under applicable law. I also give MHDC and its representatives and agents permission to obtain a copy of my tax returns from the Internal Revenue Service or Missouri Department of Revenue and/or any other income verification information that is necessary and that can be acquired from any Federal or State agency in order to confirm the above.

I am submitting a written attestation concerning my income. I understand that the SAFHR for Homeowners program is relying upon this attestation as part of the review process in determining whether my household is eligible for the program.

By signing below and submitting this form, I am acknowledging that I understand the foregoing sentences.

\_\_\_\_\_  
Signature of Applicant/Homeowner      Date

\_\_\_\_\_  
Signatures of Co-Applicant/Co-Homeowner      Date

\_\_\_\_\_  
Printed Name of Applicant/Homeowner

\_\_\_\_\_  
Printed Name of Co-Applicant/Homeowner

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## **HOMEOWNER ASSISTANCE FUND**

### ***Homeowner Certifications for Application***

These certifications are for your review and express acknowledgement as an applicant of the Missouri State Assistance for Housing Relief (“SAFHR”) for Homeowners. Should you have any questions relating to any of the certifications below please contact SAFHR for Homeowners utilizing the Program Contact Information provided below prior to your general certification. Execution of this document is express confirmation that the statements below are true and correct to the best of your knowledge.

For the purposes of this “Homeowner Certifications for Application”, the following definitions apply:

“**Application**” shall mean the application submitted for a given Household for homeowner assistance available under the HAF Program.

“**HAF**” shall mean the Homeowner Assistance Fund established and administered by MHDC on behalf of the State of Missouri, a Grantee under the American Rescue Plan Act of 2021 authorizing homeowner assistance to be provided to states and other approved jurisdictions (“Grantees”) to administer for the benefit of Households impacted by the COVID-19 pandemic.

“**SAFHR for Homeowners**” shall mean State Assistance for Housing Relief for Homeowners, created to administer HAF.

“**Household**” shall mean the specific residential home designated by specific address that is the subject of the Application.

“**MHDC**” shall mean the Missouri Housing Development Commission

### ***Declarations and Certifications***

I declare, under penalties of perjury, as follows:

- I. **General Certifications**
  1. I certify under penalty of perjury that all information provided in association with this Application for homeowner assistance benefits is true and correct in all material respects. I expressly acknowledge and understand that penalties may be imposed for providing false or misleading income information, including but not limited to, the denial of benefits, permanent disqualification, or referral to appropriate governmental and legal authorities.
  2. I have not applied for or received homeowner assistance from any other sources for the mortgage payments, real estate taxes, property insurance, or any other eligible expenses for which I am requesting assistance under the SAFHR for Homeowners program. If I do receive assistance from any other sources for the same period of assistance as requested under the Application, I am obligated to promptly return funds provided by the SAFHR for Homeowners program to MHDC.
  3. A duplication of benefits (“**DOB**” or “**Duplication of Benefits**”) occurs when a person, Household, or other entity receives financial assistance from a source or multiple sources for the same purpose, and the total assistance received for that purpose exceeds the total need for assistance that is authorized.

I certify that I will not seek DOB, and if at any time I become aware that I or another member of my Household has applied for and/or received a DOB, I will promptly notify MHDC and take all actions as MHDC and/or any other source may reasonably require eliminating the DOB.

4. I certify that the SAFHR for Homeowners assistance requested in the application has not and will not be received from any other local, state, or federal sources for the same period of assistance as is requested under this Application.
5. I agree to cooperate with MHDC to satisfy any requests and/or compliance inquiries made by MHDC.
6. I understand and agree that any homeowner assistance funds received under the SAFHR for Homeowners program administered by MHDC shall require repayment upon request by MHDC if the any part of the Application is later found to be duplicative or otherwise ineligible. Failure to return any homeowner assistance funds deemed to have been duplicative or otherwise ineligible may disqualify me from receiving future assistance and MHDC reserves all rights it may possess to obtain any such ineligible funds.
7. I understand and acknowledge that MHDC is required to share certain information about me with applicable agencies of the United States government in order to ensure MHDC's compliance with all rules and requirements associated with the Homeowner Assistance Fund authorized by the United States Secretary of the Treasury.
8. I hereby authorize MHDC to share all of my personal information provided in the Application with entities contracted with MHDC to assist me in the completion of my Application and to process and underwrite my Application for the limited purposes of proving that I qualify to receive SAFHR for Homeowners assistance administered by MHDC and ensuring that such information complies with the rules and requirements associated with the SAFHR for Homeowners program. I further authorize MHDC to contact me or those parties associated with the Application directly to discuss any matters related to my receipt of SAFHR for Homeowners assistance administered by MHDC and to cooperate fully in satisfying any requests for additional information.
9. I understand that the SAFHR for Homeowners funding received may be received from or administered by other state and federal agencies and I hereby authorize MHDC to share my information with any other such funding sources for the limited purposes of proving that I qualify to receive such assistance and ensuring that all SAFHR for Homeowners rules and requirements are met, including the prohibition against the duplication of benefits.
10. I understand that MHDC has established a data privacy and security policy ("Data Privacy and Security Policy"). I further acknowledge that while MHDC shall treat any information provided pursuant to the Application as confidential that there are limited circumstances that may require MHDC to disclose information as required to comply with the rules and regulations associated with administering the homeowner assistance administered under the SAFHR for Homeowners Program and I fully authorize MHDC and its agents or representatives to disclose such information as is required or necessary to comply with the rules and regulations of the Homeowner Assistance Fund.
11. I understand that the funding received may be from other state and federal agencies, including but not necessarily limited to the Missouri Department Economic Development ("**DED**") orThe

United States Department of the Treasury (“*Treasury*”) and I hereby authorize MHDC to share my information with such funding sources for the limited purposes of proving that the Applicant qualifies to receive such homeowner assistance and ensuring that all program rules and requirements are satisfied.

13. I authorize any other funding sources to contact me directly to discuss any matters related to my receipt of the homeowner assistance funds administered by MHDC under the SAFHR for Homeowners Program and agree to cooperate and provide any additional information that such funding sources require in order to determine eligibility and/or satisfaction of all program requirements.
14. I certify that all information included in this SAFHR for Homeowners Application is true, correct and complete in all material ways. I understand this is a legally binding document and I may be subject to civil and criminal penalties if I knowingly provide false or misleading information related to this Application. I shall immediately notify MHDC if I become aware of any information that may have a material impact on the Application.

## **II. Application Information Specific Certifications**

1. I have suffered economic hardship associated with the COVID-19 pandemic that has negatively impacted my income and the ability to make required mortgage, utility, and/or other payments required to maintain my occupancy in the Household.
2. The Household which is the subject property address of the application is my primary residence.
3. My Household mortgage pertaining to this Application have not or will not be paid by another source for the time period that I am seeking assistance. I agree to repay any assistance that has been paid on my mortgage by another source for the time period that I am seeking assistance.
4. I have reported all Household income earned by persons over 18 years old who live in the Household and have completed either the “Income Certification Form” or the “No Income Certification Form” and certify that all information provided therein is complete and true in all material respects.
5. I will not seek to obtain mortgage or utility assistance in the future for the same months of assistance provide pursuant to this Application, and if I, or anyone in my Household, receives such assistance I will report it to MHDC.
6. I will inform MHDC within ten (10) calendar days if I no longer occupy the subject property address as my primary residence during the period of assistance paid by the program.
7. I acknowledge that all information collected, assembled, or maintained by MHDC or any MHDC authorized representatives pertaining to this application are subject to the Missouri Public Records Act (subject to the exceptions set forth therein).
8. I will provide the U.S. Department of the Treasury, the U.S. Inspector General, the U.S. General Accounting Office, the Missouri State Auditor’s Office, MHDC, or any of their duly authorized representatives access to and the right to examine and copy records.

I certify that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined and required to return to MHDC any financial assistance received fraudulently.

By submitting and electronically signing this form, I certify that I understand that (A.) mortgage assistance is not guaranteed; (B.) information may be verified before any assistance is given; and (C.) all mortgage payments will be made to Lender / Servicer. Further, I understand that any person knowingly submitting false information herein shall be guilty of criminal offenses under federal and state law, and upon conviction, shall be punished by imprisonment and/or fines under the laws and regulations of the United States of America and the State of Missouri, in addition to the requirement to return any funds received to MHDC.

By entering my name below and submitting this form, I am acknowledging that I understand the foregoing sentences.

<hr/>	<hr/>	<hr/>	<hr/>
Signature of Applicant/Homeowner	Date	Signature of Co-Applicant/Co-Homeowner	Date
 <hr/>		 <hr/>	
Printed Name of Applicant/Homeowner		Printed Name of Co-Applicant/Co-Homeowner	

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**HOMEOWNER ASSISTANCE FUND**  
***No Income Certification Form***

This form must be completed by each household member over the age of 18 years old and pertain to the following:

- is claiming the household’s income, or a portion thereof, is not verifiable due to the impact of COVID-19, or
- has no income.

First Name	Last Name	MI		
Street Address	Apt No.	City	State	Zip

Check the box(es) that applies to your income circumstances:

- I hereby certify that I am unable to provide verification of my income, or a portion thereof, due to the impact of COVID-19.

Describe how the impact of COVID-19 prevented you from providing verification of income (be specific):

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- I hereby certify that in 2020 I did not receive any income.
- I hereby certify that I do not currently receive income from any sources.

[Remainder of page intentionally left blank]



Under penalty of perjury, I attest that the information presented in this attestation is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in my obligation to repay any funds received through the State Assistance for Housing Relief for Homeowners (“SAFHR for Homeowners”) and/or other penalties or remedies available under applicable law. I also give MHDC and its representatives and agents permission to obtain a copy of my tax returns from the Internal Revenue Service or Missouri Department of Revenue and/or any other income verification information that is necessary and that can be acquired from any Federal or State agency in order to confirm the above.

I am submitting a written attestation concerning my income. I understand that the SAFHR for Homeowners program is relying upon this attestation as part of the review process in determining whether my household is eligible for the program.

By signing below and submitting this form, I am acknowledging that I understand the foregoing sentences.

Applicant’s Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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## 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: \_\_\_\_\_

Effective: August 24, 2021

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### MHDC Special Projects: SAFHR FOR HOMEOWNERS ELIGIBILITY

Homeowner Name: \_\_\_\_\_

#### 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 day 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: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 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: \_\_\_\_\_

Effective: September 1, 2021

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