



State Assistance for Housing Relief Housing Stability & Eviction Diversion

SAFHR-HSED Agency Training
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Overview

- **Agency Funding Structure**
- **SAFHR-HSED Forms**
- **Reporting/Expense Tutorial**
- **Q&A**



Agency Funding Structure – Eligible Expenses

Case Management

- Intake
- Counseling
- Procurement of Federal, State and local benefits (SNAP, Medicaid, TANF etc.)
- Monitoring and evaluating client progress
- Providing referrals to other service providers
- Developing housing and services plans to promote permanent housing stability
- Paper application assistance and entry
- Office supplies for case management and application services
- Time spent writing case notes
- Mileage

Legal

- Eligible subject matters are limited to evictions
- Hourly legal fees up to \$150/hour
- Landlord/tenant mediation
- Rental Bonds
- Client intake, case preparation, provision of legal advice, hearing representation and counseling

Agencies will receive a \$25,000 disbursement upon Back-Up Expense Detail and Monthly Reporting Form submission.



SAFHR-HSED Forms

- **SP 101 - SAFHR 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 – 104 Annual Spending Estimate:** to be submitted annually with the next year’s projected spending.
- **SP 105 - Rental Bond Information:** to be included in all rental bond files.
- **SP 106 - HSED Back-Up Expense Detail Form:** This form is to be used in place of the current back-up system through Survey Monkey. HSED 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 107 - HSED Monthly Reporting Form:** This form is to be sent to your Program Administrator monthly to capture demographic information per Treasury Guidelines. *NOTE: This form must be submitted monthly per mandatory Treasury reporting guidelines.*



SP 101: SAFHR Eligibility

- *SP – 101: SAFHR 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 MHDC Special Projects: **SAFHR ELIGIBILITY** Form: SP 101

Applicant Name: Jane Smith

This is to certify the income status for the above named individual. 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.

Income Eligibility Certification: Complete only one income eligibility section

I certify, under penalty of perjury, that I currently receive the following estimated income:

Source: <u>Employer</u>	Amount: <u>400</u>	Frequency: <u>Monthly</u>
Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____

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

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

Applicant Signature: _____ **Date:** _____

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

Applicant Signature: _____ **Date:** _____

COVID-19 Eligibility Certification: Select all that apply

I certify, under penalty of perjury, that at least one (1) individual in my household receives unemployment benefits AND/OR has experienced a reduction in household income, incurred significant costs, or experienced financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I certify, under penalty of perjury, that at least one (1) individual in my household is at risk of experiencing homelessness or housing instability.

Applicant Signature: _____ **Date:** _____

1 of 1 Effective: August 13, 2021

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: _____

SP – 104: Annual Spending Estimate

SP-104

- *SP – 104: Annual Spending Estimate* informs MHDC of your **estimated** yearly spending.
- SP-104 does not influence your overall grant allotment or disbursements.
- Send SP-104 to your program administrator yearly. We will provide reminders!



Annual Spending Estimate | MHDC Special Projects

As stated in the SAFHR Housing Stability and Eviction Diversion (HSED) Desk Guide, all applicants are required to submit a 12-month spending estimate with their online application. Additionally, approved applicants will submit subsequent budget projections with their annual renewals through September 30, 2025 or until all funds have been awarded.

Agency:	Missouri Housing Development Commission
Contract Number:	HS - 1234
Date:	9/8/2021
Case Management:	50,000
Legal Services:	75,000
Marketing/Outreach:	30,000
Administration (enter as percentage):	10%
Total Annual Spending Estimate:	\$155,000

(List as rounded percentage, up to 10%)

Authorized Signature:	
Name:	
Title:	
Phone:	
Email:	

SP – 105: Rent Bond Information

- *SP – 105: Rent Bond Information* must be included in all rental bond files
- Guidance on how to implement and utilize rent bonds is available in the [SAFHR-HSED Desk Guide](#).

SP-105



**Missouri State Assistance for
Housing Relief (SAFHR)
Rental Bond Information Form**



Tenant Information

1. Tenant Information

a. First Name b. Last Name

c. Email d. Phone number

d. Last four digits of Social Security Number

CURRENT ADDRESS

e. Address 1

f. Address 2 (Optional)

g. City i. County j. Zip

GENDER, RACE AND ETHNICITY

h. Gender (select one)

Male Female Trans. Male Trans. Female Gender Non-Conforming

i. Is the primary applicant of Hispanic, Latino, or Spanish Origin?

No Mexican Mexican American Chicano

Puerto Rican Cuban Another Hispanic, Latino or Spanish Origin

I prefer not to disclose

j. Primary applicant Race

White/Caucasian Black/African American American Indian/Alaskan Native

Asian (select one): Chinese Filipino Asian Indian

Vietnamese Korean Japanese

Other Asian: _____

Native Hawaiian/
Pacific Islander
(select one): Native Hawaiian Samoan Chamorro

Other Pacific Islander: _____

Other Race: _____ I prefer not to disclose

Missouri State Assistance for Housing Relief

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SP-106: HSED Back-Up Expense Detail

- *SP – 106: HSED Back-Up Expense Detail* will be used to track your services/expenses.
- Submit this form via Survey Monkey as your agency nears the \$25,000 mark. Your next \$25,000 advance will be disbursed upon submission/approval.
- SP-106 must be submitted once per quarter, and no more than once per month.

Expense Detail

SP-106



State Assistance for Housing Relief
Housing Stability and Eviction Diversion (SAFHR-HSED)
Back-Up Form

Reporting Range	
Start Date:	End Date:
	1/31/1900

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

Funding Component	Request Amount
Case Management Services	\$0.00
Legal Services	\$0.00
Marketing/Outreach	\$0.00
Administration	\$0.00
Total Households Served	0
Total Requested Amount	\$0.00

INSTRUCTIONS
Complete <u>only</u> the fields highlighted in yellow in the 'Back-Up Summary' tab. All other fields will autopopulate from data entered in other forms.

SP-107: HSED Monthly Reporting

- *SP – 107: 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-HSED
Monthly Reporting Detail

SP-107

Reporting Month	
Grant Number	
Agency Name	

Monthly Reporting Data	Reported Detail
Total Households Served by AMI:	
At or below 30% AMI:	0
31-50% AMI:	0
51-80% AMI:	0
Total Unique Households Served this Month:	0
Number of rent bonds provided this Month:	0
Total Dollar Amount in Rent Bonds:	\$ -

Instructions
Complete <u>only</u> the fields highlighted in yellow to complete the Monthly Summary page. All other fields will autopopulate from data entered in other forms.

[Monthly Reporting Detail](#)



Save the date!

Agency Q&A

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