



## 2011 Missouri Housing Trust Fund Request for Payment

MHTF #: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Grant Award (\$): \_\_\_\_\_  
 Grant Type: Construction / Rehabilitation

Requested Payment Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PLEASE INDICATE REQUEST TYPE BELOW:**

- First disbursement request
- No more than **25% of the total grant award can be initially requested** unless back-up documentation verifying additional expenditures is reviewed and accepted by MHDC staff.
- Second  Third  Fourth  Subsequent  Final disbursement request
- Documentation **must confirm expenditures** of the previous disbursement.
  - The following **documents must be enclosed** with the payment request form based on the applicable grant type:

Emergency Assistance	Transitional Housing	Operating Funds	Rental Assistance	Home Repair or Modifications
<input type="checkbox"/> Request for Payment Certification <input type="checkbox"/> Summary Report Form <input type="checkbox"/> HMIS Report <input type="checkbox"/> Administrative Cost Report – If Applicable <input type="checkbox"/> Administrative Support – If Applicable	<input type="checkbox"/> Request for Payment Certification <input type="checkbox"/> Summary Report Form <input type="checkbox"/> HMIS Report <input type="checkbox"/> Administrative Cost Report – If Applicable <input type="checkbox"/> Operating Support – If Applicable	<input type="checkbox"/> Request for Payment Certification <input type="checkbox"/> Operating Support <input type="checkbox"/> Detail Report Form	<input type="checkbox"/> Request for Payment Certification <input type="checkbox"/> HMIS Report – to be reported Monthly	<input type="checkbox"/> Request for Payment Certification <input type="checkbox"/> Property Payment Summary Report Form <input type="checkbox"/> Home Repair Detail Report * <input type="checkbox"/> Home Repair – Inspection Report * <input type="checkbox"/> Home Repair – Completion Certification* <input type="checkbox"/> Regulatory Agreement <input type="checkbox"/> Administrative Cost Report – If Applicable <input type="checkbox"/> Operating Support – If Applicable

\* This form needs to be completed for each property included on the Home Repair – Inspection Report.

Construction/Rehabilitation
<input type="checkbox"/> Request for Payment Certification <input type="checkbox"/> Contractor Invoices <input type="checkbox"/> Current Title Policy (for final request) <input type="checkbox"/> Project updates

**Request for Payment - Certification**

I hereby certify that the above funds requested will be used in accordance with MHDC instructions for individuals or families that meet the eligibility requirements set forth in the MHTF Grant Agreement.

Initial Signature:

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Reviewer Signature:

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Note:** As established within the Authorization Signature Card for Request for Payment (Form MHTF-240), it is noted that **two signatures are required** for accepting and processing the Request for Payment by MHDC. If there are not two signatures, the Request for Payment will be denied and returned to the Agency due to improper completion and approval.