



2011 Missouri Housing Trust Fund Request for Payment

MHTF #: _____
 Agency: _____
 Grant Award (\$): _____
 Grant Type: **Home Repair** _____

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 all 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.
 ** This form is completed for all home repairs that are \$2,000 and greater.

Construction
<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.

2011 MISSOURI HOUSING TRUST FUND

Summary Report Form

MHTF #: _____

Agency: _____

Address: _____

Grant Award: _____

Reporting Period: _____ to _____

Number of households assisted during above reporting period: _____

Property Payment Summary:

Home Repair Name	Home Repair Total	Forms Provided (Y/N)
Total funds detailed		\$ -
Total admin detailed		
Total MHTF Grant Funds Expended*		\$ -

* This total should be the summation of all requests, including administrative costs.

Certification: I hereby certify that all information on this schedule is true and that all amounts were computed in accordance with MHDC instructions and that each person or family identified meets the eligibility requirements.

Signature: _____

Date: _____

Title: _____

Phone: _____

2011 MISSOURI HOUSING TRUST FUND

Administrative Costs Report

MHTF #: _____

Agency: _____

Address: _____

Report for the period of: _____ to _____

Expense Item	Actual	MHTF Portion	Comments	Support attached?
Facility				
Electricity				
Natural Gas				
Water				
Phone				
Security				
Equipment				
Maintenance				
Insurance				
Supplies				
Postage				
Staff Salary*				
Other Expenses:				
Total	\$ -	\$ -		

*In the Comments section, include the SSN for employee salary.

*Attach any receipts/invoices for MHTF claimed administrative expenses

Certification: I hereby certify that all information on this schedule is true, that all amounts were computed in accordance with MHDC instructions, and that each expense is authorized and meets the eligibility of MHTF.

Signature: _____

Date: _____

Title: _____

Phone: _____