



## 2011 MISSOURI HOUSING TRUST FUND REQUEST FOR PAYMENT

MHTF #: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Grant Award (\$): \_\_\_\_\_  
 Grant Type: **Emergency Assistance- Domestic Violence**

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.

Construction/Rehabilitation
<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: \_\_\_\_\_  
\_\_\_\_\_

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Request Amount: \$ \_\_\_\_\_

Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

Number of households assisted during the above reporting period: \_\_\_\_\_

Number of adults assisted during the above reporting period: \_\_\_\_\_

Number of children assisted during the above reporting period: \_\_\_\_\_

**Payment Summary:**

Please insert totals from *each* Emergency Assistance Detail Report Form:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total Direct Assistance:** \$ \_\_\_\_\_

**Total Admin Claims:** \$ \_\_\_\_\_

**Total MHTF Grant Funds Expended:** \$ \_\_\_\_\_ (This total includes appropriate administrative costs requested.)

**Please attach Emergency Assistance HMIS Detail Report Forms which correspond to the totals listed above.**

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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 (Y/N)
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. Additionally, support should be attached for every claimed expense item.

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: \_\_\_\_\_