



Strength, Dignity, Quality of Life

MISSOURI HOUSING

DEVELOPMENT COMMISSION

Community Initiatives Department Contacts:

Cassie Wilson-Lead Program Administrator

Charla Sallee-Grants Administrator

Denise Hoss- Compliance Officer

Housekeeping

- The microphone for every participant will be muted during this webinar
- Please use the correct webinar platform for questions and we will do the best to respond
 - We will be responding to questions that have to do with the overall group. If it is a question relating only to your agency, please reach out to one of us separately via phone or email
- This will be recorded and posted to the website for future reference or for anyone who could not make it today

Grant Administration

Financial Process

Before funds can be released:

- All previous grants must be completely closed out
- All current year grant documents are complete and received
- All previous compliance issues are resolved (i.e., grantee is “in compliance”)

Grant Administration

Financial Process

MHDC will automatically advance 25% of the total grant award amount upon receipt of all completed grant documents

- MHTF Construction excluded

Once advanced funds are backed up, any following disbursements will be:

- Automatically disbursed with no request for payment needed
- Disbursed in 25% increments (25%, 50% or 75%) of the total grant award
- Determined by the amount of back-up submitted by agencies
- Paid out on a monthly basis

Grant Administration

Financial Process

Below is the chart used to calculate how much each agency will be disbursed:

Percent of Total Grant Award Amount Disbursed	25% (initial advance)	50%	75%	100%
Percent Backed Up and Approved	0-24%	25-49%	50-74%	75-100%

Grant Administration

Financial Process

Quarterly Draws

- Grantees must submit at least one approvable Back-Up Form per grant quarter:

Missouri Housing Trust Fund
Housing Assistance
Emergency Assistance
Home Repair
Operating Funds
Administration

- **Grantees may only submit ONE approvable back-up form per month. Any further submissions will be discarded and will need to be submitted the following month.**

Grant Administration

Financial Process

- **1st Quarter (Q1):** **April 1 – June 30, 2021**
- Q1 Back-Up Deadline: July 1, 2021, 5:00 p.m.
- **2nd Quarter (Q2):** **July 1 – September 30, 2021**
- Q2 Back-Up & 25% Deadline: October 1, 2021, 5:00 p.m.
- **3rd Quarter (Q3):** **October 1 – December 31, 2021**
- Q3 Back-Up Deadline: January 4, 2022, 5:00 p.m.
- **4th Quarter:** **January 1 – March 31, 2022**
- 75% Back-Up Deadline: March 1, 2022, 5:00 p.m.
- Final Back-Up/Close Out: April 29, 2022, 5:00 p.m.

- Back-Up forms can be submitted at any time during the quarter to meet the requirement

Grant Administration

Financial Process

All expenses must be incurred and paid within funding period (April 1, 2021-March 31, 2022)

Supporting documentation

- HMIS report is required for all direct assistance
 - Non-HMIS reports allowed only if grantee receives prior approval from MHDC
- Please note: Administrative expense documentation does not need to be submitted with back-up; maintain on-site for compliance visits

Grant Administration

Financial Process

Payment Schedule:

- **IF** agency appropriately backs up previous 25% disbursement no later than 5:00 p.m. on the first business day of the month; they should expect their next disbursement in 30-60 days.
- Submissions received on the 2nd of the month or later will be paid out on the following month.



**Missouri Housing Trust Fund
Back-Up Form (All Grant Types)**

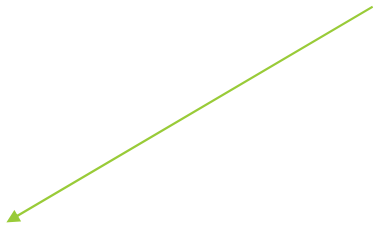
MHTF-211

Grant Administration Financial Process

MHTF Back-Up Forms (MHTF-211)

Date	
Grant Number	
Agency Name	
Total Requested Amount	\$0.00
Funding Component	
Housing Assistance	
Direct Services Total (HMIS Report)	
Households Served	
At or below 25% AMI:	
26-50% AMI:	
Emergency Assistance	
Direct Services Total (HMIS Report)	
Households Served	
At or below 25% AMI:	
26-50% AMI:	
Operating Funds	
Expense Detail Total Amount	\$0.00
Home Repair	
Homeowner(s) Names	MHTF Home Repair Total
Expense Detail Total Amount	\$0.00
Construction/Rehabilitation	
Expense Detail Total Amount	\$0.00
Administration	

Funding Component
Expense Detail Forms are
found as tabs on the
bottom of MHTF-211



Back-Up Summary | Operating Funds | Home Repair | Construction Rehabilitation | Administration (+)



Missouri Housing Trust Fund
Administration Expense Detail Form

MHTF-211

Grant Administration Financial Process MHTF-211 Detail Forms

Date	1/0/00
Grant Number	0
Agency Name	0
Reporting Range	
Total Housing Assistance Administrative Expenses	\$0.00

Number of Households Assisted:	
At or below 25% AMI:	
26-50% AMI:	

Instructions:
Please include the last four digits of the SSN for employee salary within the detail description.

No.	Expense Type	Incurred Date(s) (i.e. Pay Period)	Paid Date	Check Number	Vendor	Total Amount	MHT F %	Amount Paid by MHTF	Detail Description
1						\$ -	0%	\$ -	
2						\$ -	0%	\$ -	
3						\$ -	0%	\$ -	
4						\$ -	0%	\$ -	
5						\$ -	0%	\$ -	
6						\$ -	0%	\$ -	

When billing for salaries and benefits, please make sure to include the last 4 digits of employee SS# in Detail Description.

Grant Administration

MHTF Construction/Rehabilitation

Construction/Rehabilitation grantees will follow a different financial process

- This is a reimbursement grant
- Grantees will receive disbursements based on the amount reported on the Construction Rehabilitation Expense Detail Form (MHTF-211)
- Once an approvable Back-Up submission has been received, our Compliance Officer will perform a compliance visit
- If the compliance visit passes, grantee will automatically be disbursed the amount provided on their back-up submission

Grant Administration

MHTF Construction/Rehabilitation

Grant Year Begins:

April 1, 2021

Quarter 1 (Q1):

April 1-June 30, 2021

Quarter 2 (Q2):

July 1-September 30, 2021

Quarter 3 (Q3):

Oct. 1-December 31, 2021

Quarter 4 (Q4):

January 1-March 31, 2022

75% Back Up Deadline:

March 1, 2022, 5:00 p.m.

Final Back-Up/Close Out Deadline: April 29, 2022, 5:00 p.m.

Grant Administration

Accounting Submission Details

Back-Up should be submitted electronically to via the MHDC Online Grant Interface follow-up forms:

- <https://www.grantinterface.com/Home/Logon?urlkey=mhdc>

Electronic uploads must be legible in order to be processed.

- Illegible submission will be discarded.

All fields on the follow-up forms must match exactly the amounts included on the uploaded Back-Up document.

Complete MHTF submissions consist of:

- MHTF-211 Back-up form and relevant Expense Details form
- HMIS Report (Housing Assistance and Emergency Assistance)
- Please combine all documents in one **PDF**.

Grant Administration

Contacts

MHTF/MoHIP General Programmatic questions:

- Cassie Wilson: cassie.wilson@mhdc.com

Grant Financial Questions (regarding payment, back-up, grant balances, etc.)

- Charla Sallee: charla.sallee@mhdc.com

Compliance Questions:

- Denise Hoss: dhoss@mhdc.com



Strength, Dignity, Quality of Life

MISSOURI HOUSING

DEVELOPMENT COMMISSION

2021 MHTF Compliance Webinar

THURSDAY, APRIL 1, 2021

DENISE HOSS- COMMUNITY
INITIATIVES COMPLIANCE OFFICER

Missouri Housing Trust Fund

Missouri Housing Trust Fund Assistance is intended for very low-income households

- Assistance based on each components eligibility for
- (HOUSING ASSISTANCE) “literally homeless” and;
- (EMERGENCY ASSISTANCE) “at risk of homelessness” for individuals and families
- Income must be **at or below** 50% AMI
- AMI defined by HUD, limits posted at:
http://www.mhdc.com/housing_trust_fund/funded_agencies_documents/FY2020/default.htm
- MHTF-206 AMI Limits
- Fair Market Rents as defined by HUD, limits posted
- FY2021 Fair Market Rents
- Income Verification Worksheet (MHTF-204)
- MHTF Desk Guide FY2021

Compliance Site Visit

- The Compliance Officer will need to examine client files, financial assistance, and administrative / operating expenses to verify compliance with program rules and regulations
- Compliance visits may be scheduled once a minimum of 25% of approved back-up has been submitted to accounting for payment
- **All required documentation** should be assembled in an orderly fashion, in paper form, and available for review within 15 minutes of request in a private workspace
- Agency is contacted by MHDC staff to schedule a compliance visit approximately 2 weeks prior to the date of the appointment

Desk Review Process

In the event that an onsite compliance visit cannot be conducted, an electronic desk review will be required as follows:

- Once a funded agency meets the minimum threshold of submitted **and approved** backup/invoices, a compliance desk review may be scheduled.
- The Compliance Officer (CO) will first (1st) email the agency grant contact and cc both the financial contact and the executive director on file to schedule a desk review. **NOTE:** All grantees are responsible for ensuring that their listed grant contacts are up to date.
- The first (1st) email will include a proposed date in which agency staff responsible for administering the grant should be available to provide requested documentation electronically, as well as general information concerning how the electronic desk review will be conducted.
- On the scheduled date and time of the review, the CO will send a second (2nd) email to the agency grant contact, the financial contact and the executive director on file, with a detailed list of all required documentation i.e. client file documentation, forms, and financials. The items will be randomly selected from the approved back up or invoices submitted to date.

All requested documentation should be assembled in an orderly fashion, scanned, and submitted electronically **within 24 hours**.

Please review scans before sending them to MHDC.

Make sure that all pages are facing the same direction and are legible.

Any sensitive or confidential information must be redacted prior to scanning and sending the document.

Client File Documentation

- Verification of homeless status, documentation of household's ***current living situation***
 - Household eligibility for MHTF Housing Assistance must meet HUD's definitions of literally homeless or fleeing domestic violence. MHTF Emergency Assistance must meet HUD's definitions of at-risk of homelessness or fleeing domestic violence.
 - CI-104
 - Program consent form – CI-108 or CI-108-DV
 - Intake application
 - *Proof of SSN for every member of the household AND/OR; Photo ID for HH members +18 years of age
 - *recommended but not required (If neither of these can be obtained, DOCUMENT ATTEMPTS IN THE FILE)
- (CI-103, CI-112 can be utilized or copies of source documents, i.e. paystubs, benefit letters, etc.)
- Proof of need
 - Rent, deposits, rental arrears – Lease or letter from landlord which clearly lists the amounts.
 - Utilities including arrears – Copy of bill or print out from source with amount(s) and time frame(s) clearly documented

Financial Documentation

Proof of need, i.e. invoice, receipt, payroll, eligible administrative costs

- If a service or utility bill, must list physical address of service (DV shelters can be exempt but must show evidence of service address)
- Utility Arrears must be documented with the number of months included in assistance. (6 month limit)
- Mileage – travel requests including dates, purpose of travel, maps or record of miles traveled, etc.
- Receipts must list eligible item(s) purchased, services performed, amount(s), and date(s)
- Assemble receipts and bills in order (preferably by payment date with corresponding CI invoice)

Payroll

- Payroll debits on bank statements must match the net amount on the payroll report total or copy of paystub
 - Timesheets &/or effort reports (must be signed by employee and supervisor. The form should include a certification that time billed to the grant was exclusively in the service of clients at or below 50% AMI.
 - Last 4 digits of employees' SSN
- Employee benefits (insurance, taxes, work comp., etc)

Proof of cleared payment

- Copy of cleared payment or bank statement clearly showing check number, date, and amount



CI-108

GRANT RECIPIENT'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 MHDC.

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 MHDC and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from MHDC. I further authorize MHDC to contact me directly to discuss any matters related to my receipt of MHDC funds and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for MHDC funds and/or to determine whether the Agency is in compliance with all rules and requirements of associated with the funds from MHDC. I understand that the funding received by Agency and administered by MHDC may actually be from other state and federal agencies, such as the Department Social Services, 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: _____

CI-108B



PORTION BELOW TO BE COMPLETED AFTER CLIENT IS HOUSED

Date Housed: _____

Among the stated goals of programs administered by MHDC is the provision of safe, decent and sanitary housing. In order to assist in furthering this goal, please indicate which of the following statements below is most accurate as it pertains to your current permanent housing:

- I believe my current housing, for which I am seeking MHDC assistance, **IS** safe, decent and sanitary.
- I believe my current housing, for which I am seeking MHDC assistance **IS NOT** safe, decent and sanitary.

NOTE – If, at any time while you are receiving assistance through programs administered by MHDC, you believe your current permanent housing ceases to be safe, decent and sanitary, please report this to the Agency; and, the Agency will assist you in locating housing that is safe, decent and sanitary.

Applicant's Signature: _____
Printed Name: _____
Date: _____



CI-108 DV

CI-108 DV.B



GRANT RECIPIENT'S CONSENT TO RELEASE OF INFORMATION

I, _____ understand and acknowledge that _____ (the "Agency"), in exchange for receiving certain funds from the Missouri Housing Development Commission ("MHDC"), is required to share certain un-identifying information about me with MHDC in order to ensure the Agency's compliance with all rules and requirements associated with the funds from MHDC.

I have been informed that the Agency will not release any information about me, my children, or my abuser to any group or individual unless a written release of information is signed by me. I understand that I may revoke a release of information at any time.

The funding received by the Agency and administered by MHDC may actually be from other state and federal agencies, such as Department of Social Services (collectively the "Auditors"). Together with MHDC, the Auditors are entitled to examine records in performing audit and review functions. In these cases, MHDC and the Auditors may see the client information sheet located in my file. I understand that neither MHDC nor the Auditors will leave the premises with any identifying information about me, and will not disclose any identifying information to any third party.

By my signature below, I hereby authorize the Agency to share un-identifying information with MHDC and its Auditors for the limited purposes of proving that I qualify to receive the assistance administered by MHDC and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from MHDC.

Applicant's Signature (initials): _____

Printed Unique Identifier: _____

Date: _____

PORTION BELOW TO BE COMPLETED AFTER CLIENT IS HOUSED

Date Housed: _____

Among the stated goals of programs administered by MHDC is the provision of safe, decent and sanitary housing. In order to assist MHDC in furthering this goal, please indicate which of the following statements below is most accurate as it pertains to your current housing:

- I believe my current housing, for which I am seeking MHDC assistance, **IS** safe, decent and sanitary.
- I believe my current housing, for which I am seeking MHDC assistance **IS NOT** safe, decent and sanitary.

NOTE – If, at any time while you are receiving assistance through programs administered by MHDC you believe your current housing ceases to be safe, decent and sanitary, please report this to the Agency; and, the Agency will assist you in locating housing that is safe, decent and sanitary.

Applicant's Signature: _____

Printed Name: _____

Date: _____

Documentation Of Homelessness

- Documentation of household's *current living situation (PRIOR TO ENTRY OF PROGRAM)*
- Program participants maintain their housing status during the time period that they are receiving MHTF assistance and/or continued case management services.
 - MHDC has provided form CI-104 for your use in documenting and verifying homelessness status.
 - Use the CI-104 with either written or verbal third party verification(s); OR staff observation which must be clearly documented on the form(s). Document the client's signature for self-certification of homelessness status. The staff taking the self-certification MUST document attempts to verify status; UNLESS the client is DV &/or as a precaution of the client's safety.



MHDC Community Initiatives: HOUSING STATUS CERTIFICATION

Applicant Name: _____

Verification Type: Third Party Self Declaration

Client referral received from: Coordinated Entry Walk-in Other _____

- Individual without dependent children (complete one form for each household)
 - Household with dependent children (complete one form for each head of household)
- Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicate information, and signature indicating their current living situation. Check only ONE BOX and ONLY complete that section. *IMPORTANT: THIRD PARTY EVIDENCE SHOULD BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY HOMELESSNESS IF AVAILABLE.

LITERALLY HOMELESS

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground. Description of current living situation:

Homeless Street Outreach/Other Program (if applicable): _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Living Situation: Transitional Housing

The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The person(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____



Immediately prior to entering transitional housing the person(s) named above was/were residing in:

- Emergency Shelter OR A place not meant for human habitation

Living Situation: Market Housing

- The person(s) named above was/were evicted from or otherwise lost housing obtained through the private market.

AT RISK OF HOMELESSNESS

The individual or family:

1. Has income that is at or below the area median income eligibility requirement (ESG 30%/MHTF 50%/MoHIP 80%) for the geographic area(see income documentation form);
2. Lacks sufficient resources to attain housing stability. [e.g., family, friends, faith-based or other social networks immediately available] to prevent them from moving to an emergency shelter or another place described in Category 1 of the homeless definition.

AND

The person(s) listed above meet one or more of the following risk factors:

- (1)The person/household named above is currently living in rental housing from which he/she/they is/are being evicted. _____ assistance provided will not overlap with other federal funding sources.
- (2) Has moved frequently because of economic reasons
- (3) Is living in the home of another because of economic hardship
- (4)Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application
- (5)Lives in a hotel or motel; "and the cost of the hotel or motel is not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations"
- (6)Lives in severely overcrowded housing; (in a single-room occupancy or efficiency apartment unit in which more than two persons, on average, reside or another type of housing in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau.)
- (7)Is exiting a publicly funded institution; or system of care, (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution)
- (8)Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness
- (9) Other (please see applicable program Desk Guides): _____

Evidence of risk factors for this Applicant is:

- (A) Source documents (e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears).
 - (B) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., former employer, public administrator, relative) or written certification by the intake staff of the oral verification by the relevant third party
- OR**
- (C) If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

Oral Third Party Verification

Applicant Name: _____
Date of Third Party Verification: _____
Name of Third Party Representative: _____
Verification of homeless status was provided: Over the phone In person

I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for _____ assistance, but cannot meet this standard. Below I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete. I made the following efforts to obtain third party verification:

Staff Observation Verification

I have observed the following conditions which serve as evidence related to the applicant's housing status and available resources. Due to the following factors I certify this applicant's eligibility for _____ assistance:

I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for _____ assistance, but cannot meet this standard. I made the following efforts to obtain third party verification:

Staff Certification

I certify that I have provided verification as indicated above that the Applicant meets eligibility criteria and/or risk factors for being: Literally Homeless OR At Risk of Homelessness

Staff Signature: _____ Date: _____

Self-Certification

I certify that I have insufficient financial resources and support networks, e.g., family, friends, faith-based, other social networks, immediately available to obtain housing or to attain housing stability without ESG, MHTF, or MoHIP assistance. I certify that the information above and any other information I have provided in applying for ESG, MHTF, or MoHIP assistance is true, accurate and complete.

Client Signature: _____ Date: _____

Documentation of Income

- Income verification MHTF-204 must be completed at initial intake and updated every 90 days thereafter (this form must be completed electronically and maintained in client file)
 - Pay stubs, CI-112 Income verification, SSI/SSDI award letter, child support statement, EBT statement for TANF, Income Tax form for self-employment, CI-103 Self-Certification [must document attempt to obtain third party verification(s)]
 - No Income (18 and older): CI-103 Self-Certification
 - At recertification the sources of income should be current within 30 days of first instance of assistance OR date of certification
- Grantees need to evaluate households assisted for both need and eligibility, including:
 - Determination of whether or not the household composition has changed; and
 - Verification that household's annual gross income does not exceed 50 percent of AMI; and
 - Verification that the household lacks sufficient resources and support networks to retain housing without the assistance

Income Verification Summary Worksheet | Missouri Housing Trust Fund | FY2021

Section I: Household Information					
Household Members	Name/Unique Identifier	Age	SSN 4 Digits	Proof of Identification Type (18+)	Specify if "Other" ID Type
Head of Household					
Household Member 2					
Household Member 3					
Household Member 4					
Household Member 5					
Household Member 6					
Household Member 7					
Household Member 8					
<i>Total Members in Household 0</i>					

Section II and III Instructions:

All income and assets received by household members should be detailed in the charts below. A separate line should be filled out for each individual piece of income and asset verification. All income verification used to calculate income and assets should be dated within 30 days of when first instance of MHTF assistance was provided. Please refer to Desk Guide (MHTF-200) for income and asset inclusions and exclusions. See HUD Handbook 4350.3 for complete instructions on verifying and calculating income and assets.

Section II: Gross Annual Income							
Household Member	Source of Income	Description (i.e., employer's name)	Type of Income Verification (i.e., check stub, award letter, employer verification)	Date Listed on Source of Income	Gross Amount (as detailed on income verification sources)	Frequency of Income (number of times income is received per year)	Annual Income
TOTAL HOUSEHOLD INCOME (A):							\$

Income Verification Summary Worksheet | Missouri Housing Trust Fund | FY2021

Section III: Income From Assets						
Household Member	Type of Asset	Specify (if "other" asset type selected)	Date of Valuation	Current Cash Value	Interest Earned	Actual Income
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
					0.00%	\$ -
TOTALS:				\$	Multiply total of line (a) by Book Rate: (.06%)	\$ = (1)
					TOTAL HOUSEHOLD ASSETS (B) Greater of Line (1) and (2)	\$ -
					TOTAL ANNUAL INCOME = (A)+(B):	\$ -

Section IV: Determination of Income Eligibility			
County (Please Choose):		Select County (If "MISSOURI - State"):	
Area Median Income (AMI) for County Selected Above:			
50% AMI (annual)	\$	50% AMI (monthly)	\$
	-		-

Section V: Assistance Summary Information			
Date of Intake			
Consent Form Date			
Zero Income Form Date (if applicable)	\$		
Assistance Type (Please Choose)			
Assistance Amount			
Payee		Other (specify):	
Proof of Residence (Please Choose)		Other (specify):	
Proof of Need (Please Choose)			
Date of Payment from Agency			
Proof of Cleared Payment			

- | Home Repair File Check List |
|------------------------------------|
| Evidence of Title |
| Work Description |
| Before/After Pictures |
| Inspection Form |
| Completion Form |
| Regulatory Agreement |
| Proof of 3 Bids |

Calculating Income

- All programs utilize HUD Chapter 5: Determining Income and Calculating Rent
- Must calculate income for an individual or family for the program income eligibility requirements
 - Third-party Verification must be obtained or documentation of attempt to verify income for all members 18 and older
 - If unable to verify income by third party, the CI-103 must be utilized
 - Dated within 30 days of first instance of assistance, every 90 days thereafter
- The MHTF Desk Guide lists the types and amounts of income and deductions to be included in the calculation;
- **Financial assistance payments in connection to the CARES ACT are excluded**

Calculating Income (continued)

- Inclusions
- Exclusions

Methods of Calculating Income

- Annualize income by calculating the gross annual income based on current circumstances. Income that may not last for 12 months should be calculated assuming that circumstances will last 12 months
- Calculate the annual income based on anticipated changes through the year
 - Information that is available or changes throughout the year should be used to calculate anticipated income from all known sources
- Changes will be reflected at recertification period as required for each program

Calculating Income (continued)

Frequency of Pay

- Hourly wages by the number of hours worked per year (2,080 hours for full-time employment with a 40-hour work week and no overtime)
- Weekly wages by 52
- Bi-weekly wages (paid every other week) by 26
- Semi-monthly wages (paid twice each month) by 24
- Monthly wages by 12
- To annualize income other than full-time income, multiply the wages by the actual number of hours or weeks the person is expected to work

Calculating Income (example)

- Household works an average of 32 hours per week and is paid every two weeks (bi-weekly). He/she has presented two check stubs to verify his/her income which are within 30 days of the assistance date (5/1/21)
 - Check Stub 1: payment date 4/2/21 for \$329.50 (gross wages)
 - Check Stub 2: payment date 4/16/21 for \$445.00 (gross wages)
- Calculate by dividing the total of the gross pay ($\$329.50 + \$445.00 = \$774.50$) by the number of check stubs (2) and multiply by the frequency of pay (26) to annualize the income.
- Total: $\$774.50/2 = \$387.25 \times 26 = \$10,068.50$

Calculating Assets

What is an asset?

- Items of value that may be turned into cash
- Some clients have assets that are not earning interest
- Necessary personal property is not an asset

Asset Inclusions and Exclusions

Considerations

- Must determine whether the total “cash value” of family assets exceeds \$5,000
- Market value less reasonable expenses incurred selling or converting the asset to cash
- Note: A family is NOT required to convert the asset to cash. Determining the cash value is done as a calculation in the process of determining the value of all assets
- If assets are owned by more than one person, prorate based on percentage of ownership, if there is no percentage specified or provided by law, prorate evenly

Calculating Assets (example)

- Household has a checking account with a *six month average balance* of \$500.00 which earns no interest. They have a savings account with a *current balance* of \$500.00 which currently earns 1.5 percent interest
 - Savings account interest ($\$500 \times .015 = \7.50)
- Household owns their house valued at \$50,000. They currently have an outstanding mortgage balance of \$34,000. The *reasonable selling costs* of a realtor, taxes, insurance, etc. would be \$3,400
 - The cash value of their home would be \$12,600 ($\$50,000 - \$34,000 = \$16,000 - \$3,400 = \$12,600$)

Home Repair/Modification


Documentation requirements:

1. Household income eligibility (Income and Asset income)
2. Work write up (Bid advertisement)
3. Proof of ownership (Deed of Trust or Title)
4. Proof of 3 bids
5. Before and after pictures of project (dated if possible)
6. Proof of address
7. Inspection form – MHTF 219
8. Certificate of Completion – MHTF-220
9. Contractor license and insurance

MHTF Client Contribution Certification Form

Household contribution

Grantees are allowed to require the households it assists with MHTF Housing Assistance to contribute 30 percent of their gross monthly income towards their total monthly rent amount. Grantees that choose to require households to contribute a portion of their monthly income while assisted must require contribution from all households assisted with the grant. If a grantee chooses not to charge they must not charge anyone.

- Documentation required
 - Copy of check or money order; OR
 - Copy of receipt from landlord showing amount/date paid
- 

Construction/Rehabilitation Grant

We have posted a separate desk guide for this program on our website at:

MHTF-201 MHTF Construction/Rehabilitation Desk Guide (see pages 10-13 Compliance Process)

http://www.mhdc.com/housing_trust_fund/funded_agencies_documents/FY2021/MHTF-201%20Construction-Rehab%20Desk%20Guide%202021.pdf

Missouri Housing Trust Fund Construction/Rehabilitation grants require 18 year land use restriction agreements which stipulate that grantees abide by the following:

Certification of Continuing Compliance

As a grantee of Missouri Housing Trust Fund Construction/Rehabilitation (MHTF C/R) funds, the Land Use Restriction Agreement (LURA) which was entered into by your agency requires an annual certification ensuring your agency's continuing compliance with the rules and regulations of the Missouri Housing Trust Fund. Please complete, sign, and notarize the Certificate of Continuing Compliance and submit to the MHDC Compliance Officer.

Construction/Rehabilitation (cont.)

MHDC staff will conduct scheduled site visits to the property to monitor its operations.

All households served at the property where MHTF was used must be at or below 50 percent of area median income.

Client Recordkeeping Requirements – Construction/Rehabilitation

All clients served while a Land Use Restriction Act is in place, must have the following forms saved in their client files.

- Consent Form CI-108
- Verification of income at initial intake and every 90-days thereafter
- Income Verification Summary (MHTF-204)

Monitoring Notification

- Following the site visit or desk review, MHDC staff will prepare a report detailing the results of the review including any deficiencies &/or areas of improvements along with corrective action required.
- Agencies found out of compliance must submit a Corrective Action Plan detailing how the agency plans to rectify the compliance issues noted within 30 days.
 - Fifty percent (50%) of client files or financial documentation with findings
 - Failure to respond to requests for a site visit
- Until the MHDC staff member has verified that the issue(s) has/have been resolved, funding will be suspended.

Best Practices

- Agency staff attending MHDC trainings and webinars
- Timely invoice and backup submissions as required
- Submit updates to any agency grant contact personnel
- Implement written policies and procedures following MHTF desk guide requirements
 - Use of current forms posted on the website
 - Verify current income limits are in use to qualify clients
 - Proper income calculation methods utilized
 - Proper documentation and verification of client homelessness status

Non-Compliance

- More than one-half of files reviewed during on-site compliance visit contained findings
- Files were unable to be reviewed during the site visit
- Files were not produced within 15 minute time frame
- Grantee will not schedule visit; after three attempts and no response from request sent within 15 days of date of request
- Grantee accommodations deemed to be unsafe or unsanitary; allegations of clients being put in danger by grantee

Common Errors/Findings

- Missing required forms &/or incorrect usage of forms
- Participants failing to disclose income information / inadequate intake application
- Missing household eligibility documentation, i.e. income and homelessness
 - Utilized funding for ineligible clients (HA must be literally homeless. EA must be at risk of homelessness) Both funds can be used for clients fleeing domestic violence.
 - Missing documentation of staff attempts to verify required information &/or sign forms
- Missing or late recertification(s)
- Utilizing net vs. gross income amounts &/or frequency of pay resulting in over income household
- Utilizing expenses incurred &/or paid outside the grant period

Replacement Backup

If ineligible expenses are found during a site visit, replacement backup must be submitted

Items required in the backup are:

- Replacement backup form.
(http://www.mhdc.com/ci/documents/CI_Replacement%20Back-Up%20Form.pdf)
- Copies of eligible expenses incurred within the grant period which have not previously been submitted for payment
 - Bill, invoice or other proof of expense
 - Proof of cleared payment
 - Household eligibility documentation, i.e. income and homelessness, program consent form, and intake application
 - Corrected HMIS or comparable database report

Replacement Back-Up Form - Community Initiatives

Instructions: This form should be completed in order to replace ineligible expenses previously billed to a Missouri Housing Development (MHDC) Community Initiatives grant (i.e., Emergency Solutions Grant, Missouri Housing Innovation Program, and Missouri Housing Trust Fund).

Agency

Date

Grant Number

Community Initiatives Program

Total Amount of Direct Financial Assistance

Total Administrative/Operating Expenses

Total Amount of Replacement Expenses

The following supporting documentation should be submitted with this form in order for MHDC to determine eligibility of replacement expenses:

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Revised HMIS report | Proof of need |
| <input type="checkbox"/> Proof of household(s) income eligibility | Proof of cost(s) incurred |
| <input type="checkbox"/> Consent form(s) | Proof of cleared payment(s) |

I hereby certify that all information on this form is true, that I have collected and reviewed all required records to maintain, and that all expenses are authorized and meet the eligibility of the grant.

Authorized Signature #1

Date

Authorized Signature #2

Date

Questions?

Denise Hoss, HCCP, COS

Community Initiatives Compliance Officer

Direct: 816.759.6642

dhoss@mhdc.com

