

# 2011 Missouri Housing Trust Fund

## Rental Assistance Detail Report Form

MHTF #: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Reporting Month: \_\_\_\_\_ \*This form needs to be sent in monthly until all funds are expended.

	Recipient's Name	Proof of SS# (Y/N)	Monthly Rent Amount	Client Income	30% of Client Income	\$ Paid by MHTF	Payee	# in Household Adults/Children
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Total Expended: \$ -

Certification: I hereby certify that all information on this report is true, that all amounts were computed in accordance with MHDC instructions, that the recipient meets the eligibility requirements, and that payments were made in accordance with the MHTF Commitment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_