Missouri State Assistance for Housing Relief (SAFHR) | Application Worksheet

Please use this worksheet to gather information prior to entering it in the online application.

This worksheet is for information gathering only. All applications must be submitted online. This worksheet cannot be submitted in place of an online application.

Section 1: Applicant Information

The primary applicant (tenant) entered below must be named on the lease agreement and/or utility statement(s) uploaded with this application. Please ensure contact information provided is correct and is monitored by tenant for notifications regarding the application.

1. Primary Applicant Information

a. First Name

b. Last Name

c. Email

d. Phone number

e. Last four digits of Social Security Number*

f. Gender (Male, Female, Trans. Male, Trans. Female, Gender Non-Conforming)

g. Ethnicity: Is the primary applicant of Hispanic, Latino, or Spanish Origin? (No; Yes: Mexican, Mexican American, Chicano; Yes: Puerto Rican; Yes: Cuban: Yes another Hispanic, Latino or Spanish Origin)

h. Primary applicant Race (White/Caucasian; Black/African American; American Indian/Alaskan Native; Asian, Native Hawaiian/Pacific Islander; Other Race)

*why am I being asked to provide this? In order to prevent duplication of benefits the last four digits of the social security number will provide a unique identification number.

2. Primary Applicant Photo Identification Upload Accepted file formats: .pdf, .jpeg, .png, .img

An acceptable form of photo identification for the primary applicant listed in Question 1a-1b.
U.S. Government Issued ID, may be federal, state, or tribal-issued.
Acceptable forms of photo ID:

- State Driver's License / State ID
- Tribal Identification Card
- Military ID
- Passport Book or Card

U.S. Certificate of Citizenship or Naturalization
U.S. Permanent Resident Identification
U.S. University Identification
Corporate Identification

3. How many members are in the household?

Household members do not need to be related.

4. Household Members

Please enter the name, age, and last four digits of the Social Security Number (SSN) of each member in the household. Primary applicant should be included in list. Note: for household members under 1 years of age, enter age as 0.

	First Name	Last Name	Age	Last 4 SSN
a. Member 1				
b. Member 2				
c. Member 3				
d. Member 4				
e. Member 5				
f. Member 6				
g. Member 7				
h. Member 8				
i. Member 9				
j. Member 10				
k. Member 11				
l. Member 12				
m. Member 13				
n. Member 14				
o. Member 15				

4p. Household Member Aliases

An alias is another name that a household member may have been referred to in documents required to be uploaded into the application, such as a maiden name prior to marriage. Application documentation required to be uploaded and submitted with the SAFHR application must match the name of the head of household or household members listed above as applicable. If any household members listed above are referred to by another name on any documentation uploaded in the application, please list the household member(s) and their alias(es) below. This will help application reviewers understand why a household member reported in the application household members list may have a different name included on an uploaded document and prevent delays in application processing.

5. Is any adult member (18+) member of the household currently unemployed and has not been employed for the most recent 90 days? Select "Yes" or "No."

6. In order to be eligible SAFHR assistance, at least one household member must meet one or more of the following conditions. Please select the situation that applies to at least one member of your household:

- Received unemployment benefits
- Experienced a reduction in household income due to the pandemic
- Incurred significant costs or other financial hardship due to the pandemic (directly or indirectly)

6a. Applicant shall Attest that the following statement is true and correct:
I attest that I or another member of my household who are obligated to pay rent for the household, qualified for unemployment benefits, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the novel coronavirus disease (COVID–19) outbreak. Signature (sign below with mouse or stylus)

6b. Financial Impact Supporting Documentation Upload (Optional) Accepted file formats: .pdf, .jpeg, .png, .img ."

Applicant may upload one or more of the following items as supporting documentation to support the selection in Question 6. Applicants may upload receipts, payment statements, bank or credit card statements, or other documentation. Documentation must clearly demonstrate it is in reference to a household member listed in the application. Examples:

- Proof of receipt of unemployment
- Healthcare costs, including care at home for individuals with COVID-19
- Purchase of personal protective equipment (PPE)
- Penalties, fees, and legal costs associated with rental or utility arrears
- Payments for rent or utilities made by credit card to avoid homelessness or housing instability
- Moving costs for households that moved to avoid homelessness or housing instability
- Childcare costs
- Internet access and computer equipment required to work or attend school remotely
- Alternative transportation for households unable to use public transportation

If supporting documentation cannot be provided, applicant can provide explanation and attestation in application. Explanation of why supporting documentation cannot be provided and electronic signature required.

7. Please select the time period for which your estimated household annual income will be based on. Select "Average Income for the last 30 days" or Household's 2020 annual income"

SAFHR applicants must have a total household income that is at or below 80 percent of the Area Median Income (AMI) for the household size and County of residence. You can review AMI ranges by household size and County on the SAFHR Income Ranges worksheet.

If a member of your household currently participates in Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Supplemental Security Income (SSI); Women, Infants, and Children (WIC); Head Start; Earned Income Tax Credit (EITC); Medicaid you are income eligible based on your household's 2020 annual income and should select "Household's 2020 annual income."

If your household does not participate in one of the programs listed above, applicants should calculate their total household income for all household members 18+ for the last 30 days. If household income based on the last 30 days makes the household ineligible, the household can base income on the total household income for calendar year 2020.

8. Does household currently have zero income? Select "Yes" or "No." **If "yes" enter $0.00 for Question 11. If no move to Question 8c.**

8b. Zero Income Certification. If question 8 "Yes" tenant provides electronic signature for the statement below. **Then move to Question 11.**

- Household has no income for any members 18 and older.
- Household has no earned income from employment; does not receive unemployment benefits or financial assistance from other local, state, or federal programs; and has no assets.
- Tenant understands there are penalties for misrepresentation of income and certifies, under penalty of perjury, that household does not have any income from any source at this time.

8c. Does a member of your household participate in one of the federal means tested programs listed below? Select "Yes" or "No." **If "yes" enter household's 2020 estimated annual income for Question 11. If "no" move to Question 9.**

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Women, Infants, and Children (WIC)
- Head Start
- Earned Income Tax Credit (EITC)
- Medicaid

8d. Question 8c Supporting Documentation Upload If "Yes" to Question 8c, tenant uploads award letter, statement of benefits, bank statement, or other official documentation demonstrating current participation. Accepted file formats: .pdf, .jpeg, .png, .img. **Then move to Question 11.**

9. Household Annual Income Table If tenant selected "Average Income for the last 30 days" for Question 7. **Enter total income calculated on table for Question 11.**

Please enter income information for all member(s) of the household 18+. Information entered into this table will require supporting documentation for the last 60 days to be uploaded.

Upload examples include:

- Paystubs or other documentation of wages or salary
- Documentation of income from the operation of a business or profession, including direct payments for services or self-employment
- Bank statements
- Documentation of unemployment benefits
- Letter from employer indicating reduced pay
- Documentation from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and similar types of periodic receipts
- Documentation of public assistance benefits
- Documentation of child support, alimony, or foster care payments

Applicants should use their gross income (income received before taxes or deductions) to calculate income estimates, unless income is earned from operation of a business. Income estimates should be annualized using the following calculations based on frequency of payment:

- Hourly wages should be calculated by the number of hours worked per year (2,080 hours for full-time employment with a 40-hour 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; and
- Monthly wages by 12.
- To annualize other than full-time income, multiply the wages by the actual number of hours or weeks the person is expected to work.

	Household Member(s) 18+	**Total (annualized amount)**	**Number of Supporting Documents Uploaded**	**Description of Supporting Documents and Notes**
a. Earned Income (Adults only)				
b. Self-employment/ business income				
c. Interest & Dividends				
d. Pension/Retirement				
e. Unemployment & Disability (excluding supplemental federal unemployment)				
f. Public Assistance (specify)				

This worksheet is for information gathering only. All applications must be submitted online. This worksheet cannot be submitted in place of an online application.

g. Alimony, Child Support and Foster Care				
h. Armed Forces Income				
i. Other (specify)				
Total	*Total income will automatically calculate in application and must be entered in Question 10*			

9j. Household Annual Income Table If tenant selected "Household's 2020 Annual Income" for Question 7. **Enter total in Question 11.**

Income based on total household income for 2020 requires the Form 1040 U.S. Individual Income Tax Return (does not have to be submitted to IRS) to be uploaded as supporting documentation.

	Household Member(s) 18+	**Total (annualized amount)**	**Number of Supporting Documents Uploaded**
IRS Form 1040			

10. Supporting Income Documentation Upload Accepted file formats: .pdf, .jpeg, .png, .img

Income based on the last 30 days requires 2 months of supporting documentation. Income based on 2020 annual income requires the IRS Form 1040 (does not have to be submitted to IRS) to be uploaded.

11. Estimated Tenant Household Annual Income

12. Household Income Range

Using amount entered in Question 11, please select the income range below for your household income. You can find the income range by using the SAFHR Income Ranges worksheet.

To find your income range, locate your county of residence and household size in the SAFHR Income Ranges worksheet. If the household income entered in Question 10 is equal to or below the listed amount for the income range, select that range. Example: Household in Boone County has 3 persons and our total household income is $35,500. I would fall into the 50-80 percent AMI range because it is lower than the 50-80 percent maximum of $56,100 and higher than the 30-50 percent maximum of $35,100.

0-30 percent of Area Median Income
30-50 percent of Area Median Income
50-80 percent of Area Median Income

13. How did you learn of the State Assistance for Housing Relief (SAFHR) Program? Select one of the following:

Through a friend of colleague
Search engine (Google, Yahoo, etc.)
Social Media
Television
Radio
Read an article
Missouri Housing Development Commission (MHDC) email distribution list

Section 2: Financial Assistance Request Information

Enter information for the unit for which you are assistance and the type of assistance requested. You must complete a separate application for every address/unit in which you are requesting assistance.

1. Type of Financial Assistance Requested

Select the type(s) of Financial Assistance requested. A household may not receive more than 12 months of SAFHR financial assistance. Applicants may not apply for forward rental assistance unless rental arrears have also been provided or no rental arrears exist.

Past Due Rent
Forward Rent
Past Due Utility Assistance
Fuel (Propane, Wood, Etc.)

3. Physical Address of Unit for which assistance is being requested.

a. Address Line 1:

b. Address Line 2:

c. Property Name:

d. City:

e. County:

f. State:

Zip Code:

g. Unit Type (Multi-Family Apartment, Single-Family Home, Duplex, Townhouse, Mobile Home, Other)

4. Monthly Rent of Unit as stated in the lease uploaded with this application (the monthly rent of unit entered must match the lease amount).

5. Lease Upload Accepted file formats: .pdf, .jpeg, .png, .img

Copy of fully executed lease (landlord and tenant named must match the information provided in this application and the monthly rent amount in the lease must match the amount entered in this application). See SAFHR Minimum Lease Requirements if a written lease cannot be provided.

Past Due Rent Request

Questions 6-9 will only appear if tenant selects “Past Due Rent” for Question 1.

Please provide information only for the Tenant Portion of Rent for which the tenant is responsible.

Example:

Total Unit Rent:	$1,000
Rental Assistance Received for Unit (i.e. Housing Choice Voucher):	$600
Tenant Portion of Rent:	$400

6. Enter Total Amount of Rental Arrears and Fees: including any rent or fees incurred before April 2020, if applicable. This amount should match the total in the past due rent and fees documentation uploaded with this application.

7. Number of Months of Requested Assistance:

8. Enter Requested Amount of Assistance: Amount cannot exceed 12 months of past-due rent.

9. Past Due Rent Request Upload: Accepted file formats: .pdf, .jpeg, .png, .img

Tenant can upload a past due bill, a PDF or screenshot of an online payment portal, or a letter or email from a landlord to a tenant OR an eviction notice. Past due rent and fee statements must include and match tenant name, tenant address, landlord name, and total amount of rental arrears and fees entered in the application. Eviction notice must include tenant name and address entered in application.

Forward Rent Request

Tenants who are eligible for rental arrears may also be eligible for up to 3 months of forward rent assistance as long as total months of assistance does not exceed 12. Questions 10-13 will only appear if tenant selects "Forward Rent" for Question 1.

10. I am in need of forward rent payments. Select "Yes" or "No."

11. Number of Months of Requested Assistance:

12. Enter Requested Amount of Assistance: Amount cannot exceed 3 months forward rent.

13. Forward Rent Request Supporting Documentation Upload: Accepted file formats**:** .pdf, .jpeg, .png, .img. **Question 13 is required if tenant is only requesting forward rent assistance.**

Upload documentation to support the need for forward rent to achieve housing stability. This should be documented by uploading one or more of the following items in the form of receipts, payment statements, bank or credit card statements, or other documentation.

- Living in unsafe or unhealthy living conditions, such as conditions that increase the risk of exposure to COVID-19 because of overcrowding
- A housing cost burden that makes it difficult for renters to afford their housing costs
- Informal rental arrangements with little or no legal protection
- History of or potential for exposure to intimate partner violence, sexual assault, or stalking
- Evidence the household is forgoing or delaying the purchase of essential goods or services in order to pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school
- Harassment or verbal threats of eviction by a landlord
- Evidence the household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income

If supporting documentation cannot be provided, applicant can provide explanation and attestation in application. Explanation of why supporting documentation cannot be provided and electronic signature required.

Utility Assistance

Questions 14-18 will only appear if tenant selects “Utility Assistance” for Question 1. If tenant is not requesting utility assistance, skip Questions 14-18.

14. Type of Utility Assistance Requested

Select the type(s) of Utility Assistance requested. A household may not receive more than 12 months of utility assistance per service. Tenants can receive multiple types of utility assistance for a single month.

Gas
Electric
Water
Sewage/Waste Water – If separate from other utilities
Trash

For each type of utility assistance requested, tenant will provide the following:

15. Utility Company Information

a. Company Name	
b. Billing Address	
c. City	
d. Zip Code	
e. Phone Number	
f. Account Number	

16. Number of Months of Requested Assistance:

17. Enter Requested Amount of Assistance Amount cannot exceed 12 months of utilities.

18. Utility Past Due Notice Upload Accepted file formats: .pdf, .jpeg, .png, .img

Statement(s) must match tenant name, tenant address, utility provider name, utility provider address, utility provider phone number, and total requested assistance entered in application.

Fuel Assistance

Questions 35-39 will only appear if tenant selects “Fuel (Propane, Wood, Etc.)” for Question 1. If tenant is not requesting utility assistance, skip Questions 35-39.

35. Type of Fuel Assistance Requested

Select the type of Fuel Assistance requested. A household may not receive more than 3 months of fuel assistance.

- Propane
- Wood
- Other Fuel Type

36. Fuel Company Information

a. Company Name	
b. Billing Address	
c. City	
d. Zip Code	
e. Phone Number	
f. Account Number	

37. Request Information

a. Price Per Unit	
b. Current Quantity	
c. Unpaid Balance (If applicable)	
d. Estimated cost for one month	

38. Enter Requested Amount of Assistance: Amount cannot exceed 3 months of fuel.

39. Number of Months of Requested Assistance:

Total Requested Assistance

48. Enter the application numbers for any previously submitted SAFHR applications.

A separate application must be submitted for each address/unit you are requesting funds for. For example, if you are requesting rental arrears on a unit you no longer live in and forward rent for a unit you are currently living in, then you must submit two SAFHR applications.

49. Please select the months in which assistance is being requested.

Selections must match request information entered in application and total months cannot exceed 12.

	Past Due Rent	Forward Rent	Utilities/Fuel
April 2020			
May 2020			
June 2020			
July 2020			
August 2020			
September 2020			
October 2020			
November 2020			
December 2020			
January 2021			
February 2021			
March 2021			
April 2021			
May 2021			
June 2021			
July 2021			
August 2021			
September 2021			
October 2021			
November 2021			
December 2021			

Section 3: Tenant Application Certifications

1. I have not applied for or received rental assistance from any other sources for the past due rent, future rent, or utility payments for which I am requesting assistance under the SAFHR Program. If I do receive assistance from any other sources for the same month(s), I am obligated to promptly return funds provided by the Missouri Housing Development Commission (MHDC) under the SAFHR Program to MHDC.

☐ **Confirmed**

2. A duplication of benefits ("DOB" or "Duplication of Benefits") occurs when a person, household, or other entity receives financial assistance from a source or multiple sources for the same purpose, and the total assistance received for that purpose exceeds the total need for assistance that is authorized. I certify that I will not seek DOB and if at any time I become aware that I have applied for and/or received a DOB I will promptly notify the Missouri Housing Development Commission (MHDC) and take all actions as MHDC and/or any other source may reasonably require to eliminate the DOB.

☐ **Confirmed**

3. I certify that the SAFHR Program assistance requested in my application has not and will not be received from any other local, state, or federal sources for the same period of assistance as is requested under this application.

☐ **Confirmed**

4. I agree to cooperate with Missouri Housing Development Commission (MHDC) to satisfy any requests and/or compliance inquiries made by MHDC.

☐ **Confirmed**

5. I understand and agree that any funds received under the SAFHR Program administered by the Missouri Housing Development Commission (MHDC) shall require repayment by me upon request by MHDC if the any part of the application is later found to be ineligible. Failure to return funds deemed to have been ineligible may disqualify you from receiving future assistance and MHDC reserves all rights it may possess to obtain ineligible funds.

☐ **Confirmed**

6. I understand and acknowledge that Missouri Housing Development Commission (MHDC) is required to share certain information about me with applicable agencies of the United States government in order to ensure the MHDC's compliance with all rules and requirements associated with the SAFHR Program funds authorized by the United States Secretary of the Treasury.

☐ **Confirmed**

7. I hereby authorize Missouri Housing Development Commission (MHDC) to share all of my personal information provided in the application for SAFHR Program for the limited purposes of proving that I qualify to receive SAFHR Program assistance administered by MHDC and ensuring that such information complies with the rules and requirements associated with the SAFHR Program funds. I further authorize MHDC to contact me or those parties associated with the application directly to discuss any matters related to my receipt of SAFHR Program funds administered by MHDC and to cooperate fully in satisfying any requests for additional information.

☐ **Confirmed**

8. I understand that the SAFHR funding received may be received from or administered by other state and federal agencies and I hereby authorize the Missouri Housing Development Commission (MHDC) to share my information with any other such funding sources for the limited purposes of proving that I qualify to receive such assistance and ensuring that all SAFHR Program rules and requirements are met.

☐ **Confirmed**

9. I understand that the Missouri Housing Development Commission (MHDC) has established a data privacy and security policy ("Data Privacy and Security Policy") that includes special protections for data collected about individuals who are survivors of intimate partner violence, sexual assault, or stalking. I request that my information be subject to any such additional protections as provided in the Data Privacy and Security Policy.

☐ **Confirmed**

10. I authorize any other funding sources to contact me directly to discuss any matters related to my receipt of the funds administered by the Missouri Housing Development Commission (MHDC) and agree to cooperate and provide any additional information that such funding sources require in order to determine eligibility and/or satisfaction or program requirements.

☐ **Confirmed**

11. I certify that all information included in this SAFHR application is correct and complete. I understand this is a legally binding document and I may be subject to civil and criminal penalties if I knowingly provide false or misleading information related to this application.

☐ **Confirmed**

12. OPTIONAL: I seek added available protections offered to individuals who are survivors of intimate partner violence, sexual assault, or stalking as provided in the data privacy policies

☐ **Confirmed**

Missouri Housing Development Commission (MHDC) is committed assisting Missourians in the location, development and support of safe, decent and sanitary housing.

MHDC shall not discriminate against any individual on the basis of race, color, sex, religion, national origin, familial status, disability, ancestry, age, actual or perceived sexual orientation, gender identity, marital status, or any other protected classes under applicable law in the administration of the SAFHR Program, the evaluation of applicants, nor the distribution of funds.

13. Date

14. Applicant Name (First and Last):

15. Signature (sign below with mouse or stylus)

This worksheet is for information gathering only. All applications must be submitted online. This worksheet cannot be submitted in place of an online application.

Section 4: Landlord Information

Landlord information is only required if applicant requested rental arrears or forward rent assistance.

1. Landlord Information

a. First Name:	
b. Last Name:	
c. Company Name:	
d. Email	
a. Address Line 1:	
b. Address Line 2:	
c. City:	
e. State:	
f. Zip Code:	

2. Social Security Number (SSN) or Tax Identification Number (TIN)
The number provided must match the number on Part 1 of the W-9 submitted as part of your application.

3. Is the number above a Social Security Number (SSN) or Tax Identification Number (TIN)?

- Social Security Number
- TIN

4. Landlord W-9 Upload Accepted file formats: .pdf, .jpeg, .png, .img. The name and social security number or TIN on the W-9 must match Question 1.

5. Bank Name

6. Bank Account Type

- Business
- Personal

7. Bank Account Number

8. Bank Routing Number

9. Voided Check or Bank Statement Upload Accepted file formats: .pdf, .jpeg, .png, .img. The bank name, bank account number, and bank routing number must match application.

10. As a Landlord participating in the SAFHR Program through acceptance of rental payments (forward or arrears) "SAFHR Award" on behalf of any applicable tenant(s), I understand and acknowledge that by accepting forward rent payments on behalf of any applicable tenant(s) households/units that I shall not be permitted to file for eviction against such household for the period of time I have received forward rent payment for any reason related to the non-payment of rent.

☐ **Confirmed**

11. As a Landlord participating in the SAFHR Program through acceptance of rental payments (forward or arrears) "SAFHR Award" on behalf of any applicable tenant(s), I understand and acknowledge that if the tenant(s) vacate the household/unit during the period of time that forward rent payments were provided, I shall be required to repay the pro rata portion of forward rent remaining upon the tenant(s) vacation of the household/unit.

☐ **Confirmed**

12. As a Landlord participating in the SAFHR Program through acceptance of rental payments (forward or arrears) "SAFHR Award" on behalf of any applicable tenant(s) that I shall not file or continue with any eviction action against the tenant(s) in the household for non-payment of any arrears rental payments not within the time period covered by the SAFHR Award and will enter into a separate plan with the tenant(s) to forgive or collect any remaining arrears outside the SAFHR Award, as applicable. Any court action for eviction resulting from rental arrears currently pending must be dismissed or otherwise resolved satisfactorily so that the tenant(s) are not subject to duplicative payments of rent or eviction for any non-payment of rent during the period of time the SAFHR Award covers

☐ **Confirmed**

13. As a Landlord participating in the SAFHR Program through acceptance of rental payments (forward or arrears) "SAFHR Award" on behalf of any applicable tenant(s), I agree to the following:

I have not applied for or received rental assistance from other sources for the past-due rent for which the applicant is requesting SAFHR assistance. If I do receive assistance from other sources for the same period, I will return funds to Missouri Housing Development Commission (MHDC).

To fully cooperate with MHDC on any reasonable requests and compliance inquiries.

That these SAFHR funds must be repaid by me if the landlord, tenant, or any part of the application are later found to be ineligible.

I understand and acknowledge that MHDC is required to share certain information about me in order to ensure the Agency's compliance with all rules and requirements associated with the funds from MHDC.

I hereby authorize MHDC to share all of my personal information collected on behalf of this application for the limited purposes of proving that the tenant qualifies to receive assistance administered by MHDC and ensuring that the information provided 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

I understand that the funding received may be from other state and federal agencies, such as the Missouri Department Economic Development (DED), and The U.S. Department of the Treasury (Treasury) and I hereby authorize MHDC to share my information with such funding sources for the limited purposes of proving that the applicant qualifies to receive such assistance and ensuring that all program rules and requirements are met.

If this Application is completed by an Authorized Agent on behalf of Landlord, Authorized Agent hereby certifies that it is duly authorized to act on behalf of Landlord as its agent with respect to this Application.

I understand this is a legally binding document and I may be subject to civil and criminal penalties if I knowingly provide false or misleading information related to this application.

☐ **Confirmed**

Signature (sign below with mouse or stylus)