



## 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.**

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### 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

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

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.

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**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)

## Household Income

The following questions are about your household's income. You will state your household's estimated annual income in Question 11.

If you have income documentation available, you may upload it.

**Submitting income documentation is not 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”

**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

**11. Estimated Tenant Household Annual Income**

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**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

**12b. Household Income Range**

I certify under penalty of perjury that the household income information provided in association with this Application for federal emergency rental and/or utility assistance benefits is true and correct in all respects. I expressly acknowledge and understand that penalties maybe imposed for providing false or misleading income information, including but not limited to, the denial of benefits, permanent disqualification, or referral to appropriate governmental and legal authorities. (sign below using mouse or stylus)

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

- Through a friend or 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.

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

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, and total amount of rental arrears and fees entered in the application. Eviction notice must include tenant name and address entered in application.

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### 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.

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

### 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

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.

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**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**

<b>a. Company Name</b>	<input type="text"/>
<b>b. Billing Address</b>	<input type="text"/>
<b>c. City</b>	<input type="text"/>
<b>d. Zip Code</b>	<input type="text"/>
<b>e. Phone Number</b>	<input type="text"/>
<b>f. Account Number</b>	<input type="text"/>

**37. Request Information**

<b>a. Price Per Unit</b>	<input type="text"/>
<b>b. Current Quantity</b>	<input type="text"/>
<b>c. Unpaid Balance (If applicable)</b>	<input type="text"/>
<b>d. Estimated cost for one month</b>	<input type="text"/>

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

**39. Number of Months of Requested Assistance:**

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

**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.

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**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			

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### 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**

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

**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)**

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## Section 4: Landlord Information

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

### 1. Landlord Information

a. First Name:	<input type="text"/>
b. Last Name:	<input type="text"/>
c. Company Name:	<input type="text"/>
d. Email	<input type="text"/>
a. Address Line 1:	<input type="text"/>
b. Address Line 2:	<input type="text"/>
c. City:	<input type="text"/>
e. State:	<input type="text"/>
f. Zip Code:	<input type="text"/>

### 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

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**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. Landlord or Property Manager Photo ID** Accepted file formats: .pdf, .jpeg, .png, .img.

Acceptable forms of photo ID: U.S. Government Issued ID, may be federal-, state-, or tribal-issued

- 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

**10. Proof of Ownership and Property Management Agreement (if applicable)** Accepted file formats: .pdf, .jpeg, .png, .img.

**Documents to Provide Proof of Ownership (required):**

- Recorded Deed or Mortgage
- Title Policy
- County Tax Assessor Statement
- Bill of Sale or copies of other related Purchase Documents
- Promissory Note
- Insurance Statement
- Trust documents
- Certificate of Title

**Property Management Agreement - Proof of Right to Accept Rent on Behalf of Owners (if applicable):**

If the Landlord contact is not the owner or a member of the ownership entity named in the Proof of Ownership Documentation submitted, documents to Provide Proof of Right to Accept Rent on Behalf of Owners must be submitted in addition to the Proof of Ownership Documentation

- Management Agreement or
- Notarized Letter from Property Owner (with supporting evidence that Property Owner is the Owner, see above)

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## Landlord Certifications

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**

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.

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

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)**