

Minimum Lease Requirements

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The SAFHR program requires a written lease for the award of SAFHR benefits that contain the following minimum information:

- Landlord’s name, address and phone number
- Address of rental property
- Amount of monthly rent
- Rent due date and grace period (if any)
- Term of lease – must include period for which the Applicant is seeking assistance
- Signed by Landlord
- Signed by Tenant (Applicant)
- Date of Lease Execution (dates Landlord and Tenant signed the lease) – must be prior to period for which the Applicant is seeking assistance

If a written lease does not satisfy the minimum required conditions, or if the Applicant is unable to provide a written lease, the Applicant may submit all the following:

Proof of Residency, Rental Attestation, and Evidence of Rental Payment

(1) Proof of Residency.

The Applicant can establish their residency by submitting one (1) of any of the documents below, any document provided must include the unit address for which the Applicant is seeking assistance and, if dated, the date issued must be: current, or from the time period Applicant is seeking assistance, unless otherwise indicated below.

<ul style="list-style-type: none"> • Proof of past utility payments • Paid tax receipts • Paid insurance receipts • Utility Bill (Phone, Water, Gas, Electric, Trash or Sewer, Etc.) • Voter Registration Card • Bank Statement • Government Check or Pay Check • Renter’s Insurance Policy • Auto Insurance Policy • W-2 • 1099 Form • Safe At Home Card 	<ul style="list-style-type: none"> • Education Transcript for current school year from an educational institution in Missouri • Professional License • Official letter or document from a Federal, State or local Government agency (on agency letterhead OR which contains the official seal of the Agency) issued within the previous 30 days • Letter or other documentation issued by the Postmaster within the previous 30 days • Other Government document containing the name and address of the applicant issued within the previous 30 days
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(2) Rental Attestation (see form below).

- a. Must be fully completed and signed by both the tenant and the landlord

AND

(3) Evidence of Rental Payment.

- a. Bank statements;
- b. Check stubs; or
- c. Other verifiable documentation of a pattern of paying rent

If the Applicant is UNABLE to provide Evidence of Rental Payment. Applicant is eligible to receive up to three (3) months of assistance in the lesser amount of:

- The Monthly Rent stated in the Rental Attestation; OR
- Monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by Department of Housing and Urban Development (HUD) and can be viewed below.

This limited payment is intended to provide the most vulnerable households the opportunity to gather additional documentation or negotiate with Landlords in order to avoid eviction.

For the Applicant to be eligible for this limited payment, the Applicant must provide:

- The Risk of Homelessness Attestation (see form below), signed by Applicant (tenant); AND
- Proof of Residency and Rental Attestation, described in (1) and (2) above.

Reservation of Discretion

MHDC specifically reserves the absolute right to evaluate all leases and any supporting documentation submitted in the context of the entire application to ensure that the materials submitted support a legitimate claim for SAFHR benefits. If any lease review provides suspicion for any reason that, a lease or any provided documentation may be illegitimate, insufficient or invalid to approve SAFHR benefits under an application the reviewer shall notify the Applicant of the reason and provide the Applicant with the ability to cure the deficiency, if possible. Any decision regarding the lease or attestation may be appealed by the Applicant and is subject to further review as provided for in the appeals process.

I, _____ (Tenant of Applicant household) attest to the fact that a written lease for the property located at [insert address, city, state, zip] that is the subject property under a related SAFHR application for emergency rental assistance benefits does not to the best of my knowledge exist. I am providing the following information as a substitute for such written lease but understand that the acceptance of this Rental Attestation is subject to the discretion of my overall application review.

LANDLORD

Name (First Last)

Address

City

County

State

Zip

TENANT/UNIT INFORMATION

Tenant Name (First Last)

Unit Address

Unit Number

City

County

State

Zip

Term of Lease (Start date and end date)

\$ _____
Monthly Rent

Rent Due Date

Grace Period (if any)

\$ _____
Security Deposit

\$ _____
Delinquent Rent

Number of Months Delinquent

\$ _____
Late Fees (if any)

List all conditions applicable for return of Security Deposit:

Prior Payment History - please provide a source of documentation to establish prior rental payments related to the above Property by the Applicant to the Landlord. Examples of acceptable documentation include: cancelled checks, bank statements, cash receipts, though other forms of documentation may be acceptable. Include this documentation with this Rental Attestation. A brief description of the documentation may be provided here if applicable:

The Applicant explicitly states that the household seeking emergency rental assistance benefits under the SAFHR program has not received, and does not anticipate receiving, any other source of public or private subsidy or assistance for the rental costs that are the subject of this Rental Attestation and that form the support for the request for SAFHR benefits within the related application.

By signature below the undersigned, parties certify that the attestations and information provided within this Rental Attestation is true and correct. Providing false or misleading information can be a cause for the denial of benefits.

LANDLORD:

Sign

Date

Print Name (First Last)

Company Name

APPLICANT (Tenant):

Sign

Date

Print Name (First Last)

RISK OF HOMELESSNESS ATTESTATION

I, _____ (Name of Applicant) attest to the fact that a written lease for the property located at [insert address, city, state, zip] that is the subject property under a related SAFHR application for emergency rental assistance benefits does not to the best of my knowledge exist and while I can establish proof of residency at the property for which emergency rental assistance benefits under the SAFHR Program has been requested I am unable to successfully complete a Rental Attestation.

I further attest that I am at an immediate risk of eviction and/or homelessness and request consideration for emergency rental assistance while I attempt to provide a written lease or gather the information necessary to complete a satisfactory Rental Attestation.

I acknowledge that this assistance is discretionary and that such assistance, if authorized, may only be provided for a maximum of three (3) months and is further subject to rental limitations described by The United States Department of the Treasury and the United States Department of Housing and Urban Development. In order to receive any further assistance I must obtain evidence of rent owed consistent with any benefits received.

By signature below the undersigned, party certifies that the attestation provided above is true and correct. Providing false or misleading information can be a cause for the denial of benefits.

APPLICANT (Tenant):

Sign

Print Name (First Last)

Date