



STATE OF MISSOURI CDBG-DR
Housing Assistance Application

IN EFFECT FOR GRANT:
DR-4451: B-19-DF-29-0001

CDBG-DR Housing Assistance Application

INTAKE APPLICATION

For Official Use Only	
Application Number:	
Intake Application Received By:	Date/Time Application Received:

1. TO BE COMPLETED BY APPLICANT: (Head of Household)		2. TO BE COMPLETED BY CO-APPLICANT: (If Applicable)	
Last Name:		List relationship type to Head of Household, e.g. spouse, sister, mother	
Middle Name:		Last Name:	
First Name:		Middle Name:	
Current Address:		First Name:	
City:		Current Address:	
State:		City:	
Zip:		State:	
Mailing Address:		Zip:	
City:		Mailing Address:	
State:		City:	
Zip:		State:	
Home Phone:		Zip:	
Daytime phone:		Home Phone:	
Mobile Phone:		Daytime Phone:	
E-mail Address:		Mobile Phone:	
		E-mail Address:	

3. Select the CDBG-DR programs you are interested in:

- Acquisition for Demolition Only** – The purchase of residential property is a payment made to the homeowner based upon the “post-disaster” appraised value of the home and land for clearance and demolition.
- Local Voluntary Buyout** – Subrecipient acquires property at “pre-disaster” appraised value in the 500-year floodplain for clearance and demolition, property is deed restricted to green space. Subrecipient holds buyout information meeting prior to application intake; applicant should have been contacted by community for potential buyout. Tenants affected by a buyout will be provided relocation assistance under the procedures of the Uniform Relocation Assistance and Real Property Acquisition Act (URA), up to the statutory payment cap of \$7,200, plus moving expenses.
- Community Rehousing Incentive for Buyout** – Additional incentive for low-income qualified households up to 120% AMI participating in a voluntary buyout when relocating within the same community, to be applied to the purchase of an existing home. Funds to be used as a means to bridge the potential funding gap between the cost of comparable replacement housing and a buyout award, not to exceed \$50,000, per CRIB policy.
- Down Payment Assistance for Homeownership** – Assistance prioritized for low-income households to purchase affordable housing in a non-floodplain region by providing up to 100% of the down payment required by the mortgage lender. Households with income up to 120% area median income (AMI) may qualify based on need. An 8-hour homeownership education course provided by a HUD Certified Housing Counseling Agency is required for applicants.
- Homeowner Rehabilitation** – Assistance prioritized for low-income households for rehabilitation, reconstruction, or replacement of existing or destroyed housing units. Households with income up to 120% AMI may qualify based on need. This activity is designed to restore owner-occupied housing to applicable construction codes and standards. Temporary relocation assistance may be available for owner-occupants to relocate temporarily during rehabilitation or reconstruction of their primary residence. An 8-hour homeownership education course provided by a HUD Certified Housing Counseling Agency may be required for applicants.

4. ALTERNATE CONTACTS INFORMATION: -This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. You may also list a contact who is helping you through this process.

Contact Name (first):	
Contact Phone No.:	Address:
Contact Name (second):	
Contact Phone No.:	Address:

5. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS: - As of today, list the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there will be any changes to number of household members in the near future. Race and Ethnicity information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity.

Household Member Name	Relationship to Head of HH	US Citizen Y/N	Gender M/F	Race	Hispanic Ethnicity	Date of Birth	Marital Status	Is household member listed disabled? Y/N	U. S. Veteran Yes/No
	Head of Household								

6. FOR HOMEOWNERS – This section to be completed by applicants who owned and lived in their residential home at the time of the disaster. Proof of ownership and occupancy at the time of the disaster must be collected. Refer to the Application Intake Guidelines document.

DAMAGED PROPERTY INFORMATION – Provide basic information concerning the damaged property.

- i. Was the unit damaged or destroyed by Disaster? Yes No
 ii. If Yes, explain how:

iii. Is the unit a single family residence (including manufactured housing units)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
iv. At the time of the disaster, were you the owner of this residence (including manufactured housing units)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
v. Was the unit the primary residence of the applicant on the date of the disaster? v.1 If no, was the unit vacant at the time of the disaster?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
vi. Did you register with FEMA for disaster related assistance for structural damage to the home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Damaged Property Address:

City:	State:	Zip:
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i. What type of structure is the property? (Select One)

- Single Family Manufactured Housing Unit Modular Other (Describe):

Year Built:

Number of Bedrooms _____

- ii. Did you occupy the property at the time of the event? Yes No

- iii. Are you currently living in the property? Yes No

If no, explain your current living situation:

- iv. Is the damaged property in a Flood Plain? Yes No Don't Know

v. Are you seeking assistance for a manufactured/modular housing unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
vi. Do you have a deed for the damaged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
vii. Are there any other names on the deed for the damaged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, describe what deed information you have for the damaged property (including any entity, for example, a Trust):		
List any other names on the deed:		
viii. I/We have been displaced from property due to damage caused by the disaster. If yes, explain your current living situation in the space below, e.g. renting in another part of the City, County etc...	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. FOR TENANT APPLICANTS – This section to be completed by applicants who rented their primary residence at the time of the disaster.		
i. Was the unit damaged or destroyed by the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Were you living in the unit at the time of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No iii. Were you displaced from your primary residence due to a voluntary buyout? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Damaged Property Address:		
City:	State:	Zip:
iv. Monthly rent for displaced rental unit: _____ v. Average monthly cost for electric: _____ vi. Average monthly cost for gas: _____ vii. Average monthly cost for water/sewer: _____ viii. Average monthly cost for waste disposal: _____		

8. OTHER ASSISTANCE RECEIVED: - Assistance provided under the Community Development Block Grant Disaster Recovery Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). List all insurance companies currently covering your primary residence. List all insurance companies that were providing coverage to your real property on date of disaster.

Have you applied for any event related assistance for damage to your home from any source (local, state, federal, private)? If yes, proceed with this section. If no, proceed with Section # 9 Income Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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A. FEMA

i. Have you received any disaster related assistance from FEMA for structural damage to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Amount Approved?	Amount Received to date:
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ii. What is your FEMA Registration No.(s)?	1
	2
	3

iii. Did you receive FEMA assistance for any other needs, such as interim housing, other needs assistance, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Amount Approved?	Amount Received to date:
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B. Small Business Administration

i. Have you received any event-related assistance from the SBA for damage to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Amount Approved?	Amount Received to date:
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ii. What is your SBA Application No.(s)?	1
	2

iii. What is your SBA Loan No.(s)?	1
	2

iv. What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.	
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C. INSURANCE

i. Were you carrying Homeowner's Insurance at the time of the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", what type?	<input type="checkbox"/> Hazard <input type="checkbox"/> Wind <input type="checkbox"/> Flood <input type="checkbox"/> Contents
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Other : (Explain)

ii. Did you file a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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iii. From the date of the disaster event until present, have you received a settlement payment from your insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Purpose of funds (Explain):

iii. Provide the name of the Insurance Company(s):
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iv. Is the insurance coverage currently in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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v. Are you involved in an appeal or a lawsuit against your insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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vi. What is the status of your insurance appeal/lawsuit? (If Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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D. OTHER

i. Did you receive any other assistance for the repair of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ii. If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous CDBG Home repair, etc.

9. INCOME INFORMATION: Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, other income for all household members over age 18. List ALL household members and their incomes. Attach a separate sheet if you need more space. For adults that do not receive any income, please complete the Certification of Zero Income form. Backup documentation is required for all income verification.

FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.

Household Member Name	Full Time Student? Y/N	Income Verification Type	Income Amount	Income Interval	Annual Total

<u>Annual gross adjusted income of household:</u>					

Duplication of Benefits Review

Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 1521 *et seq.*) prohibits any person from receiving assistance with respect to any part of a loss resulting from a major disaster for which he/she has received previous financial assistance from any other source.

To ensure there is no duplication of benefits, Applicants for CDBG-DR funds must document all assistance received from the date of the disaster event until present. Applicants must report whether or not they filed claims or received any payment/settlement from an insurance company for damages caused by the disaster, or applied for and received assistance from FEMA, SBA, or any other sources of federal, state, local funds, including charitable organizations. Payment/settlement amounts also includes payments made directly by the insurance company to a contractor. Applicants must submit documentation of the claim(s) and/or payment/settlement amount(s), as well as receipts or certification of how the funds were spent.

Conditions and Access to Residence (As applicable for project activities)

I agree to stop all on-going construction activities upon signing this form.

I agree to maintain casualty insurance on the property.

I am current on all property tax payments.

I agree and understand the DED-BCS staff, local government staff, contractors, and subcontractors must be given access to all areas of my home during business hours and on a reasonable schedule until the housing assistance for which I am applying has been completed or when I provide a signed statement to DED-BCS declaring my intention to withdraw my application, whichever occurs first.

I authorize the Subrecipient/DED staff, contractors, and subcontractors to enter my home as needed to perform housing assistance work and inspections of housing assistance work, and such persons will not be held liable for any injury or expense incurred by me while participating in this program.

I agree and understand that if my home is deemed unsafe or unacceptable for housing technicians, contractors, or inspectors to perform their duties due to unsafe or dangerous conditions, presence of debris, clutter, mold, insect/rodent infestation, pets, threat of violence, etc., the project will be postponed until these conditions are corrected.

I agree to allow my home to be photographed for pre- and post-work documentation.

I agree to maintain ownership of my home for five (5) years after construction is completed.

Signature Clause

I hereby apply for assistance through the Community Development Block Grant – Disaster Recovery,

or CDBG-DR, administered by the Missouri Department of Economic Development - Division of Business and Community Solutions (DED-BCS) and implemented by the local government (Subrecipient) with whom I am filing this application.

I authorize and direct any federal, state, or local agency, organization, business, or individual to release any information needed to verify my application for housing assistance, for the purpose of determining my household's eligibility for CDBG-DR. I understand information relating to my eligibility or participation in the program, such as name, address, or income information, are generally exempt from disclosure and requests for such information will be treated by the DED-BCS consistent with the federal government's treatment of information requested under the Freedom of Information Act (FOIA). Highly sensitive information such as Social Security numbers, income, or medical information will be protected from public disclosure under the federal Privacy Act of 1974, FOIA, and Missouri Sunshine Law. I acknowledge that a photocopy of this form is as valid as the original. I understand that I have the right to review and receive a copy of information received using this form and to request correction of any information I believe to be inaccurate.

I acknowledge that the Subrecipient/DED is relying on the information in this form and supporting documents to determine my eligibility for assistance under a program of the U.S. Department of Housing and Urban Development (HUD) for disaster relief (CDBG-DR).

Civil Rights Statement:

No person will be denied or discriminated against in connection with any program or activity receiving federal financial assistance from the U.S. Department of Housing and Urban Development because of race, color, national origin, religion, sex, disability, or familial status.

Closing Certification

I certify that all information and answers to the questions in this Intake Application and related forms are true and complete to the best of my knowledge, and that all copies of documents provided are complete and accurate. I consent to release the necessary information to determine my eligibility for CDBG-DR funds. I understand that any CDBG-DR funds received due to incomplete or incorrect information that would otherwise make my home ineligible must be returned to the Subrecipient/DED. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal or civil penalties.

I have completed and signed the related forms to the intake application, including Subrogation Agreement, Insurance Attestation, and Consent for Non-public Personal Information.

My signature below indicates that I have read, understood, and agree to everything stated in this application. Applicant, Co-Applicant, and all household members age 18 and older must sign.

Primary Applicant
(Print Name)

Signature

Date

Additional Owner/Occupant
(Print Name)

Signature

Date

Additional Owner/Occupant
(Print Name)

Signature

Date

Additional Owner/Occupant
(Print Name)

Signature

Date

Additional Owner/Occupant
(Print Name)

Signature

Date

Additional Owner/Occupant
(Print Name)

Signature

Date

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001, and 31 U.S.C. 3729

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.