

Application for Approval as a Housing Counseling Agency

Housing Counseling Program

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0261
(Exp. 2/28/2009)

See last page, Page 5, for Public Burden Statements

This form is to be used by all organizations requesting HUD approval as a housing counseling agency. Send Section A of the application with original signature and all supporting documentation and narrative statements, as requested in Section B, to the appropriate HUD office listed in Appendix 2b.

SECTION A - Complete and return this page.

Official Name of the Organization	Address of the Main Office (list branch offices on a separate sheet of paper).
Acronym; aka, or dba, if applicable.	Executive Director's Name:
Counseling Program Administrator's Name & Title	Name, Title, Date & Signature of Authorized Person:
Agency Telephone Number	

Type of organization. Please check one box.

- National Organization (Has branches or affiliates in 9 or more states and covers more than one regional area, but need not function in all 50 states)
- Regional Organization (Serves a regional area such as the Southwest or the Northeast and offers services in eight or fewer contiguous states)
- Local Organization (Has one location or a main office with one or more branch offices within the same state or no more than two adjacent states)

Type(s) of Housing Counseling Services to be provided. Check all services the agency plans to offer if HUD approval is granted. See Handbook 7610.1, Chapter 3 for complete definitions.

- Homebuyer education (must also offer prepurchase counseling for HUD approval)
- Prepurchase counseling
- Mortgage Delinquency
- Loss Mitigation
- Post-purchase (including home improvement and rehabilitation)
- Home Equity Conversion Mortgage (HECM)
- Mobility and relocation assistance
- Renter Assistance/Section 8 and public housing
- Money/Debt Management
- Fair Housing Assistance
- Homeless
- Other (please list) _____

SECTION B – SUBMIT THE FOLLOWING DOCUMENTATION AND NARRATIVES

PART 1 – APPLICANT INFORMATION

1. **Non-profit Status:** Send a legible copy of the document that supports the agency's claim to be a non-profit organization (i.e. 501 [c] letter issued by IRS). The attachment must include the official name, address, and telephone number of the legal authority that granted the non-profit status. The applicant must assure HUD that its branches or affiliates must also be nonprofit entities.

2. **Charter:** Submit a copy of the recorded document (i.e., Charter, Articles of Incorporation, By-laws, governing body meeting minutes, etc.) that specifically authorizes your organization to provide housing counseling. **Local Government:** Submit a copy of the document that authorizes you to provide housing counseling if you are a unit of local, county, or State government.

3. **Community Base:**
 - A. Submit a narrative statement describing the agency's experience and record of achievement in providing housing counseling, services to the communities in which you plan to provide operate in. This statement should include specific activities relating to the services described in your housing counseling plan.

 - B. For intermediaries provide a written description of the responsibilities of both the main office or parent organization and the branches or affiliates. Include the following information in your description:
 - 1) Official name
 - 2) Address including ZIP Code
 - 3) Mailing address if different from address on line 2 above
 - 4) Telephone Number(s) including toll-free if available
 - 5) Name, title, and telephone number of the person in charge of the housing counseling program at this location
 - 6) ZIP codes serviced by this office

4. **Counseling Resources:** Describe your agency's and branches or affiliates' resources for areas listed below. These counseling resources can include funding possessed by the applicant, regardless of their sources, that the applicant can use to deliver housing counseling. Funds the applicant has on hand or has a written commitment to receive from any sources fall into this category. Submit a detailed narrative statement of these resources that are "on hand" as of the date of your application. Do not include projections of what you hope to receive or plan to seek. Describe the following resources in detailed:
 - A. **Staff:**
 - 1) Submit a resume/dossier for each staff person that will be involved in delivering any or all parts of housing counseling activities, including supervisory and clerical support staff.
 - 2) State position title, duties, and whether the position is a full-time or part-time, is paid or volunteer capacity.
 - 3) Indicate the extent of each counselor's knowledge of HUD housing programs, and other programs available in the target community. Cite training received, and/or any certificates received relating to the above programs.
 - 4) Language skills of the counselors if your agency is intending to serve non-English speaking clients.
 - 5) Identify any other jobs or activities the counselor performs that could result in a conflict of interest as identified in Chapter 5 of HUD Handbook 7610.1.

B. Facilities: (Local agency applicants only). For each facility:

- 1) Indicate whether the agency owns or rents the facility.
- 2) Indicate the agency's operating hours.
- 3) Describe accessibility features for disabled and elderly clients that may have special needs. If accessibility features are not present, indicate its absence and how, if at all, you would provide counseling to the clients that have special needs.
- 4) Indicate what public transportation, if any, is close to the facility (example: within 15 minutes walking).
- 5) Describe what is available for one-on-one and group counseling.
- 6) Describe your record-keeping system and client files to ensure confidentiality.

Facilities (National and Regional applicants only)

Do not provide information for each branch or affiliate. Instead, provide a general description of the facilities. Do address the matters of privacy and access by disabled and elderly persons by including a statement to the effect that these needs are or are not met at each counseling location. If access by handicapped persons is not present at a specific location, indicate its absence and describe how you would provide counseling to disabled and elderly clients.

C. Funding:

- 1) List the sources and amounts of funds from those sources that you have "on hand." "On hand" means you either possess the cash, or written commitment for the funds within the initial 12-month period of being a HUD-approved housing counseling agency.
- 2) Submit a copy of your current housing counseling budget and indicate the sources of the funds for the budget.
- 3) If you plan to charge for counseling, submit a schedule of charges to ensure that you are in compliance with the requirements of chapter 6 of Handbook 7610.1.
- 4) List funds received during the last 12 months from lenders or other industry professionals for services performed by your agency such as homebuyer education, loan application completion, or client referral.

5. Community Resources. Submit a list of local, State, Federal, public and private agencies with whom your agency and branches or affiliates have established firm working relationships for the provision of various kinds of assistance to your clients. Include a brief description of the type(s) of community resources or services each agency listed will provide for your clients. Community resources include HUD-approved counseling agencies with which the applicant and its branches or affiliates will work cooperatively with.

6. Other Agency Housing Activities. Briefly describe any other housing programs or activities the applicant agency and branches or affiliates offer. Examples include administering down payment assistance programs, developing housing projects, managing apartment buildings, rehabilitating and reselling HUD homes, and selling real estate. Identify those programs that housing counseling clients may be referred to.

PART 2 – HOUSING COUNSELING PLAN

Submit a detailed and concise housing counseling plan based on the information requested below. The plan should explain the needs and housing problems of the target population and how your agency will address those needs and problems with your available resources.

HUD considers an acceptable housing counseling plan to be a reasonable interlocking of the needs and housing problems of the target areas with the resources available to the applicant and its branches or affiliates to address those needs and problems successfully on behalf of clients. HUD will not approve a well-meaning but ill-conceived plan that lacks the necessary resources.

1. **Target Area(s):**
 - A. Submit a concise but detailed description of the target area you propose to provide housing counseling services. The description must include, but is not limited to, such items as size of population, socio-economic factors, racial and ethnic makeup of the population, and age and condition of housing.
 - B. A brief statement as to your reasons for selecting the target area and how your organization can serve the community.
 - C. If other housing counseling agencies exist in the same area, provide justification for the overlapping of services.
 - D. List the US Postal Service Zip code areas served by your agency. Include only those Zip code areas from which your agency received "clients" during the 12-month period immediately preceding the date of your application.
 - E. On a map, indicate the location of your counseling facility(ies). On the same map, outline and identify by number each of the individual Zip code areas you now serve as you indicated in "D" above.
 - F. On the same map, indicate the locations and the names of other housing counseling agencies within the same Zip code areas you serve.

2. **Housing Needs and Problems:** Submit a descriptive statement of the housing needs and problems of the target population. The statement must cite the specific sources from which you obtained your data. Include special needs and problems, such as those related to low income or poverty, homelessness, language barrier, ethnic, minority, and racial factors.

Indicate whether your agency is planning to provide housing counseling services to non-English speaking clients. If so, submit evidence that you have staff that fluently speaks the language of your clients or evidence that you have the service of interpreters available.

3. **Housing Counseling Plan:** Describe in detail the housing counseling activities that you will be providing as indicated in Section A, Item 2 above. The Plan should be specific as to these activities and how you will deliver each type of service. Your plan must reflect an understanding of HUD's definition of each housing counseling service as set forth in HUD Handbook 7610.1.

PART 3 – ASSURANCES AND CERTIFICATIONS

1. **Assurances:** Submit written assurances that your agency complies with the following items and will, as a HUD-approved housing counseling agency:
 - A. Administer its housing counseling in accordance with Title VI of the Civil Rights Act of 1964. Title VIII of the Civil Rights Act of 1968. Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
 - B. Provide its housing counseling services without sub-agreements with other agencies for the delivery of all or any part of the services in the applicant's counseling plan as approved by HUD.
 - C. Represent its clients without any conflict of interest on the part of the applicant, including its staff, which might compromise the agency's ability to represent fully in the best interests of the client in accordance with HUD Handbook 7610.1.

- D. Meet all local, State, and Federal requirements necessary to provide your agency's housing counseling services, including the management and liquidation services if your agency provides such services.
- E. Comply with the fee guidelines set forth in Handbook 7610.1, if the applicant plans to charge counseling fees.
- F. Accept all clients

2. On a separate sheet of paper (on the agency's letterhead), submit the following:

I certify that (applicant agency name) and its branches and affiliates are acting on our own behalf and are not under the influence, control, or direction of any outside party such as a landowner, real estate broker, contractor, builder, lender, or consultant seeking to derive a profit or gain from our housing counseling program clients.

I further certify that this agency does not engage in any activities that would cause a conflict of interest for our housing counseling clients as defined in Handbook 7610.1, Chapter 5.

I further certify that the information submitted in response to this **Application For Approval As A Housing Counseling Agency** is accurate.

Name and Title of Authorized Agency Representative:

Original Signature _____

Date _____

WARNING: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18U.S.C. 1001, 1010, 1012;31 U.S.C. 3729, 3802)

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

This information is collected in connection with HUD's Housing Counseling Program, and will be used by HUD to determine that the grant applicant meets the requirements of the Notice of Funding Availability (NOFA) and to assign points for awarding grant funds on a competitive and equitable basis. The information is required to obtain funding under Section 106 of the Housing and Community Development Act of 1974. The information is considered sensitive and is protected by the Privacy Act which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality.