

7610.1 REV-4

Appendix 7

MEMORANDUM FOR: Housing Counseling Clearinghouse

FROM: (Enter HUD Field Office information, including the name and title of the official who signs this memorandum.)

SUBJECT: Housing Counseling Agency Information

1. Agency Identification. Enter in item a. the current information for the ONLY or MAIN location (An agency may list only ONE main office.). If any part of that entry is an information change, enter the former information in item b. Please DO NOT include agency staff names, geographical service areas, etc.

[ ] Check this box if this agency has MORE THAN ONE location. For BRANCH offices, complete section 4.

a. Current Name:

Current Address:

Telephone Number:

Toll-Free Number:

FAX Number:

b. Former Name:

Former Address:

Former Telephone Number:

Former Toll-Free Number:

Former FAX Number:

1 of 3

07/95

7610.1 REV-4

Appendix 7

2. Action Regarding the Above Agency. Check appropriate box(es). Enter the action date on the line opposite each checked box.

a. [ ] Initial Approval

b. [ ] Approval withdrawal

c. [ ] Change in agency information

3. Type of Counseling Service Offered by the Agency. If this represents a change in the services you previously reported the agency offers, check this box [ ].

a. [ ] If the agency provides comprehensive housing counseling, check this box. If you checked this box, skip item b. and go to item c.

b. Check the box or boxes that indicate the type or types of counseling the agency provides.

- Homeowner (other than default counseling)
- Pre-purchase
- Mortgage Default
- Renter (including homeless)
- Rent Delinquency

c.  Check this box if the agency provides HECM - Home Equity Conversion Mortgage counseling.

4.Branch Office Information. If this is your INITIAL submission of branch office information for this agency, list all branches on extra sheets. Use the format in section 1, item a.

If you are submitting change information about a branch office, enter the change information below. Use the format in section 1, lines a and b.

Use additional sheets if necessary. ALWAYS attach pages 1 and 2 when you submit this page 3.

07/95

2 of 3

7610.1 REV-4

Appendix 7

5.U.S. Postal Service ZIP Code Areas

a.For a Newly Approved Agency, enter the ZIP Code areas indicated by the applicant agency on its Preliminary Application and approved by your office.

b.For a Previously Approved Agency, enter ZIP Codes to:

Delete:

Add:

6.FAX this information to the Housing Counseling Clearinghouse: 301-251-5767.

Name and other information for person whom the Clearinghouse may call regarding this submission.

Name	FTS No.	Office	Date
file:hcainfo.x7			

3 of 3

07/95