

Public reporting burden for this collection of information is estimated to average 1.5 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. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2502-0606. HUD requires this information collected on the HUD-90005 to ensure the members of the Housing Counseling Federal Advisory Committee meet the requirements of the Expand and Preserve Home Ownership Through Counseling Act, title XIV, subtitle D of Public Law 111-203 (Act), 42 USC 3533(g). This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

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

Privacy Act Statement:

Authorities: Section 4 of the Department of Housing and Urban Development Act, 42 U.S.C. § 3533(g) (2012) (the HUD Act), as amended by the Expand and Preserve Homeownership Through Counseling Act, Pub.L. No. 111-203, §1442(g) (4), 124 STAT. 1376, 2164 (2010); and it operates in accordance with the provisions of the Federal Advisory Committee Act (FACA) of 1972, as amended, 5 U.S.C. App. 2 (2012), and the Charter of the Housing Counseling Federal Advisory Committee (HCFAC).

Principal Purpose: The mission of the Office of Housing Counseling (OHC) is to provide individuals and families with the knowledge they need to obtain, sustain, and improve their housing. OHC will accomplish this mission by supporting a strong national network of HUD approved housing counseling agencies and counselors. The purpose of the HCFAC is to provide strategic planning and policy guidance to OHC on housing counseling issues.

Routine Use: The information collected by the HUD-90005 will be used by OHC to review membership applications and make recommendations to the Secretary for appointment of members of the HCFAC to ensure the members meet the requirements of the Expand and Preserve Homeownership through Counseling Act, the Federal Advisory Committee Act, and the Charter of the HCFAC. The information will not be disclosed outside HUD without your consent except to verify its accuracy, to a Federal, State, or local law enforcement agency when relevant to civil, criminal, or regulatory investigations and prosecutions, and to a Member of Congress or a congressional office in response to an inquiry.

Disclosure: All the information requested on the HUD-90005 is mandatory for submitted membership applications. If the information is not provided, the individual will not be considered for membership on the HCFAC.

APPLICATION FOR MEMBERSHIP ON THE HOUSING COUNSELING FEDERAL ADVISORY COMMITTEE (HCFAC)

The purpose of the HCFAC is to provide advice regarding the carrying out of the functions of the Office of Housing Counseling (OHC). The Committee shall consist of no more than 12 individuals. The membership will equally represent the mortgage and real estate industry including consumers, and housing counseling agencies certified by the Secretary.

PLEASE TYPE OR WRITE LEGIBLY. THIS FORM MAY BE SUBMITTED BY MAIL OR ELECTRONICALLY.

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Personal E-mail:	<input type="text"/>	Business E-mail:	<input type="text"/>
Telephone Number:	<input type="text"/>	Cell Phone Number:	<input type="text"/>
If you are employed:			
Employer:	<input type="text"/>		
Business Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Occupation/Title:	<input type="text"/>		
Duties:	<input type="text"/>		

Do you have any licenses/certifications appropriate to your occupations? ☐ Yes ☐ No

If so, what are they?

The HCFAC needs to reflect the demographic and geographic diversity of HUD's clients.

Please provide the following demographic information:

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Race (Select one or more): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander
☐ White ☐ Other

Sex: ☐ Male ☐ Female **Age:**

Please provide the following housing information:

Do you: ☐ Rent ☐ Own ☐ Unhoused ☐ Not-Applicable (N/A)

Please provide the following geographic information:

Is where you live: ☐ Urban ☐ Suburban ☐ Rural ☐ Small town

Do you live in the: ☐ Northeast ☐ Southeast ☐ Midwest ☐ Southwest ☐ West

Will you need any special accommodations in order to serve on the HCFAC? ☐ Yes ☐ No If so, what are they?

Are you a registered federal lobbyist? ☐ Yes ☐ No

Please briefly describe your **housing** experience, including the number of years. Include your experience with FHA programs and products.

Experience

- ☐ 11+ years
☐ 5-10 years
☐ 1-5 years
☐ No experience

Please briefly describe your **housing counseling** experience, including the number of years.

Experience

- ☐ 11+ years
☐ 5-10 years
☐ 1-5 years
☐ No experience

Please briefly describe your **managerial/leadership** experience, including the number of years.

Experience

- ☐ 11+ years
☐ 5-10 years
☐ 1-5 years
☐ No experience

Please briefly describe your **civic and community activities**, including the number of years.

Experience

- ☐ 11+ years
☐ 5-10 years
☐ 1-5 years
☐ No experience

Each member will represent the mortgage industry, real estate industry, consumers, or HUD-approved housing counseling agencies.

Please identify which membership group(s) fit your background and skills: ☐ Mortgage ☐ Real Estate ☐ Housing Counseling Agency ☐ Consumer

Briefly summarize why you want to be a member of the HCFAC and what unique experiences, skills, and knowledge you will bring to the HCFAC and how you add to the diversity of the HCFAC. Also include your resume as a separate document when you submit your application to the e-mail address or mailing address below .

Members will be required to adhere to the conflict-of-interest rules applicable to Special Government Employees as such employees are defined in 18 U.S.C. Section 202(a). The rules include relevant provisions in 18 U.S.C. related to criminal activity, Standards of Ethical Conduct for Employees of the Executive Branch (5 CFR part 2635), and Executive Order 12674 (as modified by Executive Order 12731).

I agree to any pre-appointment screening relating to identity of interest and financial interests that HUD might require as shown above. I understand that I will be asked to complete form OGE-450 (Confidential Financial Disclosure Report).

Signature

Date

The application deadline for interested candidates will be posted in the Federal Register which can be found at:

<https://www.hudexchange.info/programs/housing-counseling/federal-advisory-committee/>

Applications should be submitted in sufficient time to be received by the close of business on the closing date and be addressed to the following e-mail address:

hcfac.application@hud.gov

An application that needs to be mailed should be mailed to Office of the DAS for Housing Counseling, HUD, 451 7th Street SW, Washington DC 20410.