

**Local Housing Counseling Agency (LHCA)
Application**

OMB Number: 2502-0261
Expiration Date: 07/31/2019

Burden Statement:

Public reporting burden for this collection of information is estimated to average 40 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. The information is being collected for a housing counseling agency to participate in HUD's Housing Counseling program. The information will be used by HUD to ensure that Counselors provide guidance and advice to help families and individuals improve their housing conditions and meet the responsibilities of tenancy and homeownership. Counselors also help borrowers avoid predatory lending practices, such as inflated appraisals, unreasonably high interest rates, unaffordable repayment terms, and other conditions that can result in a loss of equity, increased debt, default, and foreclosure. This agency may not collect this information, and you are not required to complete this form, unless it displays a valid OMB control number.

**CHART A1 -- LHCA CHARACTERISTICS
RATING FACTORS 1, 2, 3 AND 5**

NOTE: Entering an "x" indicates a "Yes" response.

Rating Factor 1

- B) Name of Applicant
- C) Location City State
- D) Agency's HUD Housing Counseling System (HCS) Number
- E) Promise Zones / Housing Counselors Received Emergency Preparedness or Disaster Recovery Training
- J) Number of Housing Counselor Full-Time Equivalent (FTE)
- K) Number of HUD HECM ROSTER Reverse Mortgage Counselors (if applicable)
- L) Average Counseling Hours per FY 2017 HECM Client (if applicable)
- M) Formal Housing Counseling Training
- N) HUD-certified Housing Counselors On Staff
- O) Alternate Mode(s) of Counseling
- P) Adopted National Industry Standards
- Q) Counseling Services available in Multiple Languages
- R) Alternate Formats Accessible to Persons with Disabilities
- S) Client Exit Surveys
- T) Follow-up Client Surveys

Rating Factor 2

- U) Serves Rural Community
- V) Serving Area with No Internet Access
- W) Sole Agency Providing Housing Counseling Services in Target Area

Rating Factor 3

Y) Name(s) of Housing Counseling Related Partnerships/Collaboratives, if Applicable

Rating Factor 5

- Z) Uses Reviews by Senior Management Staff with Results Reported to Organization's Board
- AA) Publishes Performance Data
- AB) Link to Published Performance Data, if Available Online
- AC) Name of CMS
- AD) Uses CMS to Generate Reports
- AE) Use CMS to Record Notes, Action Plan, Financial Analysis and Follow-up
- AF) Uses CMS to Track Grants
- AG) Performs Quality Control Review of CMS Data
- AH) Pulled Credit Reports 6 or More Months after Counseling was Completed
- AI) Uses Other Methods of Evaluating Program Services
- Describe:

**CHART B1 -- SERVICES AND MODES
RATING FACTOR 3 (2A)**

Applicant Name:

EXAMPLE

Example: Housing Counseling Service to be Provided 10/1/2017-3/31/2019

A	EXAMPLE	Pre-purchase/ Home buying	Resolving/Preventing Mortgage Delinquency or Default	Home Maintenance and Financial Management for Homeowners (Non- Delinquency Post-Purchase)	Rental Topics	Homeless Assistance	Reverse Mortgage	TOTAL
B	Indicate if One-on-One Counseling Provided by Applicant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="2"/>
D	Indicate if Group Education Provided by Applicant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="1"/>
F	Service Will be Provided In Person	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="2"/>
H	Service Will be Provided Via Telephone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="1"/>
J	Service will be provided Over the Internet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="1"/>
L	Service Will Be Available in Multiple Languages?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="1"/>

**CHART B1 -- SERVICES AND MODES
RATING FACTOR 3 (2A)**

Applicant Name:

		Housing Counseling Service to be Provided 10/1/2017-3/31/2019						
A		Pre-purchase/ Home buying	Resolving/Preventing Mortgage Delinquency or Default	Home Maintenance and Financial Management for Homeowners (Non- Delinquency Post-Purchase)	Rental Topics	Homeless Assistance	Reverse Mortgage	<i>TOTAL</i>
B	Indicate if One-on-One Counseling Provided by Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/> 0
D	Indicate if Group Education Provided by Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/> 0
F	Service Will be Provided In Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/> 0
H	Service Will be Provided Via Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/> 0
J	Service will be provided Over the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/> 0
L	Service Will Be Available in Multiple Languages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/> 0

**CHART C1 -- OTHER HUD PROGRAMS
RATING FACTOR 3 (3B)**

Applicant Name:

A	B	C
HUD Program	Administering Office	Indicate if Applicant Provided Housing Counseling Services in Conjunction with HUD Programs, during 10/1/2017 - 3/31/2019
Second Mortgage Assistance for First-Time Homebuyers	Community Planning and Development	<input type="checkbox"/>
Rural Housing Stability Grant Program	Community Planning and Development	<input type="checkbox"/>
Public Housing Operating Fund	Public and Indian Housing	<input type="checkbox"/>
Housing Choice Voucher (Section 8) Tenant-Based Rental Assistance Homeownership Option	Public and Indian Housing	<input type="checkbox"/>
Demolition and Disposition of Public Housing	Public and Indian Housing	<input type="checkbox"/>
Family Self-Sufficiency	Public and Indian Housing	<input type="checkbox"/>
Public Housing Resident Homeownership Programs	Public and Indian Housing	<input type="checkbox"/>
Conversion of Distressed Public Housing to Tenant-Based Assistance	Public and Indian Housing	<input type="checkbox"/>
Low Income Housing Preservation and Resident Homeownership Act Prepayment Options	Public and Indian Housing	<input type="checkbox"/>
Native American Housing Assistance Self Determination Act Housing Block Grants	Public and Indian Housing	<input type="checkbox"/>
Native Hawaiian Housing Block Grants	Public and Indian Housing	<input type="checkbox"/>
Housing Choice Voucher (Section 8) Rental Assistance	Public and Indian Housing	<input type="checkbox"/>
HUD-Sponsored Housing Counseling-Related Research or Pilot Program: Must specify <input type="text"/>		<input type="checkbox"/>
Other: Must specify <input type="text"/>		<input type="checkbox"/>
TOTAL		0

**CHART D1 -- LEVERAGING
RATING FACTORS 3 AND 4**

OMB Number: 2502-0261
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Leveraged Resource 1 of 1

A. Applicant/Sub-grantee/Branch

B. Name of Applicant, Sub-grantee/Branch Office
Proposed to be Funded

C. Organization Providing Leveraged Funds/In-kind
Contributions

Point of Contact at Organization
Providing Leveraged Funds/In-kind
Contributions

Prefix

First Name

Middle Name

Last Name

Suffix

D. Type of Contribution (Cash, Fees, In-kind, Program
Income)

E. Funds Must be Available During the Grant Period

F. Use of Funds -- Only Include Funds that are Exclusively
Allocated for Housing Counseling Program

G. Only Include the Amount of Funds that are Available
from October 1, 2017 to March 31, 2019

\$

TOTAL

\$

**CHART E.1 -- ACTUAL EXPENSES
RATING FACTORS 1, 2, 3 AND 5**

1	Applicant Name:	
2	Maximum Grant Request (Optional): This amount, if provided, will be considered in the funding methodology as a cap in establishing the maximum grant amount for the Applicant. In other words, successful Applicants that specify a maximum grant request will receive a grant that is no higher than the specified amount. If you do not want to specify a maximum grant request, leave this box blank.	\$ <input type="text"/>
3	(A)	(B)
4	Expenses	Applicant's Total FY 2017 Expenses, All Sources
5	Salaries	
6	Housing Counselors	
7	Housing Counseling Program Managers	
8	All Other Housing Counseling Program Staff	
9	Fringe Benefits	
10	Housing Counselors	
11	Housing Counseling Program Managers	
12	All Other Housing Counseling Program Staff	
13	Total Other Direct Costs (Must Provide Explanation of Other Expenses in Narrative)	
14	Total Direct Costs	\$
15	Indirect Cost Allocation Amount (if applicable)	
16	TOTAL EXPENSES	\$

**CHART F1 -- AFFIRMATIVELY FURTHERING FAIR HOUSING
RATING FACTORS 2 AND 3**

OMB Number: 2502-0261
Expiration Date: 07/31/2019

Applicant Name

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Instructions: All Applicants must complete Fields A through E of the chart below to demonstrate how the Applicant will fulfill its obligation to affirmatively further fair housing in the use of Housing Counseling grant funds.

Rating Factor 2, Sub-Factor 1(c)

(A) Jurisdiction/Service Area

(B) Brief description of impediments to fair housing choice in the jurisdiction/service area identified in Field A

(C) Information Source for Impediments identified in Field B (e.g. applicable state or local Consolidated Plan, Analysis of Impediments, or Assessment of Fair Housing)

Rating Factor 3, Sub-Factor 2(c)

(D) Brief description of an activity that addresses an impediment to fair housing choice identified in Field B

(E) Brief description of how Applicant will measure outcomes related to the activity proposed in Field D

**CHART G1 -- OVERSIGHT ACTIVITIES
RATING FACTOR 3 (1C AND 2B)**

CHART G.1: LHCA's ONLY

Applicant Name: _____

For **Rating Factor 3, Sub-factor 1(c)**, LHCA's must complete Chart G.1, by **checking a box in Column B** for the actual oversight activities conducted during FY 2017. Items selected in this chart may be verified by HUD staff during a performance review.

For **Rating Factor 3, Sub-factor 2(b)**, LHCA's must complete Chart G.1, by **checking a box in Column C** for oversight and quality control activities that will be performed as part of the proposed FY 2017 work plan. Items selected in this chart may be verified by HUD staff during a performance review.

A		Rating Factor 3, Sub-factor 1 (c)	Rating Factor 3, Sub-factor 2 (b)
		B	C
Oversight Activity		Actual Activities Performed in FY 2017	Proposed Activities to be Performed in FY 2018
i.	Maintain disbursement supporting documentation, including personnel activity reports [or other personnel expense documentation that satisfies 2 CFR 200.430(i) requirements], invoices, client file lists, or similar forms of documentation.	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements.	<input type="checkbox"/>	<input type="checkbox"/>
iii.	Conduct supervisory monitoring by reviewing client and education files for compliance with HUD recordkeeping requirements.	<input type="checkbox"/>	<input type="checkbox"/>
iv.	Conduct supervisory monitoring of counseling service activities to ensure Delivery of Services requirements outlined in HUD Handbook 7610.1, Paragraph 3-5 are met.	<input type="checkbox"/>	<input type="checkbox"/>
v.	Conduct random supervisory monitoring of an interactive counseling session.	<input type="checkbox"/>	<input type="checkbox"/>