

**Intermediary, State Housing Finance Agency,  
and Multi-State Organization  
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 A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS  
RATING FACTORS 1, 2, 3 AND 5**

INSTRUCTIONS: The first page of this form is for the applicant. If the Applicant's main office provides direct housing counseling activities, the main office must be included in the list of sub-grantees and branches in the Chart A2 attachment. All Intermediary, SHFA, and MSO applicants must fill out and submit the Chart A2 attachment with their branch and/or sub-grantee information.

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**Rating Factor 1**

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B) Name of Applicant

C) Location City  State

D) Agency's HUD Housing Counseling System (HCS) Number .....

E) Preferred Sustainable Communities / Promise Zones .....

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**Rating Factor 3**

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X) % of Award Applicant Intends to Allocate to Itself .....

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

**\*Chart A2 Attachment**

## Totals from Chart A2 Attachment

**NOTE: If the Applicant's main office provides direct housing counseling activities, the main office must be included in the list of sub-grantees and branches.**

### Rating Factor 1

E	Promise Zones / Housing Counselors Received Emergency Preparedness or Disaster Recovery Training	0
F	Branch of an Intermediary, MSO or SHFA	0
G	Sub-grantee that is NOT HUD-Approved LHCA	0
H	Sub-grantee that is HUD-approved LHCA	0
I	Number of Sub-grantee's Branches	0.0
J	Number of Housing Counselor Full-Time Equivalent (FTE)	0.0
K	Number of HUD HECM Roster Reverse Mortgage Counselors (if applicable)	0.0
L	Average Counseling Hours per FY 2017 HECM Client (if applicable)	
M	Formal Housing Counseling Training	0
N	HUD-certified Housing Counselors On Staff	0
O	Alternate Mode(s) of Counseling	0
P	Adopted National Industry Standards	0
Q	Counseling Services available in Multiple Languages	0
R	Alternate Formats Accessible to Persons with Disabilities	0
S	Client Exit Surveys	0
T	Follow-up Client Surveys	0

### Rating Factor 2

U	Serves Rural Community	0
V	Serving Area with No Internet Access	0
W	Sole Agency Providing Housing Counseling Services in Target Area	0

### Rating Factor 3

X	% of Award Applicant Intends to Allocate to Itself or Each Branch or Sub-grantee	0
Y	Name(s) of Housing Counseling Related Partnerships/Collaboratives, if Applicable	0

### Rating Factor 5

Z	Uses Reviews by Senior Management Staff with Results Reported to Organization's Board	0
AA	Publishes Performance Data	0
AB	Link to Published Performance Data, if Available Online	
AC	Name of CMS	
AD	Uses CMS to Generate Reports	0
AE	Use CMS to Record Notes, Action Plan, Financial Analysis and Follow-up	0
AF	Uses CMS to Track Grants	0
AG	Performs Quality Control Review of CMS Data	0
AH	Pulled Credit Reports 6 or More Months after Counseling was Completed	0
AI	Uses Other Methods of Evaluating Program Services	0

## CHART B2 -- SERVICES AND MODES RATING FACTOR 3 (2A)

Applicant Name: EXAMPLE

**NOTE:** Applicants proposing to fund sub-grantees and/or branches\* must indicate the number of proposed sub-grantees and branches which will provide the proposed services.  
\*Do NOT include branches of sub-grantees.

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 style="width: 40px;" type="text" value="2"/>
C	# of Sub-grantees and/or Branches* that Provided One- on-One Counseling	<input style="width: 40px;" type="text" value="5"/>	<input style="width: 40px;" type="text" value="5"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="10"/>
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 style="width: 40px;" type="text" value="1"/>
E	# of Sub-grantees and/or Branches* that Provided Group Education	<input style="width: 40px;" type="text" value="4"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="4"/>
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 style="width: 40px;" type="text" value="2"/>
G	# of Sub-grantees and/or Branches* that Will Provide Service In Person	<input style="width: 40px;" type="text" value="5"/>	<input style="width: 40px;" type="text" value="5"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="10"/>
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 style="width: 40px;" type="text" value="1"/>
I	# of Sub-grantees and/or Branches* that Will Provide Service Via Telephone	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="5"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="5"/>
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 style="width: 40px;" type="text" value="1"/>
K	# of Sub-grantees and/or Branches* that Will Provide Service Over the Internet	<input style="width: 40px;" type="text" value="2"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="2"/>
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 style="width: 40px;" type="text" value="1"/>
M	# of Sub-grantees and/or Branches* that Will Provide Service in Multiple Languages	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="2"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="2"/>



**CHART C2 -- OTHER HUD PROGRAMS  
RATING FACTOR 3 (3B)**

**Applicant Name:**

**NOTE:** Applicants proposing to fund sub-grantees and/or branches must indicate the number of proposed sub-grantees and branches (Column D below) which provided (during 10/1/2017-3/1/2019) housing counseling services in conjunction with other HUD programs that are marked in Column C below.

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

**CHART D2 -- LEVERAGING  
RATING FACTORS 3 AND 4**

OMB Number: 2502-0261  
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INSTRUCTIONS: All applicants must fill out and submit the Chart D attachment and enter the total amount of leveraged funds available from 10/1/2017-3/31/2019 here.

**\*Chart D2**

Add Attachments	Delete Attachments	View Attachments
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**Total of Leveraged Funds Available**  
10/1/2017-3/31/2019 \$

**CHART E2 -- ACTUAL EXPENSES  
RATING FACTORS 1, 2, 3, AND 5**

1	<b>Applicant Name:</b>			
2	<b>Maximum Grant Request (Optional):</b> 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	FY 2017 Grant Period Percentage of HUD Funds Sub-allocated to Sub-grantees and Branches			%
4	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
5	<b>Expenses</b>	<b>Applicant's Total FY 2017 Administrative Expenses, All Sources (Do Not Include Funds Sub-allocated to Sub-grantees/Branches)</b>	<b>Total FY 2017 Expenses of all Sub-Grantees/Branches, All Sources (Include Main Office that Provides Direct Counseling)</b>	<b>(B + C) Network-wide Total FY 2017 Expenses, All Sources</b>
6	<b>Salaries</b>			
7	Housing Counselors			\$
8	Housing Counseling Program Managers			\$
9	All Other Housing Counseling Program Staff			\$
10	<b>Fringe Benefits</b>			
11	Housing Counselors			\$
12	Housing Counseling Program Managers			\$
13	All Other Housing Counseling Program Staff			\$
14	Total Other Direct Costs (Must Provide Explanation of other Expenses in Narrative)			\$
15	<i>Total Direct Costs</i>	\$	\$	\$
16	Indirect Cost Allocation Amount (if applicable)			\$
17	<b>TOTAL EXPENSES</b>	\$	\$	\$



**CHART F2 -- AFFIRMATIVELY FURTHERING FAIR HOUSING  
RATING FACTORS 2 AND 3**

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**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 G2 -- OVERSIGHT ACTIVITIES  
RATING FACTOR 3 (1C AND 2B)**

<b>Applicant Name:</b>					
For <b>Rating Factor 3, Sub-factor 1(c)</b> , Intermediaries, MSOs and SHFAs must complete Chart G.2, by <b>checking a box in Column B</b> and entering the <b>number</b> of affiliates/sub-grantees/branches for which oversight and quality control activities were performed as part of the actual FY 2017 work plan in <b>Column C</b> . Items selected in this chart may be verified by HUD staff during a performance review.					
For <b>Rating Factor 3, Sub-factor 2(b)</b> , Intermediaries, MSOs and SHFAs must complete Chart G.2, by <b>checking a box in Column D</b> and entering the <b>number</b> of affiliates/sub-grantees/branches for which oversight and quality control activities that will be performed as part of the proposed FY 2018 work plan in <b>Column E</b> . Items selected in this chart may be verified by HUD staff during a performance review.					
1. Enter total number of affiliates/sub-grantees/branches in the Applicant's FY 2017 network as of 10/1/2016					<input type="text"/>
2. Enter the total number of performance reviews conducted in FY 2017					<input type="text"/>
3. Enter the number of affiliates/sub-grantees/branches (from 0 to a maximum of 5) for which the Applicant will conduct a performance review in FY 2018 using the HUD-9910 form. Applicants must share the results of these reviews with HUD.					<input type="text"/>
<b>A</b>		<b>Rating Factor 3, Sub-factor 1 (c)</b>		<b>Rating Factor 3, Sub-factor 2 (b)</b>	
		<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Oversight Activity</b>		<b>Actual Activities Performed in FY 2017</b>	<b># of Affiliates/Sub-grantees/Branches for which Activity was Performed in FY 2017</b>	<b>Proposed Activities to be Performed in FY 2018</b>	<b>Proposed # of Affiliates/Sub-grantees/Branches for which Activity will be Performed in FY 2018</b>
i.	Train and provide technical assistance to affiliates/sub-grantees/branches.	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
ii.	Monitor, evaluate and verify quality of services provided by affiliates/sub-grantees/branches:				
	Verify affiliates/sub-grantees/branches are conducting supervisory monitoring work of housing counseling staff.	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
	Verify affiliates/sub-grantees that are not directly approved by HUD meet HUD's approval standards.	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
	Monitor the grant funded work of sub-grantees/ branches to verify compliance with HUD grant agreement requirements and progress in meeting projections.	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
	Identify and rectify service delivery deficiencies and non-compliance issues.	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
iii.	Process sub-grantees' and branches' disbursements under the grant:				
	Review 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="text"/>	<input type="checkbox"/>	<input type="text"/>
	Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements.	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>