

FY2019 PROPOSED REVISIONS 3-12-2019
Local Housing Counseling Agency (LHCA) Application

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

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

- A) Name of Applicant
- B) Location City State
- C) Agency's HUD Housing Counseling (HCS) Number
- F) Number of Housing Counselor Full-Time Equivalents (FTE)
- G) Number of HUD HECM ROSTER reverse mortgage counselors (if applicable)
- H) Number of Default Counselors Providing Reverse Mortgage/HECM Default Counseling During Grant Period
- I) Formal Housing Counseling Training
- J) HUD-certified Housing Counselors On Staff
- K) Adopted National Industry Standards
- L) Issued Client Exit Surveys
- M) Follow-up Client Surveys
- N) Pulled Credit Reports 6 or More Months after Counseling was Completed.
- O) Opportunity Zones - Census Tract Number (if applicable).
- Q) Maximum Grant Request
- R) Total FY 2018 Salaries and Fringe for Staff Providing Housing Counseling/ Group Education ..
- S) Total FY 2018 Housing Counseling Expenses (including direct and indirect costs)

Instructions: Enter an "x" in the boxes below for modes of housing counseling services to be provided during the grant period. An "x" indicates a "Yes" response.

- T) Counseling/Group Education to be Provided In Person.
- U) Counseling/Group Education to be Provided Via Telephone or Video (interactive).
- V) Counseling/Group Education to be Provided Over the Internet (asynchronous, self-guided courses)
- W) Counseling/Group Education to be Available in Multiple Languages.

CHART B1 -- LEVERAGING

Instructions: Only include the amount of funds that are available during the grant period.

| Leveraged Resource 1 of 1 | | Delete |
|---|-------------------------|--------|
| B. Organization Providing Leveraged Funds/In-kind Contributions | <input type="text"/> | |
| Point of Contact at Organization Providing Leveraged Funds/In-kind Contributions | <input type="text"/> | |
| | <input type="text"/> | |
| C. Type of Contribution | <input type="text"/> | |
| D. Use of Funds -- Only Include Funds that are Exclusively Allocated for Housing Counseling Program | <input type="text"/> | |
| E. Amount of Funds from this Resource | \$ <input type="text"/> | |
| TOTAL OF ALL LEVERAGED RESOURCES | \$ <input type="text"/> | |

Add Another Leveraged Resource

CHART C1 – VULNERABLE POPULATIONS

Applicant Name

Instructions: All Applicants must complete Fields A through F of the chart below to demonstrate how the Applicant will fulfill its obligation to affirmatively further fair housing, provide access to clients with disabilities and/or limited English proficiency in the use of Housing Counseling grant funds, and inform clients of lead-based paint hazards in the use of Housing Counseling grant funds.

Fields H and I are preference points; Applicants are not required to complete this section.

(A) Jurisdiction/Service Area and latest state or local consolidated plan, analysis of impediments, or assessment of fair housing.

(B) Indicate any fair housing issues and contributing factors from the jurisdiction/service area identified in Field A with the options below.

1) Discrimination against families with children

2) Discrimination against persons with disabilities

3) Insufficient multilingual marketing efforts to those with limited English proficiency.

4) Geographic concentration of racial and ethnic areas of poverty

6) Zoning/land use policies that permit only middle income to high income housing development

7) Other.

(C) Provide a brief description of an activity that addresses one of the proposed goals in the reviewed state or local analysis of impediments or assessment of fair housing identified in field A, and how applicant will measure outcomes related to the activity (limit 2,000 characters).

(D) Provide a brief description of staff training that addresses a fair housing issue or contributing factor identified in Field B (limit 2,000 characters).

(E) Describe how access to programs and activities will be readily accessible and useable to persons with disabilities. Please also describe what appropriate steps will be taken to ensure effective communication with persons with disabilities (limit 2,000 characters).

(F) Describe what reasonable steps will be taken to ensure persons with limited English proficiency (LEP) will have meaningful access to the program and activities. (limit 2,000 characters).

(G) Describe how counselors will inform clients of hazards of lead-based paint (limit 1,000 characters).

Instructions: Fields H and I are preference points; Applicants are not required to complete this section.

(H) PREFERENCE POINT- Indicate any emergency preparedness and/or disaster recovery activities in which your agency participates with the options below.

1) Agency provides emergency preparedness workshops

2) Agency provides disaster recovery workshops.

3) Counselor discusses emergency recovery topics and resources during one-on-one counseling.

4) Counselor discusses disaster recovery topics and resources during one-on-one counseling.

6) Counselors participate in emergency preparedness and/or disaster recovery trainings.

7) Agency entered into an agreement outlining mutual emergency and services with community partner. .

8) Other.

(I) PREFERENCE POINT- Briefly describe how your agency implements the emergency preparedness and/or disaster recovery activities as indicated in Field H (limit 1,000 characters).

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CHART D1 -- OVERSIGHT ACTIVITIES

| | | |
|--|---|---|
| Applicant Name: | | |
| LHCAs must complete this chart by checking a box in Column B for oversight and quality control activities that will be performed as part of the proposed FY 2019 work plan. | | |
| A | | B |
| Oversight Activity | | Proposed Activities to be Performed in FY 2019 |
| 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"/> |
| ii. | Conduct supervisory monitoring by reviewing client and education files for compliance with HUD recordkeeping requirements in HUD Handbook 7610.1 (Rev-5), 5-7 and 5-8. | <input type="checkbox"/> |
| iii. | 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"/> |

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I agree.....