**HUD-9900 Attachment A – Screening for Ineligible Participants**

**OMB Control Number:** 2502-0573

**Expiration Date:** XX-XX-XXXX

**PAPERWORK BURDEN DISCLOSURE NOTICE**

The reporting burden for this collection of information is estimated to average 10 minutes 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. This collection of information is required to obtain or retain benefits. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

## Privacy Advisory:

**Authorities:** The Office of Housing Counseling is responsible for administration of the Department's Housing Counseling Program, authorized by Sections 101(e) and 106 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701w and 1701x). New Certification Requirements Final Rule released December 14, 2016. Section 106 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701x) (Section 106) was amended by Subtitle D of title XIV of the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111–203, 124 Stat. 1376, approved July 21, 2010).

**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. Agencies that are eligible, meet program requirements, and provide the information requested on the form HUD-9900 may be approved to provide Comprehensive Housing Counseling Services that aid in the homeownership process.

**Disclosure:** Under the Privacy Act, the information may be disclosed outside HUD without your consent for purposes such as census activities and statistical research. The information will not be disclosed outside HUD without your consent except to civil, criminal, or regulatory investigations or prosecutions, or to a Member of Congress or a congressional office in response to an inquiry. All the information requested on the form HUD-9900 is voluntary. The information is required to evaluate new applicants against Housing Counseling Program eligibility requirements only. If the information is not provided, the agency may not be considered for approval into HUD's Housing Counseling Program. This application is designed to be completed by applicants who are seeking approval to be a HUD-Approved Housing Counseling Agency. As of August 1, 2021, housing counseling required by or provided in connection with HUD programs must only be provided by HUD certified housing counselors working for participating agencies approved to provide such housing counseling by HUD's Office of Housing Counseling.

**HUD-9900 ATTACHMENT A**

| | |
|---|---|
| **Agency Name:** | |
| **Address:** | |
| **City, State, Zip Code** | |

| Name of Counseling Staff and Title | Duites - Brief Description | Length of employment | Is staff member full-time, part-time or volunteer | Physical Home Address | Contact Telephone Number |
|---|---|---|---|---|---|
| *Sample - John Davis, Program Director* | *management & oversight of counseling program* | *6 yrs* | *Full-time* | *1234 Anytown St, Happytown, WY 82001* | *307-555-1234* |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**HUD-9900 ATTACHMENT A**

| | |
|---|---|
| **Agency Name:** | |
| **Address:** | |
| **City, State, Zip Code** | |

| Name of Board Member and Title | Employer Name | Duties - Brief Description | Physical home address | Contact Telephone Number |
|---|---|---|---|---|
| *Sample - Carol Morris, President* | *Westside Financial Services* | *Vice President, marketing operations* | *123 Windy West Road Chugwater, WY 12345* | *307-555-1212* |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |