

**Local Housing Counseling Agency (LHCA) Application**  
Form HUD-9906-L

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 and is required to obtain or retain benefits. No confidentiality is assured. 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.

**I certify that the information provided on all charts of Form HUD-9906-L 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 to the above certification statement.**

## CHART A1 – LHCA CHARACTERISTICS

Enter an "x" to indicate 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 .....
- G) Number of HECM Roster Reverse Mortgage Counselor Full-Time Equivalents .....
- H) Number of Default Counselor Full-Time Equivalents 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) Issued Follow-Up Client Surveys .....
- N) Pulled Credit Reports as Part of Housing Counseling Follow-Up Prior to the Termination  
of Counseling .....
- O1) Opportunity Zone 11-Digit Census Tract Number (*Preference Points*) .....
- O2) Promise Zone (*Preference Points*) .....
- O3) Historically Black Colleges and Universities (*Preference Points*) .....
- Q) Maximum Grant Request .....
- R) Seeking Reimbursement for Program Costs Incurred Prior to the Period of Performance. ....

Enter an "x" in the boxes below for modes of housing counseling services you will provide during the grant period.

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

## **CHART B1 – LEVERAGING**

Applicants with leveraged funds must fill out and attach their Chart B (Excel) to their grants.gov application. Failure to complete and submit this form may result in loss of points.

## CHART C1 – VULNERABLE POPULATIONS

The Applicant must complete Fields A through H below to demonstrate how the Applicant will further fair housing, provide access to clients with disabilities and limited English proficiency, promote housing choice, inform clients of lead-based paint hazards, and provide emergency preparedness and/or disaster recovery activities.

(A) Provide a brief description of any meaningful action the Applicant will take that is consistent with the obligation to Affirmatively Further Fair Housing (limit 1,000 characters).

(B) Provide a brief description of staff training related to the actions described in Field A (limit 1,000 characters).

(C) Describe how programs and activities will be accessible to persons with disabilities and identify policies and procedures for providing reasonable accommodations (limit 1,000 characters).

(D) Describe what steps will be taken to ensure people with limited English proficiency (LEP) will have meaningful access to programs and activities (limit 1,000 characters).

(E) Describe how counselors will provide clients with mobility counseling and what information they will provide to clients that will enhance their housing choice regardless of race, color, and national origin (limit 1,000 characters).

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

(G) Indicate any emergency preparedness and/or disaster recovery activities in which the Applicant participates with the options below.

- 1) Applicant provides emergency preparedness workshops . . . . .
- 2) Applicant 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. . . . .
- 5) Counselors participate in emergency preparedness and/or disaster recovery trainings. . . . .
- 6) Applicant entered into an agreement outlining mutual emergency and services with community partner
- 7) Other – Provide a brief description below . . . . .

(H) Describe how the Applicant implements the emergency preparedness and/or disaster recovery activities as indicated in Field G (limit 1,000 characters).

## CHART D1 – OVERSIGHT ACTIVITIES

The Applicant must check the boxes in Column B for the oversight and quality control activities that will be performed during the grant period.

A		B
Oversight Activity		Proposed Activities to be Performed
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), Paragraphs 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"/>

## CHART E1 – USE OF FUNDS

The Applicant must fill out and attach Chart E (Excel) to their grants.gov application. Failure to complete and submit this form may result in loss of points.

**CHART F1 – HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, TRIBAL COLLEGES AND UNIVERSITIES, AND OTHER MINORITY SERVING INSTITUTIONS (MSI)**

Applicants applying for this funding initiative must complete the following questions. Applicants must also submit proof of status as an HBCU or other MSI, and/or if applicable, a letter certifying partnership between the housing counseling agency and the HBCU or other MSI (see NOFO Section V(B)(4) for more details).

- A1) Applicant is an HBCU or other MSI .....
- A2) Applicant is partnering with an HBCU or other MSI .....
- B) How many housing counseling clients does the Applicant and/or its partner plan to serve with this funding during the period of performance? .....
- C1) Indicate the total award amount requested to provide services for this purpose. ....

C2) Complete the table below as appropriate for the Applicant and/or the Applicant's partnering HBCUs or other MSIs. The Applicant may provide a separate attachment if more space is needed.

Name of the Housing Counseling Agency and HCS ID	Name of Partner HBCU or other MSI; City, State; Contact Name, Email Address	Allocation Amount (\$)



D) To support the grant amount being requested, describe the following in Fields 1 through 7. If Applicant is partnering with multiple HBCUs or other MSIs, the Applicant should provide information for no more than three partnerships (limit 1,000 characters for each question).

1. A description of the proposed eligible activities and major tasks required to successfully implement the proposed initiative.

2. Describe the extent to which there is a need to fund the proposed initiative and the importance of meeting the need(s).

3. Relevant experience and capacity of the Applicant, its staff, and HBCU or other MSI partners.

4. How the Applicant will measure outcomes on its target population.

5. How the Applicant proposes to integrate the institution's students and faculty into proposed activities.

6. How the applicant will involve the community in the implementation of the program and how the institution will expand its role in target community.

7. The other resources that support or fund Applicant's existing housing counseling related partnerships with HBCUs or other MSIs. Include the dollar amounts of support provided in the description of the resources, if applicable.

