**HUD Form # 9906-P, Chart A2 – Intermediary, SHFA, or MSO Characteristics**

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| --- | --- | --- |
| **LOCATION** | **CURRENT TEXT** | **REVISED**  **TEXT** |
| A2 INT SHFA MSO Characteristics Tab, Row 3, Column A | Name of Applicant, and the Branches and Subgrantees that Applicant proposes to Fund with this NOFA | Name of Applicant, and the Branches and Subgrantees that Applicant proposes to Fund with this NOFO |
| A2 INT SHFA MSO Characteristics Tab, Row 3, Column F | # of Housing Counselor Full-Time Equivalents (FTE) | # of Housing Counselor Full-Time Equivalents |
| A2 INT SHFA MSO Characteristics Tab, Row 3, Column G | # of HUD HECM Roster Reverse Mortgage Counselor Full-Time Equivalents (FTE) | # of HUD HECM Roster Reverse Mortgage Counselor Full-Time Equivalents |
| A2 INT SHFA MSO Characteristics Tab, Row 3, Column G | Pulled Credit Reports 6 or More Months after Counseling was Completed | Pulled Credit Reports Prior to Termination of Counseling |
| A2 INT SHFA MSO Characteristics Tab, Row 3, Column O1 | Opportunity Zones – Census Tract Number | Opportunity Zones – Census Tract Number (preference points) |
| A2 INT SHFA MSO Characteristics Tab, Row 3, Column O2 | Promise Zones | Promise Zones (preference points) |
| Not in Old Form, Added to New Form, A2 INT SHFA MSO Characteristics Tab, Row 3, Column O3 | N/A | HBCU (preference points) |
| Column T on Old Form, Column S on New Form, A2 INT SHFA MSO Characteristics Tab | Counseling/Group Education to be Provided in Person | Counseling/Group Education to be Provided in Person |
| Column U on Old Form, Column T on New Form, A2 INT SHFA MSO Characteristics Tab | Counseling/Group Education to be Provided Via Telephone or Video (interactive) | Counseling/Group Education to be Provided Via Telephone or Video (Interactive) |
| Column V on Old Form, Column U on New Form, A2 INT SHFA MSO Characteristics Tab, Row 3, | Counseling/Group Education to be Provided Over the Internet | Counseling/Group Education to be Provided Over the Internet |
| Column W on Old Form, Column V on New Form, A2 INT SHFA MSO Characteristics Tab, Row 3, | Counseling/Group Education to be Available in Multiple Languages | Counseling/Group Education to be Available in Multiple Languages |
| Public Reporting Burden Tab | OMB Number: 2502-0261 | OMB Approval #2502-0621 |
| Public Reporting Burden Tab | Expiration Date: -7/31/2020 | Exp Date 02/28/2022 |
| Public Reporting Burden Tab, first line of Text | Burden Statement | Deleted |
| Public Reporting Burden Tab, paragraph text, line 4 beginning with: | “program and is required to obtain or retain benefits. No confidentiality is assured.” | “program.” |