User Instructions

Thank you for you participation in the U.S. Department of the Treasury (Treasury) Homeowner Assistance Fund.

Please complete the Interim Report covering activity of your HAF awards for the period between January 21, 2020 through January 31, 2022 (reporting period) . The submission deadline is Monday, February 28, 2022.

(Note: The Homeowner Assistance Fund ("HAF") Is authorized by Title III, Subtitle B, Section 3206 of the American Rescue Plan Act, 2021, Pub. L. No. 117-2 (March 11, 2021).)

As a reminder, the assistance listing number for HAF is 21.026 Homeowner Assistance Fund. Data on prime awards for Participants may be found on the HAF page of Treasury.gov and USASpending.gov at the following link: https://www.usaspending.gov/search/?hash=64f2ac3c28fa423ce60366dbfa481cd9

The required Interim Report includes the data elements as described in the Coronavirus HAF Guidance on Required Interim Report provided on Treasury's HAF website (insert URL)

Please note, HAF participants will be asked to disaggregate the number of Homeowners assisted, obligations, and amount of assistance provided during the reporting period at the Program Design Element level. If a HAF participant program covers multiple Program Design Elements, HAF participants are expected to know how the program has impacted each of the Program Design Elements it covers including the number of Homeowners assisted, Obligations, and Expenditures. For example, if a HAF participant previously submitted a HAF plan with a general program under the "Other measures to prevent homeowner displacement" Program Design Element and the program covers one of the other Program Design Elements (i.e., mortgage payment assistance, internet, utilities, etc.), the HAF participant is expected to report on all Program Design Elements covered.

HAF participants are required to comply with the reporting requirements established by Treasury pursuant to the "Reporting " section of the HAF Financial Assistance Agreement, which provides in pertinent part, "Recipient agrees to comply with any reporting obligations established by Treasury related to this award. Recipient acknowledges that any such information required to be reported pursuant to this section may be publicly disclosed." Treasury has decided to implement this Interim Report as a substitute to the first Quarterly Report to reduce burden on HAF participants.

Treasury will use the reported information from the HAF participants to determine whether participants are complying with HAF requirements. HAF participants should maintain all documents and financial records sufficient to support the data requests and establish compliance with program requirements.

We appreciate your attention on these issues and please email HAF@Treasury.gov with any questions or concerns.

Save

PARTICIPANT GENERAL INFORMATION

Instructions

Please verify that you are an authorized representative of the HAF participant and confirm the accuracy of the HAF participant's profile.

GI1	Participant DUNS:	< pre-populated >
GI2	Participant DUNS (+4):	< manual data entry >
GI3	Participant TIN:	< pre-populated >
GI4	Participant Legal Entity Name:	< pre-populated >
GI5	Participant Type:	< pre-populated >
GI6	CFDA No./Assistance Listing	< pre-populated >
GI7	FAIN	< pre-populated >
GI8	Participant Address:	< pre-populated >
GI9	Participant Address 2:	< pre-populated >
GI10	Participant Address 3:	< pre-populated >
GI11	Participant City:	< pre-populated >
GI12	Participant State/Territory:	< pre-populated >
GI13	Participant Zip5:	< pre-populated >
GI14	Participant Zip+4:	< pre-populated >

GI15	Authorized Representative for Reporting (ARR) Name:	< prepopulated >
GI16	ARR Title:	< prepopulated >
GI17	ARR Email Address:	< prepopulated >
GI18	ARR Phone:	< prepopulated >
GI19	Secondary ARR Name:	< prepopulated >
GI20	Secondary ARR Title:	< prepopulated >
GI21	Secondary ARR Email Address:	< prepopulated >
GI22	Secondary ARR Phone:	< prepopulated >
GI23	Tertiary ARR Name:	< prepopulated >
GI24	Tertiary ARR Title:	< prepopulated >
GI25	Tertiary ARR Email Address:	< prepopulated >
GI26	Tertiary ARR Phone:	< prepopulated >

Please report discrepancies (if any) on the above information

GI27   < manual data entry >

Save

PROGRAM DESIGN ELEMENT INTERIM EXPENDITURE INFORMATION
Reporting Period: January 21, 2020 - January 31, 2022

Radio Button

Instructions

Please fill out the following information below. If the HAF participant has not begun accepting HAF applications from Homeowners or disbursing HAF assistance to Homeowners whose HAF application was accepted, please select the radio button for Questions #1-6 and place zeros in the table for Question #7.

1. Please enter the number of unique Homeowners that received HAF assistance of any kind during the reporting period.

< manual data field #>   **PD1**   ◯   The HAF participant has Expended zero dollars of HAF assistance.

2. Please enter the number of unique Homeowners at or below 100% Area Median Income (or US Median Income, whichever is greater) who received HAF assistance of any kind during the reporting period.

< manual data field #>   **PD2**   ◯   Data Not Yet Available

3. Please enter the number of unique Homeowners classified as "Socially Disadvantaged Individuals" who received HAF assistance of any kind during the reporting period.

< manual data field #>   **PD3**   ◯   Data Not Yet Available

4. Please enter the number of Delinquencies that were resolved through non-monetary HAF assistance (i.e., housing counseling helped resolved a Delinquency through an existing servicer's program) during the reporting period.

< manual data field #>   **PD4**   ◯   Data Not Yet Available

5. Please enter the number of Delinquencies that were resolved with monetary HAF assistance Expended during the reporting period.

< manual data field #>   **PD5**   ◯   Data Not Yet Available

6. Please enter the number of unique Homeowners receiving HAF assistance that are not Delinquent.

< manual data field #>   **PD6**   ◯   Data Not Yet Available

7. Please enter disaggregated data for each of the Program Design Elements below.

Note: Because Homeowners may have received assistance in multiple categories, the total number of unique Homeowners assisted (Q1 above) may be less than the sum of the disaggregated figures in Column 2 below.

Program Design Element	7A - Column 1 Reference information: your HAF Plan indicated that you would provide HAF assistance by Program Design Element(s) checked below. **PD7**	7B - Column 2 Please enter the number of Homeowners with HAF assistance Expended by Program Design Element during the reporting period. **PD8**	7C - Column 3 Please enter the dollar amount of HAF assistance Obligated by Program Design Element during the reporting period. **PD9**	7D - Column 4 Please enter the dollar amount of HAF assistance Expended by Program Design Element during the reporting period. **PD10**
		Number of Homeowners Assisted (#)	Obligated ($)	Expended ($)
Mortgage Payment Assistance Amount	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Mortgage Reinstatement	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Mortgage Principal Reduction	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Facilitating Mortgage Interest Rate Reduc.	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Utilities Assistance	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Internet Assistance	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Insurance Assistance	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
HOA Assistance	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Loans Assistance	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Tax Assistance	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Measures Preventing Displacement	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Counseling or Education	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>
Legal Services	<Prepopulated>	< manual data field #>	< manual data field $>	< manual data field $>

Save

GENERAL INTERIM EXPENDITURE INFORMATION
Reporting Period: January 21, 2020 - January 31, 2022

Instructions
_____

Please fill out the following information below

8. Please enter the date that the HAF participant started accepting HAF applications for HAF assistance. For HAF participants with multiple programs that have varying application periods, HAF participants should share the earliest date the applications are/will be available across any of their HAF funded programs.

GIE1
`<manual data field date, MMDDYYYY>`

[Radio Button]

9. Please enter the number of unique Homeowners that submitted a HAF application for HAF assistance during the reporting period.

GIE2
`< manual data field #>`

◯ Data Not Yet Available

10. Please enter the number of unique Homeowners that submitted a HAF application for HAF assistance and were approved during the reporting period.

GIE3
`< manual data field #>`

◯ Data Not Yet Available

11. Please enter the amount of HAF assistance for administrative expenses during the reporting period:

11A. Obligated as of January 31, 2022

GIE4
`< manual data field $>`

◯ The HAF participant has zero dollars of HAF assistance currently Obligated.

11B. Expended as of January 31, 2022

GIE5
`< manual data field $>`

◯ The HAF participant has Expended zero dollars of HAF assistance.

12. Did the HAF participant Expend any HAF assistance for reimbursement expenses during the reporting period?

GIE6
`Y/N`

◯ The HAF participant has Expended zero dollars for reimbursement expenses.

[This would only appear if the participant said "No" to Q12]

If **Yes**, please fill out the relevant reimbursement expense categories below. Please note, reimbursement expenses should be a subset of the amount of assistance expended as reported on the previous screen. Each reimbursement expense amount by Program Design Element should be less than the corresponding Program Design Element HAF assistance Expended in question #7D.

GIE7

Reimbursement Expense Categories	Reimbursement Expenses ($)
Mortgage Payment Assistance Amount	< manual data field $>
Mortgage Reinstatement	< manual data field $>
Mortgage Principal Reduction	< manual data field $>
Facilitating Mortgage Interest Rate Reduc.	< manual data field $>
Utilities Assistance	< manual data field $>
Internet Assistance	< manual data field $>
Insurance Assistance	< manual data field $>
HOA Assistance	< manual data field $>
Loans Assistance	< manual data field $>
Tax Assistance	< manual data field $>
Measures Preventing Displacement	< manual data field $>
Counseling or Education	< manual data field $>
Legal Services	< manual data field $>
Administrative expenses	< manual data field $>
Total	< prepopulated calc. $>

[This would only appear if the participant said "Yes" to Q12]

13. The amount of HAF assistance Obligated as of January 31, 2022 as calculated from the previous screen.

GIE8
`< prepopulated $>`

◯ The HAF participant has zero dollars of HAF assistance currently Obligated.

14. The amount of HAF assistance Expended as of January 31, 2022 as calculated from previous questions.

GIE9
`< prepopulated $>`

◯ The HAF participant has Expended zero dollars of HAF assistance.

15. Please indicate whether the HAF participant has prioritized identifying if loss mitigation is available to the homeowner through their servicer in determining how to distribute HAF assistance to servicers. Please respond "Yes" if you have prioritized identifying whether loss mitigation is available to homeowners through their servicer, otherwise select "No."

GIE10
`<picklist Y/N>`

[Save]

Certification

I (the undersigned) certify that the information provided in the HAF submission is accurate and complete after reasonable inquiry of people, systems, and other information available to the HAF participant. The HAF participant and I acknowledge that any materially false, fictitious, or fraudulent statement or representation (or concealment or omission of material fact) in this submission may be the subject of criminal prosecution under the False Statements Accountability Act of 1996, as amended, 18 U.S.C. § 1001 and also may subject me and HAF participant to civil penalties and/or administrative remedies for false claims or otherwise, (including 31 U.S.C. §3729 et seq.). I am an authorized representative of HAF participant with authority to make the above certifications and representations on behalf of the HAF participant.

Authorized Representative [Type name/signature equivalent]:

| < manual data field text> | **C1** |

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