

Local Housing Counseling Agency (LHCA) Application
form HUD-9906-L (10/2016)

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 RATING FACTORS 1, 2, 3, AND 5

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

Rating Factor 1

- A) Name of Applicant
- B) Location City State
- C) Agency's HUD Housing Counseling System (HCS) Number
- D) Promise Zones / Housing Counselors Received Emergency Preparedness or Disaster Recovery Training
- I) Number of Housing Counselor Full-Time Equivalents (FTE)
- J) Number of HUD HECM ROSTER reverse mortgage counselors (if applicable)
- K) Average Counseling Hours per FY 2017 HECM Client (if applicable)
- L) Formal Housing Counseling Training
- M) HUD-certified Housing Counselors On Staff
- N) Adopted National Industry Standards
- O) Alternate Formats Accessible to Persons with Disabilities
- P) Issued Client Exit Surveys
- Q) Follow-up Client Surveys
- R) Number of Default Counselors Providing Reverse Mortgage/HECM Default Counseling 10/1/2018 - 9/30/2019

Rating Factor 2

- S) Serves Rural Community
- T) Serving Area with No Internet Access
- U) Sole Agency Providing Housing Counseling Services in Target Area

Rating Factor 3

- W) Name(s) of Housing Counseling Related Partnerships/Collaboratives, if Applicable

Rating Factor 5

- X) Uses Reviews by Senior Management Staff with Results Reported to Organization's Board
- Y) Publishes Performance Data
- Z) Link to Published Performance Data, if Available Online
- AA) Name of CMS
- AB) Uses CMS to Generate Reports
- AC) Uses CMS to Track Grants
- AD) Performs Quality Control Review of CMS Data
- AE) Pulled Credit Reports 6 or More Months after Counseling was Completed

**CHART C1 -- LEVERAGING
RATING FACTOR 4**

A. Applicant/Sub-grantee/Branch	<input type="text"/>		
B. Name of Applicant, Sub-grantee/Branch Office Proposed to be Funded	<input type="text"/>		
C. Organization Providing Leveraged Funds/In-kind Contributions	<input type="text"/>		
Point of Contact at Organization Providing Leveraged Funds/In-kind Contributions	Prefix	First Name	Middle Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name	Suffix	
	<input type="text"/>	<input type="text"/>	
D. Type of Contribution (Cash, Fees, In-kind, Program Income)	<input type="text"/>		
E. Funds Must be Available During the Grant Period	<input type="text" value="10/01/2017 - 9/30/2019"/>		
F. Use of Funds -- Only Include Funds that are Exclusively Allocated for Housing Counseling Program	<input type="text"/>		
G. Only Include the Amount of Funds that are Available from October 1, 2017 to September 30, 2019	\$	<input type="text"/>	
TOTAL		\$	<input type="text"/>

**CHART D1 -- ACTUAL EXPENSES
RATING FACTOR 3**

1	Applicant Name:	
2	Maximum Grant Request (Optional): This amount, if provided, will be considered in the funding methodology as a cap in establishing the maximum grant amount for the Applicant. In other words, successful Applicants that specify a maximum grant request will receive a grant that is no higher than the specified amount. If you do not want to specify a maximum grant request, leave this box blank.	\$ <input type="text"/>
3	(A)	(B)
4	Expenses	Applicant's Total FY 2017 Expenses, All Sources
5	Salaries	
6	Housing Counselors	
7	Housing Counseling Program Managers	
8	All Other Housing Counseling Program Staff	
9	Fringe Benefits	
10	Housing Counselors	
11	Housing Counseling Program Managers	
12	All Other Housing Counseling Program Staff	
13	Total Other Direct Costs (Must Provide Explanation of Other Expenses in Narrative)	
14	Total Direct Costs	\$
15	Indirect Cost Allocation Amount (if applicable)	
16	TOTAL EXPENSES	\$

**CHART E1 -- AFFIRMATIVELY FURTHERING FAIR HOUSING
RATING FACTORS 2 AND 3**

Applicant Name

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Instructions: All Applicants must complete Fields A through E of the chart below to demonstrate how the Applicant will fulfill its obligation to affirmatively further fair housing in the use of Housing Counseling grant funds.

Rating Factor 2, Sub-Factor 1(c)

(A) Jurisdiction/Service Area

(B) Brief description of impediments to fair housing choice in the jurisdiction/service area identified in Field A (limit 2,000 characters)

(C) Information Source for Impediments identified in Field B (e.g. applicable state or local Consolidated Plan, Analysis of Impediments, or Assessment of Fair Housing) (limit 2,000 characters)

Rating Factor 3, Sub-Factor 2(c)

(D) Brief description of an activity that addresses an impediment to fair housing choice identified in Field B (limit 2,000 characters)

(E) Brief description of how Applicant will measure outcomes related to the activity proposed in Field D (limit 2,000 characters)

**CHART F1 -- OVERSIGHT ACTIVITIES
RATING FACTOR 3**

Applicant Name:			
For Rating Factor 3, Sub-factor 1(c) , LHCAs must complete Chart F1, by checking a box in Column B for the actual oversight activities conducted during FY 2017. Items selected in this chart may be verified by HUD staff during a performance review.			
For Rating Factor 3, Sub-factor 2(b) , LHCAs must complete Chart F1, by checking a box in Column C for oversight and quality control activities that will be performed as part of the proposed FY 2018 work plan. Items selected in this chart may be verified by HUD staff during a performance review.			
A		Rating Factor 3, Sub-factor 1 (c)	Rating Factor 3, Sub-factor 2 (b)
		B	C
Oversight Activity		Actual Activities Performed in FY 2017	Proposed Activities to be Performed in FY 2018
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"/>	<input type="checkbox"/>
ii.	Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements.	<input type="checkbox"/>	<input type="checkbox"/>
iii.	Conduct supervisory monitoring by reviewing client and education files for compliance with HUD recordkeeping requirements.	<input type="checkbox"/>	<input type="checkbox"/>
iv.	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"/>	<input type="checkbox"/>
v.	Conduct random supervisory monitoring of an interactive counseling session.	<input type="checkbox"/>	<input type="checkbox"/>