

**Intermediary, State Housing Finance Agency, or Multi-State Agency Application**  
form HUD-9906-P (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 A2 -- INTERMEDIARY, SHFA, OR MSO CHARACTERISTICS  
RATING FACTORS 1, 2, 3, AND 5**

**INSTRUCTIONS:** If the Applicant's main office provides direct housing counseling activities, the main office must be included in the list of sub-grantees and branches in the Chart A2 Attachment.

**Applicant**

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

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**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 .....

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**Rating Factor 3**

- V) % of Award Applicant Intends to Allocate to Itself .....
- W) Name(s) of Housing Counseling Related Partnerships/Collaboratives, if Applicable
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All Intermediary, SHFA, and MSO applicants must fill out and submit the Chart A2 attachment with their branch and/or sub-grantee information. **Enter the totals from that chart here.**

\* Chart A2 Attachment:



**Totals from Chart A2 Attachment**

**NOTE: If the Applicant's main office provides direct housing counseling activities, the main office must be included in the list of sub-grantees and branches.**

**Rating Factor 1**

D	Promise Zones / Housing Counselors Received Emergency Preparedness or Disaster Recovery Training	
E	Branch of an Intermediary, MSO or SHFA	
F	Sub-grantee that is NOT HUD-Approved LHCA	
G	Sub-grantee that is HUD-approved LHCA	
H	Number of Sub-grantee's Branches	
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 to Provide 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**

V	% of Award Applicant Intends to Allocate to Itself or Each Branch or Sub-grantee	
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 C2 -- LEVERAGING  
RATING FACTOR 4**

All applicants must fill out and submit the Chart C2 attachment. Enter the total amount of leveraged funds available from 10/1/2017 - 9/30/2019 here.

The total must match the total in the Chart C2 attachment. Variance in the total amounts may affect the applicant's score.

Chart C2 attachment:

**Total of Leveraged Funds Available 10/1/2017 - 9/30/2019** \$

**CHART D2 -- ACTUAL EXPENSES  
RATING FACTOR 3**

1	<b>Applicant Name:</b>			
2	<b>Maximum Grant Request (Optional):</b> 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	FY 2017 Grant Period Percentage of HUD Funds Sub-allocated to Sub-grantees and Branches			%
4	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
5	<b>Expenses</b>	<b>Applicant's Total FY 2017 Administrative Expenses, All Sources (Do Not Include Funds Sub-allocated to Sub-grantees/Branches)</b>	<b>Total FY 2017 Expenses of all Sub-grantees/Branches, All Sources (Include Main Office that Provides Direct Counseling)</b>	<b>(B + C) Network-wide Total FY 2017 Expenses, All Sources</b>
6	<b>Salaries</b>			
7	Housing Counselors			\$
8	Housing Counseling Program Managers			\$
9	All Other Housing Counseling Program Staff			\$
10	<b>Fringe Benefits</b>			
11	Housing Counselors			\$
12	Housing Counseling Program Managers			\$
13	All Other Housing Counseling Program Staff			\$
14	Total Other Direct Costs (Must Provide Explanation of Other Expenses in Narrative)			\$
15	<b>Total Direct Costs</b>	\$	\$	\$
16	Indirect Cost Allocation Amount (if applicable)			\$
17	<b>TOTAL EXPENSES</b>	\$	\$	\$

**CHART E2 -- 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)**

<b>(A) Jurisdiction/Service Area</b>

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

<b>(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)</b>

**Rating Factor 3, Sub-Factor 2(c)**

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

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



**CHART F2 -- OVERSIGHT ACTIVITIES  
RATING FACTOR 3**

<b>Applicant Name:</b>					
For <b>Rating Factor 3, Sub-factor 1(c)</b> , Intermediaries, MSOs and SHFAs must complete Chart F2, by <b>checking a box in Column B</b> and entering the <b>number</b> of affiliates/sub-grantees/branches for which oversight and quality control activities were performed as part of the actual FY 2017 work plan in <b>Column C</b> . Items selected in this chart may be verified by HUD staff during a performance review.					
For <b>Rating Factor 3, Sub-factor 2(b)</b> , Intermediaries, MSOs and SHFAs must complete Chart F2, by <b>checking a box in Column D</b> and entering the <b>number</b> of affiliates/sub-grantees/branches for which oversight and quality control activities that will be performed as part of the proposed FY 2018 work plan in <b>Column E</b> . Items selected in this chart may be verified by HUD staff during a performance review.					
1. Enter total number of affiliates/sub-grantees/branches in the Applicant's FY 2017 network as of 10/1/2016.					[ ]
2. Enter the number of performance reviews conducted in FY 2017.					[ ]
3. Enter the number of affiliates/sub-grantees/branches (from 0 to a maximum of 5) for which the Applicant will conduct a performance review in FY 2018 using the HUD-9910 form. Applicants must share the results of these reviews with HUD.					[ ]
<b>A</b>		<b>Rating Factor 3, Sub-factor 1 (c)</b>		<b>Rating Factor 3, Sub-factor 2 (b)</b>	
		<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Oversight Activity</b>		<b>Actual Activities Performed in FY 2017</b>	<b># of Affiliates/Sub-grantees/Branches for which Activity was Performed in FY 2017</b>	<b>Proposed Activities to be Performed in FY 2018</b>	<b>Proposed # of Affiliates/Sub-grantees/Branches for which Activity will be Performed in FY 2018</b>
i.	Train and provide technical assistance to affiliates/sub-grantees/branches.	<input type="checkbox"/>	[ ]	<input type="checkbox"/>	[ ]
ii.	Monitor, evaluate and verify quality of services provided by affiliates/sub-grantees/branches:				
	Verify affiliates/sub-grantees/branches are conducting supervisory monitoring work of housing counseling staff.	<input type="checkbox"/>	[ ]	<input type="checkbox"/>	[ ]
	Verify affiliates/sub-grantees that are not directly approved by HUD meet HUD's approval standards.	<input type="checkbox"/>	[ ]	<input type="checkbox"/>	[ ]
	Monitor the grant funded work of sub-grantees/ branches to verify compliance with HUD grant agreement requirements and progress in meeting projections.	<input type="checkbox"/>	[ ]	<input type="checkbox"/>	[ ]
	Identify and rectify service delivery deficiencies and non-compliance issues.	<input type="checkbox"/>	[ ]	<input type="checkbox"/>	[ ]
iii.	Process sub-grantees' and branches' disbursements under the grant:				
	Review 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"/>	[ ]
	Conduct and document quality control of disbursement process consistent with OMB and HUD grant requirements.	<input type="checkbox"/>	[ ]	<input type="checkbox"/>	[ ]