

RESOLUTION NO. 2018- 270

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR, OR HIS DESIGNEE, TO TAKE THE NECESSARY STEPS TO SUBMIT AN APPLICATION FOR ST. JOHNS COUNTY TO BECOME A U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT-APPROVED COUNSELING AGENCY.

WHEREAS, the St. Johns County Board of County Commissioners has been providing homebuyer and financial counseling to county residents and individuals desiring to become county residents for approximately 18 years, as required by the County's Local Housing Assistance Plan (LHAP) as well as many other down payment financial assistance programs.; and

WHEREAS, in 2015, the determination was made to employ a Credit Counselor; and

WHEREAS, in 2016, the Health and Human Services Department began the process of preparing to become a U.S. Department of Housing and Urban Development (HUD)-Approved Counseling Agency; and

WHEREAS, the County must submit an application detailing the county's proposed process, compliance with HUD requirements, and the capacity to provide quality housing and credit counseling to clients;

WHEREAS, the Health and Human Services Department is requesting the authorization to prepare and submit an application to become a HUD-Approved Housing Counseling Agency.

WHEREAS, upon approval, the Health and Human Services Department requests the authorization of the County Administrator or his designee, to take the necessary steps to submit this application.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY:

Section 1. The above recitals are incorporated into the body of this resolution and are adopted as findings of fact.

Section 2. The Board of County Commissioners authorizes the County Administrator, or his designee, to prepare and submit an application to HUD for St. Johns County to become a HUD-Approved Housing Counseling Agency and to execute all necessary documents which may be required in connection with the responsibilities of submitting the application.

Section 3. If there are typographical or administrative errors or omissions that do not change the tone, tenor, or context of this resolution, then this resolution may be revised without subsequent approval of the Board of County Commissioners.

Section 4. This resolution shall be effective upon adoption by the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County this 21 day of August 2018.

BOARD OF COUNTY
COMMISSIONERS OF ST. JOHNS
COUNTY

By: Henry Dean
Henry Dean, Chair

ATTEST: Hunter S. Conrad, Clerk

By: Pam Halterman
Deputy Clerk

RENDITION DATE 8/24/18





APPLICATION FOR APPROVAL AS A HOUSING COUNSELING AGENCY

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0573
(Exp. 1/31/2021)

See last page for public burden statement

This application is designed to be completed by applicants who are seeking approval to be a HUD-Approved Housing Counseling Agency. As of August 1, 2020, housing counseling required by or provided in connection with HUD programs must only be provided by HUD certified housing counselors working for participating agencies approved to provide such housing counseling by HUD's Office of Housing Counseling.

APPLICANT INFORMATION							
Official Name of Agency:	St Johns County Board of County Commissioners		Agency Website Address:		www.sjcfl.us		
Physical Address of the Main Office:	200 San Sebastian View, Ste 2300	City:	St Augustine	State:	FL	Zip Code:	32084
Mailing Address of the Main Office:	200 San Sebastian View, Ste 2300	City:	St Augustine	State:	FL	Zip Code:	32084
Executive Director (ED) Name and Title:	Shawna Novak, Director Health and Human Services						
ED Direct Phone Number:	(904) 209-6089	Ext.:		ED E-mail:	snovak@sjcfl.us		
Counseling Program Manager (CPM) Name and Title:	Joseph Cone, Manager Housing & Community Services						
CPM Direct Phone Number:	(904) 827-6898	Ext.:		CPM E-mail:	jccone@sjcfl.us		
Name of Agency's Point of Contact (POC) for this Application:	Virginia Campbell						
POC Direct Phone Number:	(904) 209-6146	Ext.:		POC E-mail:	vcampbell@sjcfl.us		
Name and Title of Authorized Executive Approved to Legally Bind Agency:				List any Agency Acronyms, aka, or dba names, if applicable:			
Shawna Novak, Director Health and Human Services				HHS			
Agency Federal Taxpayer Identification Number (TIN):				Agency Dun and Bradstreet Universal Numbering System (DUNS) Number:			
59-6000825				073236739			

ELIGIBLE ENTITY TYPE

Select one entity that best represents your entity type.

A housing counseling agency must function as a private or public nonprofit organization, or be a unit of general local or state government.

Nonprofit Entities:

- 1. Nonprofit Agency
- 2. Intermediary/Collaboration of Entities coming in as an Intermediary
- 3. Multi-State Organization (MSO)
- 4. Community Development Corporation (CDC)
- 5. Community Housing Development Organization (CHDO)
- 6. Nonprofit Instrumentality of Government, Including IOG University
- 7. Nonprofit University

Government Entities:

- 8. State Housing Finance Agency (SHFA) or State Designated Agency
- 9. Public Housing Authority (PHA)
- 10. State University
- 11. City
- 12. County
- 13. State
- 14. Lead Entity of HOME Consortium (City & County)
- 15. Other Government created Instrumentality of Government
- 16. Other Government/Municipality.

Please indicate other municipality type:

TYPE OF HUD-APPROVED ORGANIZATIONS

Using the list of Entity Types from page 1, please check one box designating the type of organization for which the agency is seeking approval to become.

- National Intermediary Organization (Entity Type 2 only)** – Provides, in multiple regions of the United States: (i) housing counseling services through its branches, sub-grantees and/or affiliates which are physically located in nine or more states; and (ii) provide training, technical assistance, oversight, and pass-through funding to its network of branches, sub-grantees and/or affiliates.
- Regional Intermediary Organization (Entity Type 2, 11, 12, 13, 14 & 15 only)** – Provides, in a generally recognized region within the United States, such as the Southwest, Mid-Atlantic, New England: (i) housing counseling services through its branches, sub-grantees and/or affiliates, which are physically located in eight or fewer states; and (ii) provide training, technical assistance, oversight, and pass-through funding to its network of branches, sub-grantees and/or affiliates.
- Multi-State Organization (MSO) (Entity Type 3 only)** – Provides housing counseling and education services through a main office and branches in two or more states. All branches operate and are identified under main office tax ID number, and (i) provide training, technical assistance, oversight, and pass-through funding to its branches.
- Local Housing Counseling Agency (LHCA) (Entity Type 1, 4, 5, 6, 7, 9, 10, 11, 12, 13, 15, & 16 only)** – Provides housing counseling and education services directly through one location or a main office with one or more branch offices, in no more than two contiguous states. An exception can be made for a local housing counseling agency that serves a single metropolitan area covering more than two contiguous states.
- State Housing Finance Agencies (SHFAs) (Entity Type 8 only)** – Any public body, agency, or instrumentality created by a specific act of a state legislature empowered to finance activities designed to provide housing and related facilities through land acquisition, construction, or rehabilitation throughout the entire state.

List the State(s) and Cities in which your organization provides counseling services in the box below:

St Augustine, St Augustine Beach, St Johns County Unincorporated Communities

DEFINITIONS

HUD-approved housing counseling agency. Private and public nonprofit organizations that are exempt from taxation under section 501(a), pursuant to section 501(c) of the Internal Revenue Code of 1996, 26 U.S.C. 501(a) and 501(c) and approved by HUD, in accordance with this part, to provide housing counseling services to clients directly, or through their affiliates or branches, and which meet the requirements set forth in this part.

Unit of general local government. Any city, county, parish, town, township, borough, village, or any other general purpose political subdivision of a State.

State. Each of the several States, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, or any other possession of the United States.

TYPE(S) OF SUPPORT PROVIDED

Check as many boxes that apply to your agency.

- Faith-Based Organization.** *(Faith-based organizations must recognize that their non-discrimination responsibilities are to not only serve anyone who is eligible for counseling, but also that they must affirmatively conduct outreach and marketing to those least likely to apply for the services, even if they are not members of the organization's faith group.)*
- Organization provides services to migrant farm workers.
- Organization provides services in Colonias. *(Colonias are rural economically distressed communities located within 150 miles of the US-Mexican border that lack basic infrastructure; running water, electricity, paved roads, etc.)*
- Organization is designated as a legal service agency.

TYPE(S) OF HOUSING COUNSELING SERVICES

Applicant must employ trained staff with experience in the housing counseling services selected below.

Check all housing counseling services for which your agency is seeking HUD approval.

One-on-One Counseling Types:

- Homeless Assistance.
- Rental Topic
- Pre-Purchase/Homebuying
- Home Maintenance and Financial Management for Homeowners (Non-Delinquency Post-Purchase)
- Resolving or Preventing Mortgage Delinquency or Default
- Reverse Mortgage

Group Education — Agencies providing group education must also provide one-on-one counseling of the same service type.

- Financial literacy workshop, including home affordability, budgeting and understanding use of credit.
- Predatory lending, loan scam or other fraud prevention workshop
- Fair housing workshop
- Homeless prevention workshop
- Rental workshop
- Pre-purchase homebuyer education workshop
- Non-delinquency post-purchase workshop, including home maintenance and/or financial management for homeowners
- Resolving or preventing mortgage delinquency workshop
- Other workshop(s) not listed above

PART 1: APPLICANT CHARACTERISTICS AND COMPLIANCE

The following is a list of requirements that applicant will Self-Certify to and/or be required to provide documentation.

A. NONPROFIT AND TAX EXEMPT/UNIT OF GENERAL LOCAL GOVERNMENT

Nonprofit Entities (Entity type 1-7) must provide all the following:

1. Provide a legible copy of the document that supports the agency's claim to be a non-profit organization (i.e., 501(c) letter issued by IRS). The document must include the organization's official name, physical address, and telephone number of the legal authority that granted the non-profit status, **and**
2. **Charter:** Submit a copy of the recorded document (i.e., Charter, Articles of Incorporation, By-laws, governing body meeting minutes, etc.) that specifically authorizes your organization to provide housing counseling, **and**
3. The applicant must assure HUD that its branches, sub-grantees/sub-recipients or affiliates are eligible entities. Provide copies of the documents that support their claim to be an eligible entity, **and if applicable**
4. **Nonprofit Instrumentality of Gov't (IOG), IOG Universities Entities ONLY must provide the following:** In addition to providing items 1, 2 & 3, these entities must also provide the following supporting documentation of an IOG:
 - **ESTABLISHMENT** — Must have been established by a governmental body or with governmental approval or under special law to serve a particular public purpose or designated as an instrumentality by law (statute or court opinion), **and**
 - a. **ORGANIZATIONAL** — Majority of governing board and/or principal CONTROL officers named or approved by governmental body/officials, **or**
 - b. **OPERATIONAL** — Government body approves all major decisions CONTROL and/or expenditures, **or**
 - c. **FINANCIAL** — Government body provides funds through CONTROL direct appropriations/grants/loans, with related controls applicable to all activities of entity.

OR

Government Entities (Entity type 8-16) must provide all the following:

1. Provide the document giving authority to operate as a unit of general local government, **and**
2. Provide the document giving authority to specifically provide housing counseling services as proof of authorization, **and if applicable**
3. **Gov't Created Instrumentality of Gov't (IOG) Entities ONLY:** In addition to providing items 1 & 2, these entities must also provide the following supporting documentation of an IOG:
 - **ESTABLISHMENT** — Must have been established by a governmental body or with governmental approval or under special law to serve a particular public purpose or designated as an instrumentality by law (statute or court opinion), **and**
 - a. **ORGANIZATIONAL** — Majority of governing board and/or principal CONTROL officers named or approved by governmental body/officials, **or**
 - b. **OPERATIONAL** — Government body approves all major decisions CONTROL and/or expenditures, **or**
 - c. **FINANCIAL** — Government body provides funds through CONTROL direct appropriations/grants/loans, with related controls applicable to all activities of entity.

B. CONFLICT OF INTEREST AND DISCLOSURE STATEMENT

Nonprofit Entities and Government Entities (Entity type 1-16) must provide all the following:

1. Provide a document that identifies any other jobs or activities apart from the housing counseling agency, an employee, volunteer or board member of the agency performs that could result in a potential conflict of interest as identified in HUD Handbook 7610.1, and
2. Provide a list of additional housing programs or activities, other than housing counseling services, that your agency, branches, sub-grantees/sub-recipient or affiliates offer including such programs as administering down payment assistance programs, developing housing projects, managing apartment buildings, rehabilitating and reselling HUD homes and selling real estate. Provide the office location for each additional program referenced, and
3. Provide a copy of the agency Conflict of Interest Policy and Procedures involving personnel and board members, and
4. Provide a copy of the Disclosure Statement(s) provided to clients that explicitly describes the various types of services or products provided by the agency and any financial relationships as identified in HUD Handbook 7610.1. Disclosure must clearly state that the "client is not obligated to receive, purchase or utilize any other services offered by the organization or its exclusive partners, in order to receive housing counseling services"

C. SCREENING FOR INELIGIBLE PARTICIPANTS

Nonprofit agencies, Intermediaries, MSO, Nonprofit Universities, CDC, CHDO, Nonprofit Instrumentality of Gov't/IOG Universities, PHA's & State Universities (Entity type 1, 2, 3, 4, 5, 6, 7, 9, 10) ONLY must provide all the following:

1. Provide a list of all counseling staff working in the housing counseling program, all current Board Members, supervisors and housing counselors, and
2. For each individual listed, provide the agency office, the agency physical address, state their position title, length of employment, the name of board member's employer and title, their duties, if staff member is full-time or part-time, paid or a volunteer and provide their physical home addresses, a contact number and
3. In addition to providing items 1 & 2, **self-certify** to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

By checking this box, the Authorized Executive certifies that this entity is in compliance with other HUD program(s) for which the applicant is currently a participant.

a. Provide a list of the other HUD program(s) in which you are currently participating, the name of the HUD program Point of Contact (POC) and contact information.

OR

Check this box if the Applicant does not participate in any other HUD programs.

SHFA/State Designated Agency, City, County, State, Lead Entity of a Consortium, Other Gov't created IOG, Other Municipality (Entity type 8, 11, 12, 13, 14, 15, 16) ONLY must provide all the following:

1. Provide a list of all counseling staff working in the housing counseling program, all applicable Board Members; supervisors and housing counselors and all locations including , sub-grantees/sub-recipients or affiliates, and
2. For each individual listed, provide the agency office, the agency physical address, state their position title, length of employment, the name of board member's employer and title, their duties, if staff member is full-time or part-time, paid or a volunteer and provide their physical home addresses, a contact number and
3. In addition to providing items 1 & 2 **Self-certify** to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

By checking this box, the Authorized Executive certifies that the agency has vetted all housing counseling program related staff including: agency directors, board members, partners, officers, principals and employees at all locations, including employees of sub-grantees/sub-recipients or affiliates listed in items #2 above and confirm that they are not suspended, debarred, or otherwise restricted; Indicted for or convicted of a criminal offense; Subject to unresolved findings as a result of HUD or other governmental audit or investigation, including any state & federal tax liens without a repayment plan in place, as per described in 24 CFR:214.103(c)(1)(2)(3). If needed, please refer to the "Learn More" section of the Housing Counseling Agency Eligibility Tool for information on Ineligible Participants: <https://www.hudexchange.info/programs/housing-counseling/housing-counseling-agency-eligibility-tool> and (continued on next page)

4. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

By checking this box, the Authorized Executive certifies that this entity is in compliance with other HUD program(s) for which the applicant is currently a participant:

a. Provide a list of the other HUD program(s) in which you are currently participating, the name of the HUD program Point of Contact (POC) and contact information.

OR Check this box if the Applicant does not participate in any Other HUD programs.

D. HOUSING COUNSELING WORK PLAN

Nonprofit Entities and Government Entities (Entity type 1-16) must provide all the following:

1. Provide a Housing Counseling Work Plan that includes the following components in accordance with HUD Handbook 7610.1 for approval.
2. National/Regional Intermediaries, MSO and SHFA (Entity type 2, 3, 8, 11, 12, 13, 14, & 15) Agencies that provide direct housing counseling services must address all items below in their work plan. Intermediaries/MSO and State Housing Finance Agencies (SHFA) may provide a brief summary for items a-l and attach individual work plans of their affiliates and sub-grantees/sub-recipients.
 - a. Target Community
 - b. Housing Needs and Problems
 - c. Affirmatively Furthering Fair Housing
 - d. Description of Services, for each service checked within the "Type of Housing Counseling Services" section and include a list of zip codes where the agency, branches, sub-grantees/sub-recipients or affiliates provide these services
 - e. Homeownership Counseling and Home Inspection
 - f. Impact and Scope of One-on-One Counseling Services
 - g. Formats for Delivery of Services
 - h. Client Follow-up
 - i. Fee Structure
 - j. Non-English or Limited English Proficiency
 - k. Marketing and Outreach
 - l. Supervisory Monitoring/Quality Control Plan

Parent Agency Oversight Activities:

National/Regional Intermediaries, MSO and SHFA Oversight Activities (Entity type 2, 3, 8, 11, 12, 13, 14, & 15)

All applicants seeking approval as an Intermediary Organization (National Intermediary or Regional Intermediary), MSO or SHFA, as indicated within the Type of HUD-Approved Organization on page 2, must provide the following:

1. Provide the parent agency's policy and procedures on oversight activities pertaining to their branch(s), sub-grantees/sub-recipient(s) and/or affiliates.
2. Provide a Quality Control Plan for network management that addresses the following policy and procedures:
 - a. Providing training and technical assistance,
 - b. Performing oversight and monitoring,
 - c. Monitoring financial performance, including issuing or administering the use of pass-through funding,
 - d. Performing accounting of administrative costs,
 - e. Ensuring compliance with federal regulations, including 24 CFR 214, the HUD Handbook 7610.1, applicable grant agreement, OMB Circulars A-110 and A-133, and other federal guidelines.

<https://www.hudexchange.info/resource/5189/oversight-agency-toolkit-quality-control/>

3. Intermediaries/MSO/SHFA with branch offices, sub-grantees/sub-recipients or affiliates must include each office HUD ID Number(s) (if applicable), branch telephone numbers, physical addresses and housing counseling program staff names and positions.
4. Information on Developing a Housing Counseling Agency Work Plan and a sample copy is available at:

<https://www.hudexchange.info/resources/documents/Developing-Housing-Counseling-Work-Plan-HUD-Approval.pdf>

PART 2: EXPERIENCE

A. COMMUNITY BASE

Nonprofit Entities (Entity type 1-7) must provide all the following:

1. **Self-Certify** to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that this entity has one year experience administering a housing counseling program AND that the agency, branches, sub-grantees/sub-recipients and affiliates have functioned for at least one year in the geographical area(s) as described within the agency work plan, **and**

2. Provide a HUD-9902 that quantifies the households the agency provided counseling and education services to during the past 12-month period, **and**
3. Nonprofit entities that oversee any branches, sub-grantees/sub-recipients and/or affiliates must provide written agreements which delineate the responsibilities of the main office and branches, sub-grantees/sub-recipients or affiliates. If applicable, provide a copy of these written agreements.

Government Entities (Entity type 8-16) must provide all the following:

1. **Self-Certify** to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that this entity has one year experience administering a housing counseling program AND that the agency, branches, sub-grantees/sub-recipients and affiliates have functioned for at least one year in the geographical area(s) as described within the agency work plan, **and**

2. Provide a HUD-9902 that quantifies the households the agency provide counseling and education services to during the past 12-month period, **and**
3. Government Entities overseeing branches, sub-grantees/sub-recipient, and/or affiliates must provide written agreements which delineate the responsibilities of the main office and branches, sub-grantees/sub-recipients or affiliates. If applicable, provide a copy of these written agreements.

B. KNOWLEDGE OF HUD PROGRAMS AND LOCAL HOUSING MARKET

Nonprofit Entities and Government Entities (Entities 1-16) must provide all the following:

1. **Self-certify** to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that the housing counseling staff possesses knowledge of HUD and other state and local housing counseling programs available to the community, consolidated plans, and the local housing market.

PART 3: RESOURCES

A. FUNDING EVIDENCE

All Nonprofit Entities, SHFA, PHA, & State Universities (Entity type 1, 2, 3, 4, 5, 6, 7, 8, 9, 10) **ONLY** must provide all the following:

1. Provide a copy of their independent audited financial statement completed within the last two years and letters of funding showing written commitment from sources for the initial 12 month period as a HUD approved housing counseling agency.
2. Submit a copy of your current annual housing counseling budget. Only include income and expenses associated with your housing counseling program.

Cities, Counties, State, Lead Entity of a Consortium, Other Gov't IOG, Other Municipalities (Entity type 11, 12, 13, 14, 15, 16)
ONLY must provide all the following:

1. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that they have sufficient funds to cover the costs of operating the housing counseling program during the initial 12 months of approval.

B. STAFF

Nonprofit Entities and Government Entities (Entity type 1-16) must provide all the following:

1. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that the agency employs staff trained in housing counseling AND at least half the counselors have at least 6 months of experience in the job they will perform in the agency's housing counseling program, **and**

2. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that the agency has a written supervisory monitoring plan and quality control compliance procedures established for monitoring the work of housing counselors by reviewing client files with the housing counselor to determine the adequacy and effectiveness of the housing counseling.

C. LANGUAGE SKILLS

Nonprofit Entities and Government Entities (Entity type 1-16) must provide all the following:

1. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that the agency has housing counselors who are fluent in the language of the clients they serve, or the housing counseling agency uses the services of an interpreter, or the agency refers the client to another agency that can meet the client's needs.

D. COMMUNITY RESOURCES

Nonprofit Entities and Government Entities (Entity type 1-16) must provide all the following:

1. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that the housing counseling agency has established working relationships with private and public community resources to which it can refer clients who may need help the agency cannot offer.

E. FACILITIES

Nonprofit Entities and Government Entities (Entity type 1-16) must provide all the following:

1. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

By checking this box, the Authorized Executive certifies that the housing counseling facilities of the agency main office and its branches, affiliates and sub-grantee/sub-recipient meet all the following criteria:

- a. Have a clearly identified office with space available for housing counseling services and operate during normal business hours and offer extended hours when necessary
- b. Provide privacy for in-person counseling and confidentiality of client records.
- c. Provide accessibility features or make alternative accommodations for persons with disabilities, **and**

2. In addition to the Self-Certification, applicants must provide the following:

- a. List of the agency offices including the official name, physical addresses and zip codes of the agency main office, all branches, sub-grantees/sub-recipient or affiliates offices.
- b. Mailing address for each location, if different from the physical address.
- c. Telephone number(s) for each location including toll-free if available.
- d. Name, title, and telephone number of the person in charge of the housing counseling program at each location.
- e. Indicate for each location if the agency owns or rents the facility. If owned, provide proof of ownership. If the facility is rented, provide a copy of your signed lease agreement, MOU, or in-kind letter.
- f. Indicate for each location whether your agency shares any part of its facility with any other organizations and if so, identify the organizations and explain the relationship that exists between your agency and those organizations.
- g. List accessibility features for each location and/or alternate accommodations to serve disabled and elderly client that have special needs, **and**

3. Provide color digital photos from each location documenting the following. Label each photo for each location:

- a. Front of building.
- b. Agency signage (on building and/or agency entrance).
- c. Hours of operation sign.
- d. Internal and external accessibility features for handicapped or elderly clients.
- e. Private one-on-one counseling and group meeting space.
- f. Lobby & receptionist area.
- g. Each counselor office.
- h. Secure file cabinets and storage areas for active and closed files.
- i. Fair Housing Sign visibly located in the office.
- j. Fee structure sign, if applicable.

PART 4: SYSTEMS

A. RECORD KEEPING AND REPORTING

Nonprofit Entities and Government Entities (Entity type 1-16) must provide all the following:

1. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that the agency has an established system of recordkeeping that is in compliance with HUD Handbook 7610.1, 24 CFR 214, and applicable grant agreements.

B. CLIENT MANAGEMENT SYSTEM (CMS)

Nonprofit Entities and Government Entities (Entity type 1-16) must:

Select one of the Options and Self-Certify to the option that applies to your organization:

OPTION 1:

1. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that the agency has a compliant Client Management System in use that satisfies HUD's requirements and interfaces with HUD's database to download required information into HUD's Housing Counseling System (HCS), and

2. Provide the name of your CMS:

Fannie Mae Home Counselor Online

OR

OPTION 2:

1. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that the agency has a CMS in use, but that it does not interface with HUD's databases for downloading required information into HUD's Housing Counseling System (HCS). To fundamentally comply with 24 CFR 214.103(f): CMS, the agency agrees to and certifies that they will input data manually into the Housing Counseling System (HCS); and

2. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that the agency agrees that until a compliant CMS is in place, the agency will utilize a system for the collection and reporting of client level information, including but not limited to, financial and demographic data, counseling services provided, and outcomes data. The system must also provide the counseling agency with the tools necessary to track and manage all counseling and educational activities associated with each client, and

3. Self-certify to the following:

Self-Certification: Applicants unable or unwilling to self-certify will result in rejection of their application.

- By checking this box, the Authorized Executive certifies that within their initial one year of approval, the agency agrees to modify their current CMS to be HUD compliant, or acquire a compliant CMS from the list of approved CMS Vendors.

ASSURANCES AND CERTIFICATIONS

By signing below, the applicant assures and certifies the following:

ASSURANCES:

I assure that this agency, and HUD program branches, sub-grantees and/or affiliates, if applicable, will:

1. Administer the housing counseling in accordance with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975; and Title IX of the Education Amendment of 1972.
2. Provide housing counseling services without sub-agreement with other agencies for the delivery of any or all parts of the services in our proposed housing counseling plan as approved by HUD.
3. Represent our clients without any conflict of interest by our agency, paid and volunteer staff, or board members which might compromise our ability to represent fully in the best interests of the client in accordance with HUD 7610.1.
4. Meet all local, State and Federal requirements necessary to provide our agency's housing counseling services, including, if applicable, the management and liquidation services.
5. Comply with the fee guidelines set forth in HUD Handbook 7610.1 and 24 CFR Part 214, if we plan to charge counseling fees.
6. Accept all clients that our agency has the capacity to serve and affirmatively outreach to those least likely to apply for the agency's housing counseling services.
7. Provide HUD with all required Housing Counseling Program data and information, in a timely manner, for use by HUD both internally and externally on HUD's web listing and other media.

CERTIFICATIONS: I certify that this agency, and HUD program branches, sub-grantees and/or affiliates, if applicable:

1. Are acting on our own behalf and are not under the influence, control, or direction of any outside party such as a landowner, real estate broker, contractor, builder, lender, or consultant seeking to derive a profit or gain from our housing counseling program clients.
2. Meet the applicable accessibility requirements of Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), 24 CFR parts 8 and 9, and the Americans with Disabilities Act (42 U.S.C. 12101 et seq). Our facilities provide accessibility features for persons with disabilities and elderly persons, or we will arrange to meet with each persons at an alternative accessible location or format.
3. No employee, board member, or partner has been suspended, debarred, or otherwise restricted under the Department's or any other federal regulations (see 24 CFR Part 214).
4. Have not been indicted for, or convicted of, a criminal offense that reflects upon the responsibility, integrity, or ability of the agency to participate in housing counseling activities. These offenses include criminal offenses that can be prosecuted at a local, State, or Federal level.
5. Are not subject to unresolved program approval requirements outlined in HUD Handbook 7610.1 and 24 CFR Part 214.
6. No Grantee and all its Branches and Sub-grantees has been, or employs an individual who has been, convicted of a violation under federal law relating to an election for Federal office (as defined in Pub. L. 111-203, 124 Stat. 1376 (July 21, 2010)).

Name and Title of Authorized Executive Approved to Legally Bind Agency:

Shawna Novak, Director Health and Human Services

Signature of person authorized to legally bind entity:

Date Signed:

By signing this Application, I certify to the best of my knowledge and belief that this application is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18 Section 1001 and Title 31, Sections 3729 - 3730 and 3801 - 3812).

**WARNING: HUD will prosecute false claims and statements.
(Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3812))**

Public Reporting Burden for this collection of information is estimated to be 8 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. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

This information is collected in connection with HUD's Housing Counseling Program and will be used to determine eligibility for Program participation under Section 106 of the Housing and Community Development Act of 1974. The information is considered sensitive and is protected by the Privacy Act which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality.