



INDIANA FORECLOSURE PREVENTION NETWORK

GET HELP | GET HOPE

<b>Indiana Hardest Hit Fund Streamline Application 2012-2013</b>		<b>Application Year</b>	<b>Due: February 21 , 2012</b>
<b>Name of Agency:</b>		<b>Address:</b>	<b>County:</b>
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Email:</b>		<b>Phone:</b>	<b>Fax:</b>
<b>List of Counties serviced:</b>		<b>List of all HHF Staff (Check if HELPS Certified):</b>	
		<ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>	
		<b>Primary Contact assigned to HHF:</b>	
		<b>Name:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____	
<b>Number of Clients to provide HHF Service to:</b>		<b>Provide Financial Statements for one (1) year (preferably audited)</b>	
<b>Other foreclosure prevention services provided by Agency:</b>		<b>Agency HUD Certified:</b>	<b>Agency HELPS Certified:</b>
		<b>Yes    No</b>	<b>Yes    No</b>
			<i>*At least one staff member must be HELPS Certified</i>
<b>Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>	
X _____ <i>*Executive Director</i>	_____	____/____/____	



30 S. MERIDIAN STREET, STE 1000  
INDIANAPOLIS, IN 46204

877-GET-HOPE  
WWW.877GETHOPE.ORG