**Indiana Foreclosure Prevention Network**

**NFMC/HHF Network Agency Application**

**2015-2016 Contract Year**

|  |
| --- |
| **1. Organization name:****2. Doing business as (if applicable):** |
| **3. Address:** |
| **4. Executive Director’s Name:** **Phone:** **Email:** |
| **5. Contact for NFMC and HHF :** **Phone:** **Email:** |
| **6. Website:** **Phone:** **Fax:** |
| **7. Does the organization function as a public or private non-profit**  **organization? Yes**[ ]  **No** [ ]  |
| **8. Is the organization a HUD-certified housing counseling agency providing**  **foreclosure prevention counseling? Yes** [ ]  **No**[ ]  |

|  |
| --- |
| **9. If the agency is not a HUD-certified housing counseling agency, has the agency applied to become a HUD-certified counseling agency? If yes, please attach a copy of the agency’s most recent HUD-9902.****Yes** [ ]  **No** [ ]  |
| **10. Has the organization successfully provided housing counseling services**  **for at least one year?** **Yes** [ ]  **No** [ ]  |
| **11. Is the organization currently an IFPN Network Agency providing both National****Foreclosure Mitigation Counseling Program (NFMC) and Hardest Hit** **Fund (“HHF”) intake and counseling?**  **Yes** [ ]  **No**[ ]  |
| **12. If the answer to question 11 is “yes”, please list the counties the organization provides NFMC and HHF Program intake services to. Include the number of referrals the agency received, per county, during the 2014-2015 contract years.**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| **13. Counties in which organization intends to provide NFMC and HHF Program** **intake services for the 2015-2016 contract year (Agencies MUST provide intake for both programs):**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |

|  |
| --- |
| **14. How many clients does the organization expect to serve during the 2015-2016 Contract Year (July 1, 2015 – June 30, 2016)?** **NFMC Level 1:****NFMC Level 2:****HHF:** |
| **15. Please provide a detail narrative on how the organization intends to provide foreclosure prevention counseling services in their area (face-to-face, telephonically, group, combination).** |
| **16. Does the organization receive foreclosure counseling funding from a source other than through the IFPN? If “yes” please list other funding source(s).** **Yes** [ ]  **No** [ ]  |
| **17. List foreclosure counselors certified through Indiana Housing**  **Educators Licensing Procedures & Standards (HELPS)**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
| **18. On a separate sheet of paper, please list foreclosure counselors Certified through other organizations (i.e. HUD, NeighborWorks, etc.). Please include the name of the certifying organization and the certification expiration date.** |

|  |
| --- |
| **19. How would the organization use administrative support funds to conduct local** **outreach and/or improve client services?** |
| **20. Does the Organization currently use the Counselor Direct system?** **Yes** [ ]  **No** [ ]  |

Please attach the following to this application:

* A one (1) page narrative detailing the organization’s foreclosure prevention counseling experience and explaining why the organization would be an asset to the Indiana Foreclosure Prevention Network.
* The organization’s financial statements for the previous two (2) years, with **at least one audited.**
* Copy of recently submitted HUD-9900 application, for those agencies that are **not** HUD-certified housing counseling agency.

Please mail the completed application and all supplemental materials to the following:

**Attention: Network Agency Application**

**Indiana Housing & Community Development Authority**

**Asset Preservation Department**

**30 S. Meridian Street, Suite 1000**

**Indianapolis, IN 46204**

Applications received without all of the items listed above will be considered incomplete, and will be withdrawn from consideration. **Applications must be received by close of business June 1, 2015 to be considered for funding for the 2015/2016 contract year.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

NOTE: IHCDA has selected personnel to evaluate applications.

This application is issued subject to the following terms and conditions:

* Each application will be evaluated on the information submitted, as well as the applicant’s past performance as a network agency.
* Agencies must have successfully administered a housing counseling program for at least one year.
* Agencies MUST provide both NFMC and HHF counseling services.
* Preference will be given to HUD-certified housing counseling agencies and those actively seeking to become a HUD-certified housing counseling agency.
* Even if selected, an applicant will not be considered a “Network Agency” until entering into the required contract with IHCDA.
* Respondents will be notified by mail or email of IHCDA’s decision.
* Submitting this application does not guarantee that the applicant will be chosen as a Network Agency.
* IHCDA reserves the right to reject any applications, to waive any informality in the application process, or to terminate the application process at any time, if deemed to be in its best interest.
* Even if selected, an applicant will not be considered a “Network Agency” unless and until entering into the required contract with IHCDA.
* By submitting an application, each applicant waives all rights to protest or seek any remedies whatsoever.
* All applications received will become the property of IHCDA and will not be returned.
* Contact Mark Neyland, Director of Asset Preservation, at mneyland@ihcda.in.gov if you have questions regarding this application.