## **United States Department of the Treasury**

# HAF Annual Report Submitted by Stephen Enz

**Indiana Housing and Community Development - HAF AR 2024** 

# **Participant Information:**

Entity Name	Indiana
Type of Recipient	State/DC
UEID	PW8WAKF1KWG9
TIN	351485172
DUNS+4	086870479
FAIN#	HAF0018
Address	30 South Meridian Street, Suite 900
City	Indianapolis
State	Indiana
Zip	46204-3565

Please report discrepancies (if any) on the above information.	
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Report Status:	Submitted
Date Submitted:	12/13/2024 3:31 PM
Submitted by	Stephen Enz, senz@ihcda.in.gov
Certified by	Stephen Enz

#### **Point of Contact List:**

Name	Title	Email	Roles
Richard Harcourt	Chief Financial Officer	rharcourt@ihcda.in.gov	HAF - Point of Contact for Reporting;HAF - Authorized Representative
Jacob Sipe	Executive Director	jsipe@ihcda.in.gov	HAF - Point of Contact for Submission
Stephen Enz	Real Estate Policy and Data Manager	senz@ihcda.in.gov	HAF - Account Administrator;HAF - Point of Contact for Reporting;HAF - Authorized Representative

### **Community Engagement and Outreach:**

1. Did you continue outreach to communities once your HAF Program(s) began?	Yes
2. Please quantify the total amount of funds spent on outreach.	\$236,146.75

3. You identified the Community-based Organizations listed below in your HAF Participant Plan or a previous report. Please indicate whether or not you have performed outreach to these organizations using the checkboxes in the "Outreach performed" column.

Community-Based Organization	Туре	Added on this report?	Outreach Performed?
Indiana Foreclosure Prevention Network	Community Organization		✓
Indiana Foreclosure Prevention Network	Provider		<b>*</b>

## **Performance Goals:**

Title	Program Design Element	Status	New	Continue
Provide 3-6 months of Mortgage Payment Assistance	Mortgage Payment Assistance	Goal Met		
Provide Mortgage Reinstatement Assistance to eligible homeowners	Mortgage Reinstatement	Goal Met		
Provide payment assistance for Homeowner's insurance	Payment Assistance for Homeowner's Insurance	Goal Met		
Provide payment assistance for Homeowner Association fees	Payment Assistance for HOA fees or liens	Goal Met		
Provide Assistance for Property Tax Payments	Payment Assistance for Delinquent Property Taxes	Goal Met		
Provide Homeownership Counseling to eligible families and households	Other measures to prevent homeowner displacement	Goal Met		

#### **Methods for Targeting:**

1. Please provide an update on your targeting plan including challenges, successes, etc.

Our targeting plan had three basic components: a direct digital, social media marketing campaign which could be focused geographically or by general characteristics and search patterns, a proprietary website with years of history and marketing, and the outreach provided locally by member agencies of the Indiana Foreclosure Prevention Network, Indiana 2-1-1, and IndianaHousingNow.org

Our direct digital marketing efforts ended in the very first part of FY2023 as we put the applications on hold and began working from a waitlist. The websites and other sources continue to function well for our housing counseling activities and services.

2. Is the targeting plan put forth in the HAF Plan achieving the desired results?

Yes

## **Best Practices and Coordination:**

Have you coordinated with any of these agencies? (FHA, VA, USDA, GSE's, State or Local Agencies that hold mortgage portfolios)	No
2. Have you coordinated with servicers?	Yes
If so, please provide best practices and information on coordination efforts.	Our team worked individually with specific staff members of various lenders and servicers. A direct approach through email and phone calls seemed to work well throughout the program. When there were difficulties, the program director would step in and elevate the communication to a supervisory level. This provided the remaining success that we sought and achieved.

#### **Certification:**

#### **Statement**

I certify that the information provided is accurate and complete after reasonable inquiry of people, systems, and other information available to the HAF participant. The undersigned acknowledges that any materially false, fictitious, fraudulent statement, or representation (or concealment or omission of a material fact) in this submission may be the subject of criminal prosecution under the False Statements Accountability Act of 1996, as amended, 18 USC 1001, and also may subject me and the HAF participant to civil penalties, damages, and administrative remedies for false claims or otherwise (including under 31 USC 3729 et seq.) The undersigned is an authorized representative of the HAF participant with authority to make the above certifications and representations on behalf of the HAF participant.

1. How much in interest did you earn on HAF award funds in your last fiscal year?	\$10,723
2. If you earned interest in excess of \$500, did you remit that excess earned interest to the Department of Health and Human Services Payment Management System (PMS)?	Yes