



ILLINOIS HOUSING DEVELOPMENT AUTHORITY

Cook County Mortgage Foreclosure Mediation Program (CCMFMP) Housing Counseling Component 2021 Application

Due on June 4, 2021

3:00 P.M. CST

Submit completed application and
attachments electronically to

CCMFMPinfo@ihda.org

Please zip all PDF documents in your application submission.

E-mail attachments cannot exceed 35MB.

Important Note: No .exe or similar extensions on any files or sub-files.

For questions and comments, please contact

CCMFMPinfo@ihda.org



Application Guide

PROGRAM OVERVIEW

The Cook County Mortgage Foreclosure Mediation Program, also referred to as “the Program” and “CCMFMP” was designed to help foreclosure litigants reach an agreement with lenders to modify their mortgages or to negotiate graceful exits from properties in foreclosure. The Program applies to owner-occupied homes of six units or less and owner-occupied condominiums, where the homeowner is a defendant in a mortgage foreclosure case pending in the Circuit Court of Cook County.

CCMFMP has three components – community outreach, helpline and housing counseling, and legal aid and mediation. IHDA will be managing the helpline and housing counseling component of the Program on behalf of the Circuit Court of Cook County.

IHDA expects to launch the Program by early August 2021.

PURPOSE OF GRANT

The CCMFMP Application will select HUD certified housing counseling agencies to help foreclosure litigants reach an agreement with lenders to modify their mortgages or to negotiate graceful exits from properties in foreclosure. The housing counseling component is vital to the success of the Program because housing counselors are trained to assess an individual’s financial situation and to determine if a loan modification will be sustainable by the homeowner.

ELIGIBILITY

Housing Counseling Agencies (HCA’s) are eligible to apply to participate in this fee for service program if they are based in Cook County and have been certified by HUD to conduct mortgage delinquency and default housing counseling. HCA’s are eligible if they are certified prior to their application for funding under the Program, are in good standing, will only have HUD certified housing counselors counsel in any aspect of the program, and must agree to the terms and conditions of the Program. HCA’s must have at a minimum, two (2) full-time staff dedicated to foreclosure intervention counseling.

Submission of this application does not guarantee participation in the program. Approvals are to be granted at IHDA's sole discretion.

ROLE OF COUNSELING AGENCY

Agencies selected for participation will receive funding on a “fee for service basis” for files completed and submitted to the Illinois Housing Development Authority and Chicago Volunteer Legal Services (CVLS). Files will be paid at a rate of \$200 per file for completed files with complete checklists and case notes submitted to IHDA, \$400 for completed files sent to CVLS or for a permanent solution reached without mediation. Agencies will also be responsible for providing continuing services and follow-up – such as updates to loan modification applications and documents – to homeowners until cases are complete.

Each participating HCA will be required to have at least one HUD certified foreclosure counselor available Monday through Friday on a monthly rotation basis for Courthouse appointments. It is anticipated that counselors will

meet with homeowners virtually however this may change due to Courthouse operations. IHDA will supply agencies with a rotation schedule in advance for planning purposes. Frequency of monthly rotation will be determined by the number of participating agencies.

SCORING (100 POINTS TOTAL)

The following is the scoring criteria that will be used to rank your application:

1. ORGANIZATION CAPACITY

Up to Fifty (50) points may be awarded to applications that demonstrate successful previous management of a counseling program.

2. TEAM CAPACITY AND EXPERIENCE

Up to Fifty (50) points may be awarded to applicants that clearly show that staff is in place to administer and oversee the Program.

APPLICATION FEE

IHDA will not charge a fee for processing applications under this Program.

APPLICATION

A completed application and all supporting attachments must be received by June 4, 2021, by 3:00 p.m. CST. All materials must be digital; no hard copies will be accepted. Each exhibit must be submitted as an individual PDF document. See the Exhibit Checklist for specific naming instructions. Please submit all PDF documents as zipped files; attachments cannot exceed 35MB. Email one copy of your completed application package to CCMFMPinfo@ihda.org – Subject: CCMFMP Application (Agency Name). Please direct all questions to CCMFMPinfo@ihda.org.

The Illinois Housing Development Authority will be hosting an application/technical assistance webinar on May 26, 2021. Please look for emails from CCMFMPinfo@ihda.org for future information regarding the time and dates of webinar.

Applicant Information

Agency Name

Main Office Street Address, Line 1

Street Address, Line 2

City

State

Zip Code

Website

Primary Contact Name

Title

Telephone Number

E-mail Address

Secondary Contact Name

Title

Telephone Number

E-mail Address

How many employees provide housing counseling services?

Of those, how many provide foreclosure counseling?

List all HUD approved client management system(s) that will be utilized to gather, manage and report client information for program:

List all offices that serve Cook County and their geographies served:

SCORING CATEGORY 1: ORGANIZATION CAPACITY

1a. What is your year of initial HUD certification?

1b. Year of most recent HUD certification?

Must have default/foreclosure intervention counseling listed

1c. In your HUD 9902 FY2021 Q2 report. how many foreclosure intervention clients have you counseled?

Use figure reported on HUD 9902, #9.f. Agency will need to submit their HUD 9902 FY 2021

1d. In your HUD 9902 FY2020 report. how many foreclosure intervention clients have you counseled?

Use figure reported on HUD 9902, #9.f. Agency will need to submit their HUD 9902 FY 2020

1e. In your HUD 9902 FY2019 report. how many foreclosure intervention clients have you counseled?

Use figure reported on HUD 9902, #9.f. Agency will need to submit their HUD 9902 FY 2019

2. List and briefly describe all the programs/services the agency provides other than foreclosure counseling.

3. Describe in detail your current counseling delivery methods for foreclosure clients and how you will prepare to counsel face to face for this program, specifically as we enter Phase 5 of Restore Illinois.

4. Please describe in detail your current and future marketing plans for your foreclosure program, especially with the foreclosure moratorium sunseting.

5. Complete the table below by detailing your past performance in the last rounds of the CCMFMP Program. If you did not participate in the specified round, please indicate N/A.

PROGRAM ROUND	NUMBER OF FORECLOSURE CLIENTS REPORTED	NUMBER OF RESOLUTIONS OBTAINED* REPORTED
Round 5.1 Dec 1, 2016-Nov 30, 2017		
Round 5 Dec 1, 2015-Nov 30, 2016		

**Include remaining in the home, short sales, deeds in lieu*

6. Describe in detail your agency’s plan for tracking homeowners and resolutions that can be billed for this program.

AUDIT INFORMATION

Applicants must provide a copy of their most recent independent financial audit as well as their most recent HUD audit. If a Management Letter was issued, a copy of the letter must also be attached. NOTE: Include any Management Response and/or Corrective Action Plan. The Management Response and/or Corrective Action Plan MUST be on applicant's letterhead and be signed by Executive Director, Chief Executive Officer, or chief executive of the applicant. IHDA reserves the right to use lack of corrective action or lack of response to findings to determine funding. Submission of an audit dated more than two years prior to the date of this application may result in a point deduction.

FINANCIAL AUDIT

7a. Date that audit was performed

7b. Dates that audit covered (fiscal year)

7c. Page(s) containing Corrective Action Plan and/or Management Response. If not applicable, indicate "N/A".

7d. Summarize any audit findings or observations, including page numbers of findings and solutions. Please provide explanation if the audit is more than two years old. If none, indicate "N/A".

HUD AUDIT INCLUDING COMPLETE PERFORMANCE REVIEW REPORT

8a. Date that audit was performed

8b. Dates that audit covered (fiscal year)

8c. Page(s) containing Corrective Action Plan and/or Management Response. If not applicable, indicate "N/A".

8d. Summarize any audit findings or observations, including page numbers of findings and solutions. If none, indicate "N/A".

SCORING CATEGORY 2: TEAM CAPACITY AND EXPERIENCE

9a. How many of your housing counselors are HUD Certified as of Application date?

9b. How many of your housing counselors hold a NeighborWorks Center for Homeownership Education and Counseling (NCHEC) certification in Foreclosure Intervention and Default Counseling as of Application date?

9c. Please describe, in detail, the means in which housing counselors are recruited, retained, and trained.

10. Please describe how counselors will be properly trained in the Program materials, asking the appropriate questions, and understanding when to refer the client to other resources available within the Program.

11. What will be your staffing plan and/or process to ensure there is adequate coverage for the Courthouse appointments (virtually and onsite, as needed) during your rotation month?

12. For each counselor providing foreclosure services, indicate the date the certification expiration. You will be required to provide a copy of their certification in accordance with the requirements of the [National Industry Standards for Homeownership Education and Counseling](#). Additionally, include the number of months they have counseled foreclosure clients. Your answers should only cover the last 36 months of training in default/foreclosure counseling.

HUD CERTIFIED	COUNSELOR NAME	FORECLOSURE AND DEFAULT COUNSELING CERTIFIED INDICATE EXPIRATION DATE	LANGUAGE(S) USED TO COUNSEL	NUMBER OF MONTHS COUNSELING FORECLOSURE CLIENTS

INTAKE MANAGER POSITION (OPTIONAL)

We have included a job description for the Intake Manager stationed at the Cook County Courthouse for the Mediation Program. This position will be contracted out to an agency chosen to participate in this round of CCMFMP. The agency of the housing counselor chosen, is expected to be paid \$60,000 annually to support this staff person. This housing counselor will spend their time with Courthouse appointments from Monday-Friday. The Intake Manager will be required to supervise the rotation of counselors, manage substitutions if someone is unavailable for a scheduled appointment, distribute walk-ins to the proper counselor or attorney, assist with IHDA's file review, assist with monthly reports as needed, and assist with intake and counseling on an as needed basis. In addition, this person will be asked to attend some meetings at both their home agency as well as other locations. This person will supervise up to three staff at one time and must be versed in foreclosure as well as CCMFMP. Candidate must have previous supervisory experience and must be bilingual in Spanish. Please review the attached job description for additional information.

Note - Please be aware that the agency whose housing counselor is selected will also be responsible for covering that position when the Intake Manager is out sick or on vacation.

If you are interested in applying, please attach the staff person's resume (each agency may only include one staff person as an applicant). If there is no resume, your agency will not be reviewed for this position.

Below, enter the staff person's name. Describe the reasons that this person is interested in applying for this position and why they would make the ideal candidate for this position.

EXHIBIT CHECKLIST

Submit your completed application and all supporting attachments to the Authority at CCMFMPinfo@ihda.org. All materials must be digital; no hard copies will be accepted. Each exhibit must be submitted as an individual PDF document and follow the naming conventions indicated below. Please submit all PDF documents as zipped files; attachments cannot exceed 35MB. (Important Note: no .exe files should be included in your submission). Email one copy of your completed application package to CCMFMPinfo@ihda.org. Note if the zip document exceeds 35MBs, you can submit the remaining in another email but do label emails to reflect multiple submissions (example: 1 of 2, 2 of 2, etc.).

- Application – PDF format
Name: Application
- Agency HUD Certification – Most recent (If not within the last 3 years, send a letter of explanation)
Name: HUD Certification
- 2021 HUD-9902 Submission (stamped and dated)
Name: 2021 Q2 HUD-9902
- 2020 HUD-9902 Submission (stamped and dated)
Name: 2020 HUD-9902
- 2019 HUD-9902 Submission (stamped and dated)
Name: 2019 HUD-9902
- Updated Counselor Certifications listed in question #12
Provide only relevant certificates that have been acquired within the past 36 months
Name: Counselor Certifications
- Counselor Resumes listed in question #12
Must list their current role and duties at your agency
Name: Counselor Resumes
- HUD Audit with complete Performance Review and Auditor Report
If applicable, include Management Response and/or Corrective Action Plan
Name: HUD Audit MM/YY
- Financial Audit with Independent Auditor Report
If applicable, include Management Response and/or Corrective Action Plan
If not within the past fiscal year, submit an explanation letter
Name: Financial Audit MM/YY
- OPTIONAL** – If interested in Intake Manager position, please attached this page filled out and name the housing counselor who is interested. Include a copy of their resume separately.
Name: Intake Manager Resume

STANDARD REQUIREMENT AND CERTIFICATIONS

Every grantee under the Program will be required to comply with these certifications and requirements as well as any additional certifications or requirements covered in the grant documents:

1. Applicant certifies that all statement herein are true, accurate, and complete;
2. Applicant certifies that all CCMFMP clients will be owner-occupants of their homes at the time they receive counseling as requirements per the application;
3. Applicant is a HUD approved housing counseling agency authorized to do business and in good standing in the State of Illinois;
4. Applicant's offices and services provided will be accessible to people with disabilities and has counselors fluent in the language that customers speak or will use interpreter services if necessary;
5. Applicant will not permit any discrimination based on gender, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability in connection with its participation in CCMFMP;
6. Applicant certifies that it has worked successfully with financial institutions and servicers, and with clients facing default, delinquency, and foreclosure;
7. Applicant has documented counseling capacity, outreach capacity, past successful performance and positive outcomes with documented counseling plans, including foreclosure mitigation counseling, and workout agreements and loan modification agreements;
8. Applicant has provided foreclosure counseling services that included a one-on-one session to at least 100 people during the past 24 months;
9. Applicant has capacity to accept 50 new cases/clients per month for the duration of the program and must commit to have a trained and ready counselor for Courthouse appointments, as scheduled by Illinois Housing Development Authority;
10. Applicant will adhere to the National Industry Standards for Homeownership Education and Counseling Code of Ethics for Homeownership Professionals;
11. Applicant certifies that it will ensure no financial barriers would prohibit clients from receiving foreclosure mitigation counseling services, organization will not charge fees (service fees, membership fees or otherwise) to clients in exchange for foreclosure counseling;
12. Applicant certifies that staff that will provide foreclosure counseling have no conflict(s) of interest due to other relationship with mortgage lenders, servicers, real estate agencies, and/or other entities that may stand to benefit from counseling outcomes;
13. Applicant certifies that staff who will provide foreclosure counseling under CCMFMP are not loan officers or originators and are not involved in loan origination;
14. Applicant has the capacity to track and report both client files and aggregate data. All reporting must be done via electronic files;
15. Applicant will maintain records in connection with administration of CCMFMP for five years after the date of termination of the Commitment;
16. Applicant will comply with the terms, conditions, quality control, compliance and evaluation of CCMFMP;
17. Applicant will comply with monitoring and evaluation of the Program through the full Commitment period;
18. Applicant certifies that neither it nor its employees or contractors have been indicted for a violation under Federal law relating to an election for Federal Office; and
19. Neither the applicant, nor its affiliates or related entities are delinquent in the payment of any debt to the State of Illinois (or if delinquent, has entered into a deferred payment plan to pay any debt).

Name

Title

Date

Signature of Authorized Official