



# ILLINOIS HOUSING DEVELOPMENT AUTHORITY

## Housing Stability Counseling Program Application

**Due on August 16, 2021, 3:00 P.M. CST**

Submit completed application and attachments  
electronically to [HSCPinfo@ihda.org](mailto:HSCPinfo@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

[HSCPinfo@ihda.org](mailto:HSCPinfo@ihda.org)



HOUSING STABILITY COUNSELING PROGRAM  
APPLICATION

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# APPLICATION GUIDE

## PURPOSE FOR FUNDING

The American Rescue Plan Act of 2021 (Public Law 117-2) appropriated funds to NeighborWorks America (NeighborWorks) to fund the Housing Stability Counseling Program (HSCP). These funds are for housing counseling services, defined as counseling provided directly to households facing housing instability, such as eviction, default, foreclosure, loss of income, or homelessness. HSCP is intended to support the delivery of housing counseling services by HUD-approved housing counseling agencies with demonstrated experience in serving households facing housing instability.

IHDA expects to launch this Program by winter 2021.

## USE OF FUNDING

HSCP will cover direct counseling and Program Related Support. The direct counseling request is linked to the estimated number of clients counseled during the grant period. Program Related Support shall be used to increase housing stability program efficiencies which can include, but is not limited to outreach to clients, infrastructure development and improvements, costs related to staff hiring and training, purchasing, or leasing outcome evaluation tools, collecting data for grant reporting purposes, pulling credit reports, and providing quality control oversight of counseling/coaching services. For more information, please visit the [HSCP website](#) and review the Funding Announcement, which includes detailed program information. Please note that the Funding Announcement is a NeighborWorks document with programmatic information and was distributed in spring for potential Grantees to apply. IHDA is seeking housing counseling agencies as sub-grantees to assist with the implementation of HSCP.

Housing counseling agencies (HCA's) must agree to the terms and conditions of the Program, including complying with compliance, quality control, monitoring, and evaluation of the Program through the full commitment period and record retention period under this funding opportunity.

## ELIBILITY AND DEMONSTRATED EXPERIENCE

HCA's are eligible to apply to participate for this funding if they have been certified by HUD to conduct mortgage delinquency and default housing counseling. To be eligible for funding, applicants must have a successful and recent track record over the last 18 months from November 1, 2019, to April 30, 2021, with providing housing stability counseling services for households facing housing instability such as eviction, default, foreclosure, loss of income, or homelessness. To qualify as having Demonstrated Experience, an Applicant must certify that it has:

- a) worked successfully with landlords, lenders, and/or servicers, and with clients in threat of or facing eviction, foreclosure, and homelessness; AND
- b) documented counseling capacity, outreach capacity, past successful performance, and positive outcomes with documented counseling plans and housing stability counseling outcomes (e.g. landlord and tenant agreements, loan workouts, loan modification agreements or foreclosure resolution outcomes); AND
- c) certified that at least one of the following is true:
  - i) has provided housing stability counseling services with documented action plans to at least 30 people during the past year; OR
  - ii) 75 percent or more of its service area is in a rural area (if your organization is serving a community that is eligible for USDA Rural Development programs and services as of June 30, 2021, your organization may count that community as rural for the purposes of this application), AND it provided housing stability counseling which included documented action plans to at least 15 people during the past year or 10 people during the most recent quarter.

*Pre- and Post-Purchase counseling are not eligible counseling services for HSCP.*

## **APPLICATION FEE**

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

## **APPLICATION SUBMISSION**

A completed application and all supporting attachments must be received by **August 16, 2021, by 3:00 p.m. CT**. 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 [HSCPinfo@ihda.org](mailto:HSCPinfo@ihda.org) – Subject: Housing Stability Counseling Program Application (Agency Name). Please direct all questions to [HSCPinfo@ihda.org](mailto:HSCPinfo@ihda.org).

IHDA will be hosting an application/technical assistance webinar. Please visit our website and look for emails from [HSCPinfo@ihda.org](mailto:HSCPinfo@ihda.org) for future information regarding the time and dates of webinar.

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

## 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**

**Total Number of Employees**

**How many employees provide housing stability counseling?**

**Is your organization a HUD-approved housing counseling agency?**

**What is the year of your initial HUD certification?**

**Year of the most recent HUD certification?**

**Is your agency approved to provide Mortgage Delinquency and Default Resolution counseling?**

**Is your agency approved to provide Rental counseling?**

**Does your organization plan to seek additional HSCP funding (i.e. separate from IHDA) as a sub-grantee of another direct Applicant?**

**If yes, please list**

# CATEGORY 1: PROGRAM NEED AND DEMAND

1. Are there other housing counseling agencies already providing housing stability services in your service areas? If yes, explain why there is a need for your organization to also provide services in your area and explain the services you provide.

Yes      No

If Question 1 is "Yes," explain why there is a need for your organization to also provide housing stability counseling in these areas.

2. Specify any challenges your organization has experienced in your housing stability counseling program. Provide a detailed plan to address these challenges.

3. Outline your organization's experience as a sub-grantee for other grants programs. Include a description of processes in place for each of the following: 1) managing funds expeditiously; 2) experience in managing contracts; 3) experience in data collection and reporting; 4) sharing best practices; and ensuring training needs are met.

4. Specify how your organization ensures quality control of the housing stability counseling services offered and adherence to the counseling program/grant requirements.

5. Detail your organization's internal procedures to ensure you are in compliance with program or grant requirements. Include a description of each of the following: 1) procedures for determining when your organization is out of compliance; 2) consequences for staff for non-compliance; 3) procedures for remedying compliance issues; and 4) any follow-up that occurs after a compliance-related issue is raised.

6. Describe your organization's system of storing and disposing of personally identifiable information. Include details for both paper and electronic files and documents.

# AUDIT INFORMATION

7. Has your organization had findings from state, federal or other investigations related to housing counseling or the use of federal funds during calendar year 2020 or have any unresolved findings relating to an investigation that occurred prior to 2020?

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

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. Please provide explanation if the audit is more than two years old. If none, indicate "N/A".

## HUD AUDIT INCLUDING COMPLETE PERFORMANCE REVIEW REPORT

9a. Date that audit was performed

9b. Dates that audit covered (fiscal year)

9c. Page(s) containing Corrective Action Plan and/or Management Response. If not applicable, indicate "N/A".

9d. Summarize any audit findings or observations, including page numbers of findings and solutions. If none, indicate "N/A".



## CATEGORY 2: PROGRAM DESIGN AND MANAGEMENT

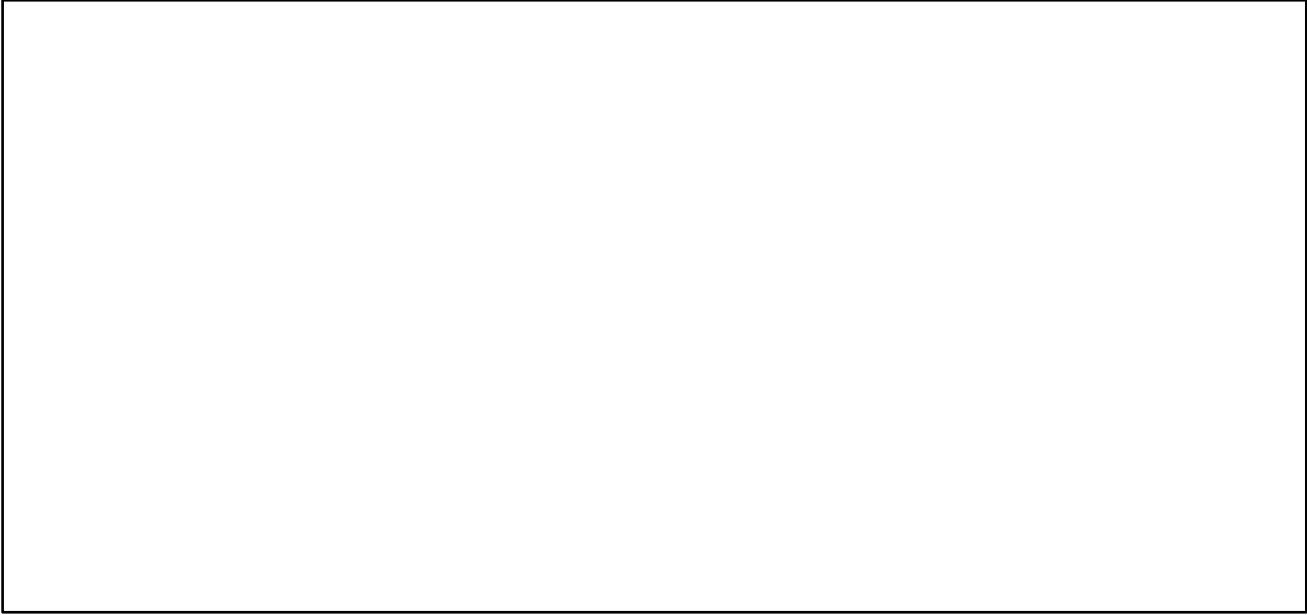
10. Describe your organization's foreclosure counseling process. Include the intake and triage procedures and expected response time to each client's request to initiate counseling. Also include the follow-up process to ensure a successful resolution to the client. Describe any expected changes/improvements to the process that your organization will provide as housing stability needs increase.

How long current process has been in place, in months?

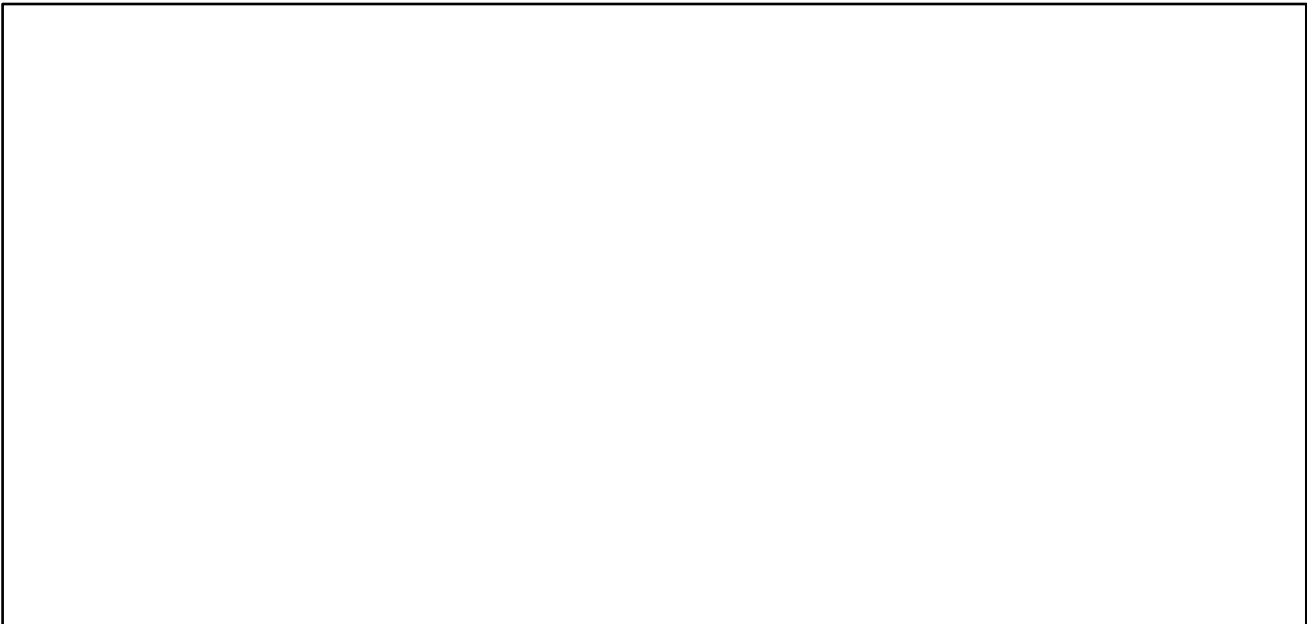
11. Describe your organization's rental counseling process. Include the intake and triage procedures and expected response time to each client's request to initiate counseling. Also include the follow-up process to ensure a successful resolution to the client. Describe any expected changes/improvements to the process that your organization will provide as housing stability needs increase.

How long current process has been in place, in months?

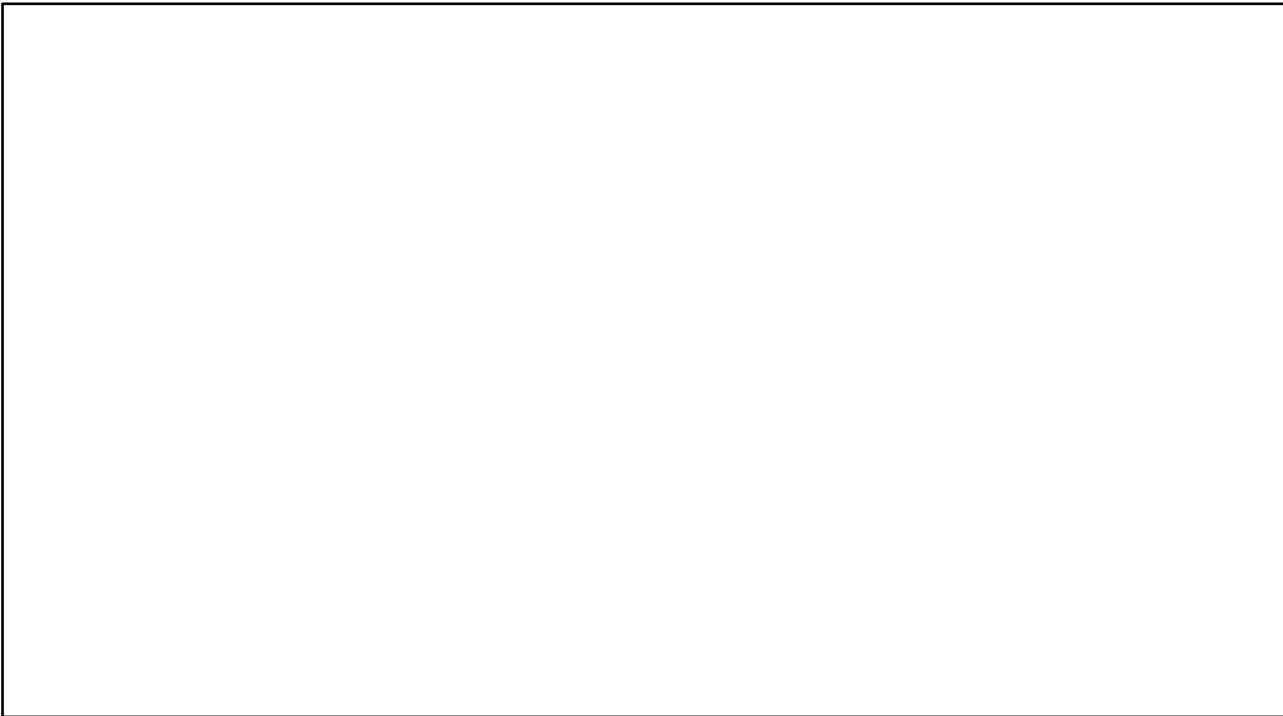
12. Outline your organization's strategy for identifying and marketing counseling services to clients in need of housing stability counseling services. This should include any partnerships your organization has established with other agencies to help identify and reach out to clients.



13. Specify your organization's plan to track and report each level of counseling that has been provided. Describe for Level 1 (Intake and Initial Counseling), Level 2 (Counseling), and Follow-up.



14. Describe how your organization will ensure all counseling data points are collected, consolidated, and then accurately and consistently reported by your organization to IHDA for HSCP.



15. Provide your organization's staffing structure and strategy for recruiting, training, and hiring counselors under this program. Describe caseload size and managerial oversight and how this helps accomplish your agency's counseling goals.



16. List any counselors that will work on this program along with their HUD certification and housing stability training obtained in the last 36 months. Include details about the counselor's full name and source of the training or certification (note: this training does not need to be from NeighborWorks).

HUD CERTIFIED	COUNSELOR NAME	FORECLOSURE AND DEFAULT COUNSELING CERTIFIED INDICATE EXPIRATION DATE	RENTAL COUNSELING TRAINING INDICATE EXPIRATION DATE	LANGUAGE(S) USED TO COUNSEL	IF NEW, HIRE DATE: MM/YY <sup>1</sup>

*If you need to report more counselors, duplicate this page. Include all certifications referenced above with your application.*

<sup>1</sup>New hire is anyone hired by the agency within the last 6 months.

17. What mode of counseling will your organization provide to clients under this Program? Enter the percentage of delivery method, with all entries totaling 100%. Enter "0" for none.

Mode of One-on-One Housing Stability Counseling	Approximate % of Clients Receiving Housing Stability Counseling via this Mode
In Person	
Telephone	
Virtual	
Other <i>(Must describe below)</i>	
<b>Total</b>	

17a. Describe what "Other" means and how your organization provides one on one counseling by this mode.

18. What Client Management System (CMS) will your organization use to report HSCP results? Check all that apply.

CounselorMax

Salesforce

Propriety System *(Must indicate and describe below)*

Other System *(Must indicate and describe below)*

Excel form or other non-system format *(Must indicate and describe below)*

18a. List the name and details of the Propriety, Other systems and/or other non-system if chosen.

## CATEGORY 3: PROPOSED COUNSELING SERVICES

19. Complete the Applicant Excel Workbook attachment to help answer this question. See the total amount listed in the Program-Related Support line from the Housing Stability Counseling Award section of the Production Goals tab.

This is a breakdown of that total. Specify how the Program Related Support (PRS) will be used by the organization. Use the table below to enter the percentages. All entries must total 100%. Enter "0" for none.

Eligible PRS Categories	Percentage
Costs related to hiring, orienting, and training new counseling staff	
Establishing a triage system	
Marketing and outreach	
Group orientation sessions	
Infrastructure development and communication	
Technology improvements	
Purchasing or leasing equipment and software for counselors	
Collecting data and preparing quarterly reports and disbursements	
Quality control of the counseling function	
Other <i>(Services necessary to provide quality housing stability counseling)</i>	
<b>Total</b>	

## CATEGORY 4: PROPOSED SERVICES IN TARGET AREAS

20. Select the counties defined by HSCP as Target Areas of Service that your organization proposes to serve with HSCP funding. Go to the Applicant Excel Workbook attachment then fill out both tabs the Production Goals and the Target Areas of Service tab, to answer this question.

21. If your organization proposes to provide counseling services in the Target Areas of Service, please adequately describe 1) the needs associated with that area and 2) how your organization will address those needs and deliver the proposed counseling to clients to meet the goals as stated in this application. If your organization falls behind on committed numbers, what is the plan to get back on track and avoid de-obligation of funds?

22. Provide a detailed explanation of your organization’s plan to effectively address and counsel minority and low-income populations facing housing instability.

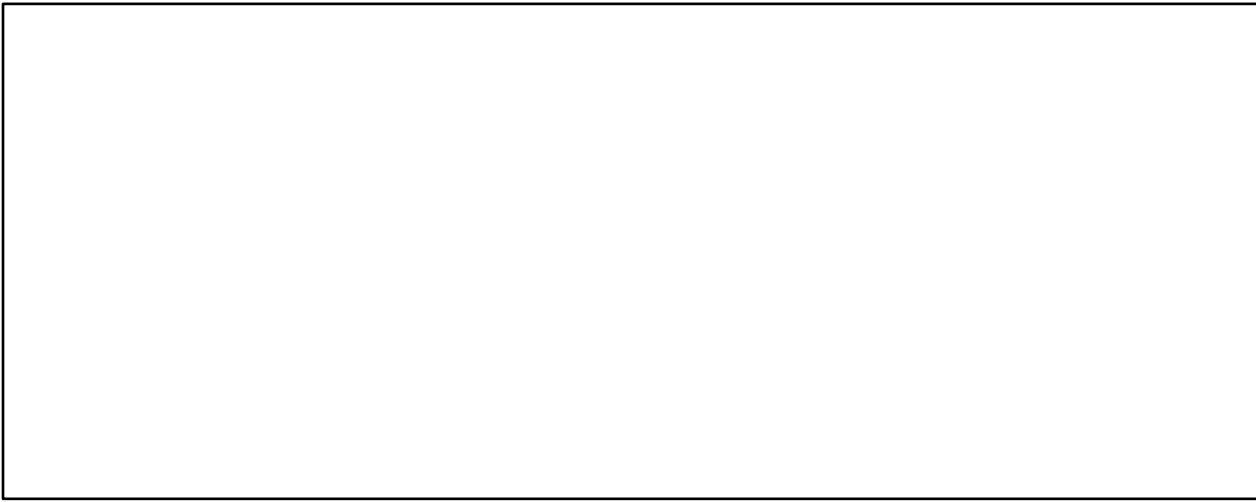
23. Mark an X if the Organization could service clients, verbally, in the following languages:

English	Spanish ___	Polish	Mandarin	Cantonese
Tagalog	Arabic	Urdu	Korean	Gujarati
Hindi ___	Russian	German	French	Other

24. Mark an X if the Organization could service clients, in writing, in the following languages:

English ___	Spanish ___	Polish	Mandarin	Cantonese
Tagalog ___	Arabic	Urdu	Korean ___	Gujarati
Hindi ___	Russian	German	French	Other

25. If unable to provide services in other languages besides English, please indicate the reason. Please provide the organization's process to provide housing stability services to non-English speaking clients.





# EXHIBIT CHECKLIST

Submit your completed application and all supporting attachments to the Authority at [HSCPinfo@ihda.org](mailto:HSCPinfo@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 [HSCPinfo@ihda.org](mailto:HSCPinfo@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: Your Agency Name – HSCP Application*
- Applicant Workbook  
*Name: Your Agency Name – Applicant Workbook*
- Agency HUD Certification with approved counseling types listed  
*Name: HUD Certification*
- Agency Privacy Policy  
*Name: Privacy Policy*
- Disclosure Letter – (only if applying for HSCP funds with another intermediary aside from IHDA)  
*Name: Disclosure Letter*
- Final 2019 & 2020 HUD-9902 submission (stamped and dated)  
*Name: 2019 HUD-9902 and 2020 HUD-9902*
- Q3 2021 HUD-9902 submission (stamped and dated)  
*Name: 2021 HUD-9902*
- Counselor Resumes  
Must list their current role and duties at your agency  
*Name: Counselor Resumes*
- Counselor HUD and Training Certifications  
Provide only relevant certificates that have been acquired within the past 36 months  
*Name: Counselor Certifications*
- 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*
- HUD Audit with complete Performance Review and Auditor Report  
If applicable, include Management Response and/or Corrective Action Plan  
*Name: HUD Audit MM/YY*
- Current Agency Work Plan – Signed and dated within the past 2 years.  
Must list all current agency programs and services.  
*Name: Work Plan*
- Current Record Retention Policy – Dated within the past 2 years.  
Must list all current agency programs.  
*Name: Record Retention Policy*

## STANDARD REQUIREMENTS AND CERTIFICATIONS

Every Applicant must certify; that each of the following certifications is true. By signing below, the Applicant agrees to comply with the following 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 is a HUD approved housing counseling agency authorized to do business and is in good standing in the State of Illinois;
3. Applicant is in good standing with any related American Rescue Plan Act of 2021 (ARPA) funding that was awarded on or after July 1, 2021;
4. Applicant has counseling office(s) and services that are accessible to people with disabilities;
5. Applicant will not permit any discrimination based on gender, race, religion, color, familiar status, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability;
6. Applicant has counselor(s) fluent in the languages that clients speak or will use an interpreter service to ensure non-English speaking clients can obtain housing stability counseling. If Applicant does not offer translation services, Applicant will provide a Memorandum of Understanding detailing a relationship with a separate entity that is qualified to provide the translation services;
7. Applicant has documented housing stability counseling capacity, outreach capacity, past successful performance and positive outcomes with documented counseling plans which includes housing stability counseling;
8. Applicant will provide all levels of housing stability counseling funded through HSCP;
9. Applicant has the ability to provide electronically, to IHDA, the necessary client-level and aggregate reporting information (IHDA will make available a template for data submission);
10. Applicant has established referral networks for households seeking services that the Applicant either does not provide or does not have sufficient competency to provide adequately and effectively;
11. Applicant will ensure expenditure of grant funds are for eligible uses under the Program;
12. Applicant will have a separate budget and bank account just for HSCP financial activities, such as file and PRS reimbursement;
13. Applicant will maintain an accurate record of counselor's HUD certification status throughout the HSCP performance period;
14. Applicant will store and dispose of personally identifiable information and client records in a manner that protects client confidentiality and is consistent with State of Illinois law governing client records;
15. Applicant will maintain records in connection with the Program for five years after the date of termination of the grant agreement;
16. Neither the Applicant nor any of 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 the debt).

**Applicant must certify ONLY ONE of the following for your organization:**

- Applicant has provided housing stability counseling services with documented action plans to at least 30 people during the past year or if less, documented housing stability services experience in question #3; OR
- 75 percent or more of Applicant's service area is in a rural area (if Applicant is serving a community that is eligible for USDA Rural Development programs and services as of June 30, 2021, Applicant may count that community as rural for the purposes of this application), AND Applicant provided housing stability counseling which included documented action plans to at least 15 people during the past year or 10 people during the most recent quarter.

On behalf of \_\_\_\_\_, I certify that the information contained herein accurately reflects my organization's commitment and ability to participate fully in the Program.

**Name**

**Title**

**Date**

**Signature of Authorized Official**