

Kentucky Housing Corporation
 Counseling Application for Housing Assistance Funds

Please type or write legibly.

Agency Information	
Legal Name of Housing Counseling Agency:	
Physical Address:	City/State/Zip:
Mailing Address (if different):	City/State/Zip:
Main Business Phone Number:	Main Business Fax Number:
Primary Contact:	Primary Contact Email:
Website:	# of Counseling Employees:
Agency Qualifications	
Agency must meet the following requirements to be eligible for funding.	
Qualifications:	Response/Explanation:
Agency is a non-profit agency, evidenced by Section 501(c)(3) approval from IRS.	Please include a copy of most current approval letter. Please note below if letter is on file with KHC's counseling team.
Agency counsels a minimum of fifty clients during each twelve-month period.	How many clients were served in most recent fiscal year? (Attach copy of most recent HUD Form 9902)
Agency has at least one year experience in the geographical area it serves.	Please list primary geographical area.
Agency personnel are fluent in the language of the applicants they serve and/or Agency has written policies and procedures for Limited English Proficiency clients.	Does KHC have a copy of LEP Plan? If not, please attach.
Agency is an experienced housing counseling agency with at least on year experience successfully administering a housing counseling program.	How many years' experience?
Agency has established working relationships with community resources to which it can refer applicants who need help that Agency cannot offer.	Please list or attach list of relationships.
Agency meets all federal, state, and local requirements.	
Agency's facilities meet all HUD requirements. (see HUD manual 7610.1 rev 5, Chapter 2.2 Section M., Facilities)	
Agency's Counseling Staff	
Agency to provide the following information, on separate page(s), regarding counseling staff.	
Agency to provide listing of all counseling staff who will be working with KHC's HAF.	
List to include all training each staff has completed in most recent 12 months. Include # of hours, course name, provider name, and date completed.	
List to include title, email address, phone number, and extension for each counseling staff member.	
List to include number of years' experience for each counseling staff member.	
Agency's Capacity	
Has Agency used KHC's Housing Assistance Funds in the past 3 years?	
Amount FY16 HAF spent by Agency:	Amount FY15 HAF spent by Agency:
Amount FY14 HAF spent by Agency:	What is Agency's score on KHC's Capacity Scorecard?

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Amount Requested for Individual Counseling Services		
Amount requested for individual counseling sessions. Remember, KHC pays \$60 for the initial intake session and then \$50 for each additional one-hour session for up to 8 sessions. Maximum HAF paid for an individual counseling client is \$460 based on 9 one-hour counseling sessions.		
# intake counseling sessions estimated for fy16:	# X \$60=	\$
Average # of additional counseling sessions. Note: KHC pays maximum of 8.	# X \$50=	\$
TOTAL REQUESTED FOR INDIVIDUAL COUNSELING SERVICES		\$
Amount Requested for Group Education		
Amount requested for group education. Remember, KHC's pay schedule for group education is based on class type and # of attendees. <ul style="list-style-type: none"> • 2 hour classes: KHC pays \$25 each for attendees 1-10, then \$10 each for additional attendees. Class Total is capped at \$350. • 6-8 hour classes: KHC pays \$40 each for attendees 1-10, then \$10 for each additional attendee. Maximum paid per class is \$500. • Also, KHC will pay an additional \$50 for each class offered in another language (non-English) 		
# of 2-hour classes estimated for fy17:	Multiply by estimated average # of attendees per class:	= request for 2-hour classes.
# of 6-8-hour classes estimated for fy17:	Multiply by estimated average # of attendees per class:	= request for 6-8 hour classes.
TOTAL REQUESTED FOR GROUP EDUCATION		\$
Total FY17 HAF Request*		
Total Requested for Individual Counseling Sessions:	\$	
Total Requested for Group Education:	\$	
GRAND TOTAL OF REQUEST		\$
Agency Application Information		
Application completed by:		
Name: _____ Title: _____		
Date: _____		
Best contact information: _____		
<p>Email completed application package to protectioncenter@kyhousing.org no later than 11:59 pm, EST, on Friday, June 24, 2016. Late submissions will be ineligible for funding. Any questions? Contact Shelbie Hillard, shillard@kyhousing.org.</p> <p>*Please note: Amount requested does not guarantee amount awarded to each Agency. KHC will base decisions on each Agency's capacity, past and projected performance, in addition to the amount of funds purposed by KHC for the education and counseling program.</p>		

<i>KHC office use only:</i>	
Date and time application rec'd:	_____
Did agency submit the completed application, narrative, supporting documentation, and KHC capacity scorecard?	Yes No
Is Agency eligible for funding?	Yes No
Staff Initials:	_____