

Kentucky Housing Corporation
 FY25 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:
# of HUD Certified Counselors:	

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 can provide most recent audited financial statements.	Please attach.

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 FY24 HAF spent by Agency:	Amount FY23 HAF spent by Agency:
Amount FY22 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. KHC pays \$60 per hour spent providing one-on-one counseling.		
# of hours projected to be spent providing one-on-one counseling.	# X \$60=	\$
Please provide an estimate of how many new clients vs average # of hours spent per client in counseling so KHC may estimate projected households served.		
# of NEW clients:	Average # of hours spent per client:	
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. No cap on classroom size. • 6-8 hour classes: KHC pays \$40 each for attendees 1-10, then \$10 for each additional attendee. No cap on classroom size. • Also, KHC will pay an additional \$250 for each class offered in another language (non-English) • Must have five (5) minimum clients per class 		
# of 2-hour classes estimated for FY25:	Multiply by estimated average # of attendees per class:	= request for 2-hour classes.
# of 6-8-hour classes estimated for FY25:	Multiply by estimated average # of attendees per class:	= request for 6-8 hour classes.
PROJECTED # OF ATTENDEES FOR GROUP EDUCATION		
TOTAL FUNDS REQUESTED FOR GROUP EDUCATION		\$
Total FY25 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: _____		
Email completed application package to protectioncenter@kyhousing.org no later than 11:59 pm, EST, on Friday, June 9, 2024. Late submissions will be ineligible for funding. Any questions? Contact Shelby Hillard, shillard@kyhousing.org		
*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.		

<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: _____	