Homebuyer Education Initiative
Agency Information Form

Organization: ________________________________________________________________
Address: ___________________________________________________________________
County: _____________________________________________________________________
Phone: _____________________ Fax: _____________________________________________
Contact Name: ______________________________________________________________
Title: ______________________________________________________________________
Email Address: __________________________________________________________________
Executive Director: ___________________________________________________________
Email Address: __________________________________________________________________

1. **Status:** Please check the appropriate box(es) to indicate your agency’s status.
   - Government
   - Non-profit organization
   - UT Extension Service
   - NeighborWorks® Organization
   - Other: ______________________________________________________

2. **HUD Certification:** Is your agency a HUD certified counseling agency?
   - Yes
   - No

3. **NIS Adoptor:** Has your agency adopted National Industry Standards?
   - Yes
   - No
   What is your adoption date? _______________________

4. **Online Education:** Does your agency offer online Homebuyer Education?
   - Yes
   - No
5. **Counseling offered:** (check all that apply)
   - ☐ Pre Purchase
   - ☐ Post Purchase
   - ☐ Foreclosure Prevention

6. **Staff:** Please list all staff who will be providing homebuyer education or housing counseling. Please specify whether the trainer has been certified by NeighborWorks or another training entity.

<table>
<thead>
<tr>
<th>Counselor/Educator’s Name</th>
<th>Certification(s)/Course (Pre/Post/Foreclosure)</th>
<th>Languages Spoken</th>
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7. **Service Area:** List the counties whose residents you can readily serve.

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8. **Service Times and Format:** Please indicate below the times and format for your training.

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<th>Days</th>
<th>Hours</th>
<th>Format (Group/Individual)</th>
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9. **Fees:** Does your agency charge class fees?
   - ☐ Yes  Amount: _________________________________________
☐ No

10. **Service:** Check the groups below that your agency accommodates.
   ☐ General Public
   ☐ Hispanic Only
   ☐ People with Disabilities
   ☐ Clients of our Agency’s programs only
   ☐ Other: ______________________________________________________

11. **Language:** Do you offer classes in languages other than English? If applicable, please list the available languages: ________________________________

12. **Homebuyers Club:** Does your agency have a homebuyers club for long term counseling?
   ☐ Yes
   ☐ No
   How often do you hold classes? ________________________________

Contact Information:

Jayna Johnson, Homebuyer Education Manager
P: 615-815-2019 | jjohnson@thda.org

Donna Neal, Homebuyer Education Specialist
P: 615-815-2085 | dNeal@thda.org