

Connect to Own® Program

Homebuyer Education Provider Assessment Form

Instructions

Please complete this form in its entirety and return completed Assessment with all required documents to: homebuyereducation@bofa.com

Checklist for a completed package:

- Completed Assessment Form
- 501(c)(3) document
- HUD Action Plan (only required when Online Education is provided)
- Agency 3rd Party Client Authorization
- IRS W-9 form (latest version)
- Sample copy of homebuyer education certificate(s)

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Homebuyer Educa	ation (HBE) Provider Nan	ne (Agency/Orga	nization Name):	
Physical Address-	— Main (number, street, an	d suite no.):	City, State, and ZIP code:	
Physical Address—Location 2 (if applicable):		e):	City, State, and ZIP code:	
Provide all office	e locations where you offer	homebuyer educ	cation (please use an addition	onal sheet if necessary)
Mailing Address:	Same as Physical	Address	City, State, and ZIP code:	
Website:				
Executive Directo	or Name:			
Address:	Same as Physical Address	s — Main	City, State, and ZIP code:	
Phone:		Email Address:		
Homebuyer Educa	ation Contact Name:			
Address:	Same as Physical Address	s — Main	City, State, and ZIP code:	
Phone:		Email Address:		
Home Preservation	on Contact Name:			
Address:	Same as Physical Address	s — Main	City, State, and ZIP code:	
Phone:		Email Address:		
Contact Name of	Bank of America Loan O	Officer (if current	cly working with one):	
Phone:		Email Address:		
	ed affiliate of a national org		all that apply.	
CCCS		NCRC		UnidosUS
HomeFree-US	SA	NFCC		Urban League
HPN		New York Mor	tgage Coalition	None
MMI		NHS of New Y	′ork	Other:
NeighborWor	ks America	NID-HCA		

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Ple	ease answer ALL questions by selecting YES/NO or making the appropriate selections.
1.	Is your agency a nonprofit organization? Must function as a private or public nonprofit organization. The agency
	must submit evidence of nonprofit status as demonstrated by Section 501c of the Internal Revenue Code.
	Yes No (Required)
	Tax ID Number:
2.	If no, is your agency a governmental or quasi-governmental organization? Yes No
	Comments (If no, please explain):
3.	Is your agency or an entity within your organization, originating mortgage loans or licensed as a wholesale mortgage broker? Yes No
	Comments (If no, please explain):
	Is your agency HUD certified? Yes No
4.	
	If yes, how long? HUD number:
5.	Is your agency a HUD intermediary? Yes No
	If yes, how long?
6.	Has your agency adopted the National Industry Standards for Homeownership Education and Counseling? http://www.homeownershipstandards.org/ Yes No
	If no, why not?
7.	Do you offer loss mitigation/foreclosure prevention counseling for homeowners whose mortgages become delinquent? Yes No
	If no, why not?
8.	
	Less than 50% 50% to 75% More than 75% 100%
	How do you capture this information?
9.	Do you provide classroom training and counseling in-language for pre-purchase education/counseling, home preservation
	counseling or landlord education?
	Pre-purchase Education Home Landlord List other language(s), if applicable: & Counseling Preservation Education
	English
	Spanish
	Cantonese
	Mandarin
'	Vietnamese
	Other
10.	. Please check all that apply
	Instructor-led HBE Self-guided HBE Night classes Weekend classes
	Name of self-guided HBE program, if applicable:
11.	. Is your pre-purchase homebuyer education and counseling program a minimum of 4 hours? Yes No
	If no, why not?
12.	. Does your organization charge a fee for participation in the homebuyer education program? Yes No
	If yes, what is the charge?
13.	. Does your homebuyer education certificate of completion disclose HUD ID#, company name or logo? Yes No
	Comments (If no, please explain):

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Comments: 15. What is your classroom capacity? Less than 5 participants 11 to 25 participants 50 or more participants 6 to 10 participants 26 to 49 participants Comments: 16. Who are the top 3 lenders your clients work with? 1. 2. 3. 17. What are the top 3 products your clients utilize? FHA/VA Conventional Special Purpose Credit Program (SPCP) Other List others, if applicable: 18. Does your organization offer a Down Payment Assistance Program? Yes No If yes, please provide name: 19. Please provide instructions on how our customers can register for your services:	1 to 2 classes per month	3 to 5 classes per month	6 or more classes per month	
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Date:	If yes, please provide name: 19. Please provide instructions on Assessment completed by	how our customers can regist		
HBE point of contact name (printed):	If yes, please provide name: 19. Please provide instructions on Assessment completed by	how our customers can regist		
L	If yes, please provide name: 19. Please provide instructions on Assessment completed by Regional manager name:	how our customers can regist	ter for your services:	

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