



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)

Homebuyer Education (HBE) Provider Name (Agency/Organization Name):	
Physical Address—Main (number, street, and suite no.):	City, State, and ZIP code:
Physical Address—Location 2 (if applicable):	City, State, and ZIP code:
* Please use separate sheet if more than two physical locations and/or if contact information is different for additional locations*	
Mailing Address: <input type="checkbox"/> Same as Physical Address	City, State, and ZIP code:
Website:	

Executive Director Name:	
Address: <input type="checkbox"/> Same as Physical Address—Main	City, State, and ZIP code:
Phone:	Email Address:

Home Buyer Education Contact Name:	
Address: <input type="checkbox"/> Same as Physical Address—Main	City, State, and ZIP code:
Phone:	Email Address:

Home Preservation Contact Name:	
Address: <input type="checkbox"/> Same as Physical Address—Main	City, State, and ZIP code:
Phone:	Email Address:

Contact Name of Bank of America Mortgage Specialist (if currently working with one):	
Phone:	Email Address:

Are you an approved affiliate of a National Organization? Check all that apply.		
<input type="checkbox"/> CCCS	<input type="checkbox"/> New York Mortgage Coalition	<input type="checkbox"/> NID-HCA
<input type="checkbox"/> HomeFree-USA	<input type="checkbox"/> NCLR	<input type="checkbox"/> Urban League
<input type="checkbox"/> HPN	<input type="checkbox"/> NCRC	<input type="checkbox"/> None
<input type="checkbox"/> MMI	<input type="checkbox"/> NFCC	<input type="checkbox"/> Other:
<input type="checkbox"/> NeighborWorks America	<input type="checkbox"/> NHS of New York	



Please answer ALL questions by selecting YES/NO or making the appropriate selections.	Comments (If no, please explain.)																												
1. Is your agency a non-profit 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. (Required) <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax ID #: _____																												
2. If no, is your agency a governmental or quasi governmental organization? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
3. Is your agency or an entity within your organization, originating mortgage loans or licensed as a wholesale mortgage broker? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
4. Is your agency HUD certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long? _____ HUD #: _____																												
5. Is your agency a HUD Intermediary? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long? _____																												
6. Has your agency adopted the National Industry Standards for Homeownership Education and Counseling? http://www.homeownershipstandards.com/ <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?																												
7. Do you offer loss mitigation/foreclosure prevention counseling for homeowners whose mortgages become delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?																												
8. What % of your clients are low or moderate income? <input type="checkbox"/> Less than 50% <input type="checkbox"/> More than 75% <input type="checkbox"/> 50% - 75% <input type="checkbox"/> 100%	How do you capture this information?																												
9. Do you provide classroom training and counseling in-language for pre-purchase education/counseling or home preservation counseling? <table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td>Pre-purchase Education & Counseling</td> <td>Home Preservation</td> <td>Landlord Education</td> </tr> <tr> <td>English</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Spanish</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cantonese</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mandarin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Vietnamese</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Pre-purchase Education & Counseling	Home Preservation	Landlord Education	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List other language(s), if applicable:
	Pre-purchase Education & Counseling	Home Preservation	Landlord Education																										
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
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Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
10. Please check all that apply <input type="checkbox"/> Face-to-face/ in person HBE <input type="checkbox"/> Night Classes <input type="checkbox"/> Online HBE <input type="checkbox"/> Weekend Classes <input type="checkbox"/> Phone based HBE	Name of online HBE program, if applicable: (Also see question #24)																												
11. How many hours are in your pre-purchase homebuyer education and counseling program (including one-on-one counseling and classroom/group sessions)? <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 6-7 hours <input type="checkbox"/> 4-5 hours <input type="checkbox"/> 8+ hours																													
12. Does your organization charge a fee for participation in the homebuyer education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the charge?																												
13. Do you provide a certificate of completion to customers when they have successfully completed your Homebuyer Education and counseling program? Does your Homebuyer Education Certificate disclose HUD ID#, company name or logo? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
14. How many homebuyer education classes are held each month? <input type="checkbox"/> 1-2 classes per month <input type="checkbox"/> 6+ classes per month <input type="checkbox"/> 3-5 classes per month																													



15. What is your classroom capacity? <input type="checkbox"/> Less than 5 participants <input type="checkbox"/> 26-49 participants <input type="checkbox"/> 6-10 participants <input type="checkbox"/> 50+ participants <input type="checkbox"/> 11-25 participants	
16. Which tracking software do you use? <input type="checkbox"/> Neighborworks Compass <input type="checkbox"/> Salesforce <input type="checkbox"/> Counselor Max <input type="checkbox"/> Other	List others, if applicable:
17. Who are the top 3 lenders your clients work with?	1. 2. 3.
18. What are the top 3 products your clients utilize? <input type="checkbox"/> FHA/VA <input type="checkbox"/> Mortgage Revenue Bond <input type="checkbox"/> MCM/Home Possible <input type="checkbox"/> Other	List others, if applicable:
19. Does your organization offer a Down Payment Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide name:
20. How would you like our loan officers to introduce clients to your services?	
<p style="text-align: center;">Please submit copies of the following REQUIRED documents:</p>	<p style="text-align: center;">Is document Included?</p>
21. National Mortgage Licensing System number(s) for all staff, if applicable. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable

Signatures/Printed Names

HBE Provider Name (Signature required): _____ Date: _____

HBE Provider Representative Name (Printed): _____

Electronic signatures are acceptable. If signed electronically, once you have completed this form please save and email the PDF with all required documents to: homebuyereducation@bofa.com