

Connect to Own[®] Program

Homebuyer Education Provider Assessment Form

Instructions

Please complete this form in its entirety before printing and return completed Assessment with all Required/Optional Documents to: homebuyereducation@bankofamerica.com

All the information in this gray area to be completed by Bank of America Neighborhood Lending Team (for office use only).

[Received Stamp]

File Number: _____ HBE Code Assigned: _____
 HBE Code Assigned: _____
 Evaluator: _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No http://www.homeownershipstandards.com/	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%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;">Pre-purchase Education & Counseling</th> <th style="text-align: center;">Home Preservation</th> <th style="text-align: center;">Landlord Education</th> </tr> </thead> <tbody> <tr> <td>English</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spanish</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cantonese</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mandarin</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Vietnamese</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </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? (Required) <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"/> Home Counselor Online <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:	
Please submit copies of the following REQUIRED documents:	Is document included?	Comments (if no, please explain)
20. Agency 501(c)(3) letter, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. List of certifications such as NeighborWorks® America’s full-cycle lending program or other state certification held by Counselors and Homeownership Educators. Attached separate sheet if necessary. (Actual certificates not required):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifications held: 1. 2. 3. 4.
22. National Mortgage Licensing System number(s) for all staff, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
23. Agency Client Authorization Form to share information	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. HUD Action Plan, if applicable. Required if “Online HBE” is checked on question #10 and you would like to include your online HBE program in your counseling agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
The following documentation is encouraged, but not required:	Is document included?	Comments (if no, please explain)
25. Information packet (marketing, outline, budget worksheet, handouts, additional forms, personal action plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Course Curriculum (Include an outline or table of contents of the curriculum only. Please do not send workbook.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signatures/Printed Names

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

Once you have completed this form please print, sign, and return completed Assessment with all Required/Optional Documents per instructions on first page.

Electronic signatures are acceptable. If signed electronically, once you have completed this form please save and email the PDF with all Required/Optional Documents to: homebuyereducation@bankofamerica.com