



Special Attention of: Regional Administrators; **Transmittal** Handbook No.: 7560.1 REV-1  
Regional Public Housing Directors; Reg-  
ional Housing Directors; Indian Housing  
Program Directors; Assisted Housing  
Management Branches; Mortgage Credit  
Branches; Field Office Managers; Public  
Housing Agencies/Indian Housing Authorities

Issued: May 31, 1990

1. This Transmits

Public and Indian Housing Development and Modernization Fund  
Requisition and Financing Handbook 7560.1 REV-1, dated 5/90.

2. Explanation of Material Transmitted:

- a. Provision of policies and procedures for requisition of development and modernization funds by Public Housing Agencies (PHAs) and Indian Housing Authorities (IHAs), under the Rapid Housing Payment System (RHPS).
- b. Provision of review, processing and monitoring instructions to HUD Field and Regional Offices.
- c. Provision of historical information on financing of public and Indian Housing development and modernization, as well as current information on bonds and Federal Financing Bank obligations which still are outstanding for some projects.

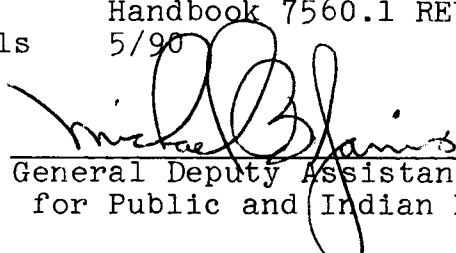
3. Cancellation:

Low-Rent Housing Financing Handbook 7560.1, dated 6/1/69; Transmittal 1, dated 6/30/69; Transmittal 3, dated 5/20/70; Supplement 3, Transmittal 3, dated 9/9/70; Supplement 3, Transmittal 6, dated 6/7/71; Supplement 3; Transmittal 9, dated 7/12/72; Supplement 3, Transmittal 11, dated 11/21/73; Transmittal 16, dated 11/4/75; Transmittal 20, dated 10/02/86. Notice PIH 88-24 (IHA), dated 7/26/88.

4. Filing Instructions:

Remove:  
Handbook 7560.1, dated  
6/69, and All Transmittals  
Supplements, and Changes

Insert:  
Handbook 7560.1 REV-1, dated  
5/90

  
General Deputy Assistant Secretary  
for Public and Indian Housing



## Program Participants and Departmental Staff

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May 1990

## Public and Indian Housing Development and Modernization Fund Requisition and Financing Handbook

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LIST OF PUBLIC USE FORMS/REPORTS

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<u>Form/Report Number</u>	<u>Title</u>	<u>OMB Clear- ance Number</u>
SF 1199A	Direct Deposit Sign-Up Form	1510-0007
HUD-5402A	Requisition for Development or Modernization Funds	2577-0104
HUD-51999	General Depository Agreement	Exempt
HUD-51000	Schedule of Amounts for Contract Payments	2577-0039
HUD-51001	Periodical Estimate for Partial Payment	2577-0025
HUD-52484	Development Cost Budget	2577-0036
HUD-52427	Actual Development Cost Certificate	2577-0036
HUD-52826	Schedule/Report of Modernization Expenditures	2577-0049
HUD-53001	Actual Modernization Cost Certificate	2577-0049
HUD-5370	General Conditions	2577-0094
HUD-52173	Fiscal Agent Agreement	Exempt
HUD-52173A	Fiscal Agent Agreement Group Financing	Exempt

## CHAPTER 1. INTRODUCTION

- 1-1. PURPOSE. This Handbook sets forth policies and procedures for the requisition of public and Indian Housing development and modernization funds by a Public Housing Agency (PHA), Indian Housing Authority (IHA), and Resident Council (RC)/Resident Management Corporation (RMC) under the Rapid Housing Payment System (RHPS). This Handbook also provides: reviewing, processing and monitoring instructions to HUD Field and Regional Offices and historical and current information on the financing of public and Indian Housing development and modernization. Unless otherwise noted, use of PHA refers to PHA, IHA, and RC/RMC.

### 1-2. RAPID HOUSING PAYMENT SYSTEM (RHPS) DESCRIPTION.

- a. General. RHPS is an on-line, automated requisition and approval system for development and modernization funds based on PHA submission of requisitions for which payment is due within the next 60 calendar days. Requisitions are reviewed and approved for payment at the Field Office level. After Field Office entry of the approved payment into RHPS, the funds are electronically deposited into the PHA's bank account on the payment due date. The PHA is required to disburse the funds within three days of receipt.
- b. Shared Databases. The Field Office and the Office of Finance and Accounting (OFA) in Headquarters share the same database and can quickly provide financing information to the PHA. The Regional Office has access to this database for monitoring purposes, but has no review and approval authority.
- c. Interface with Other Departmental Systems.
  - (1) Assisted Housing Accounting System (AHAS). AHAS is the Departmental accounting system for development and modernization loan funds approved before Fiscal Year (FY) 1987. RHPS interfaces with AHAS, which tracks these fund reservations and obligations (Annual Contributions Contracts (ACCs)). RHPS uses disbursement (past payment) information which has been extracted from Departmental accounting records.
  - (2) Program Accounting System (PAS). PAS is the Departmental accounting system for

development and modernization grant funds approved in FY 1987 and thereafter, as well as for operating subsidy payments, Section 23 lease adjustments and other Departmental programs. RHPS interfaces with PAS, which tracks these fund reservations, obligations and disbursements. Where the same development project is funded from both loans under AHAS and grants under PAS, RHPS automatically will exhaust the loan funding before using the grant funding.

- (3) Letter of Credit Control System (LOCCS). LOCCS is the Departmental disbursement system for development and modernization loan and grant funds, as well as for operating subsidy payments and Section 23 lease adjustments. RHPS interfaces with LOCCS, which creates a magnetic tape for the automatic payments (see paragraph 1-4).

- 1-3. DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (DD/EFT). Under RHPS, all requisitions are paid through DD/EFT, which requires that the PHA have approved payments electronically deposited directly into a single designated bank account. This designated bank account is the same account used for deposit of operating subsidy payments and Section 23 lease adjustments.

- a. Standard Form (SF)-1199A, Direct Deposit Sign-Up Form. The SF-1199A is required to initially establish the single designated bank account or to change existing information such as the bank's routing number, type of account (checking or savings) or the depositor's account number. To establish or change the SF-1199A, the PHA shall obtain the form from its financial institution and send the completed form, along with a voided check, to the Regional Accounting Division (RAD). Where the PHA submits a revised SF-1199A to change existing information, the PHA should not close the existing account number until the first DD/EFT has been made to the new bank account number. Complete instructions for preparing the SF-1199A are contained in Appendix 1. Use of Form HUD-274, Designation of Depository for Direct of Loan and/or Grant Funds, commonly known as the Depository Card, is obsolete and has been replaced by the SF-1199A.

- b. Form HUD-51999, General Depository Agreement. For the SF-1199A on record in the RAD, the PHA shall execute Form HUD-51999 as required in Chapter 4 of the Financial Management Handbook 7475.1 REV, CHG-1. In addition, a Form HUD-51999 is required with every financial institution where the PHA has an account. Forms HUD-51999 previously executed into by the PHA and the financial institutions remain in force and do not require re-execution unless (1) the collateralization or uninsured deposits provision of the existing agreement is inconsistent with or contrary to the standards set forth in the latest version of Form HUD-51999 or (2) the PHA wishes to change or add depositories. A copy of the Form HUD-51999 shall be attached and sent with the SF-1199A to the RAD.
- c. Bank Mergers. If the PHA's financial institution is merged with or acquired by another financial institution, the institution's name, routing number (American Banking Association (ABA) number), or check digit may change. Where a merger occurs, the PHA should complete a new SF-1199A to avoid delay or rejection of payment.
- d. Correspondent Banks. Some financial institutions do not have the capacity to receive electronically transferred funds. Where this is the case, the PHA's financial institution requires the assistance of a correspondent bank with the capacity to accept deposits on its behalf. Information on the correspondent bank shall be annotated on the SF-1199A. If any information on the correspondent bank changes, the PHA shall obtain a new SF-1199A from its financial institution and send the completed form to the RAD.
- e. LOCCS. Upon receipt of the SF-1199A from the PHA, the RAD enters bank and account information into LOCCS. LOCCS interfaces daily with RHPS to provide authorization to process requisitions for PHAs with an approved bank record in LOCCS. If there is no bank record in LOCCS, RHPS will not accept data entry of the PHA's requisitions.
- f. EFT Addendum Information. The PHA is encouraged to use financial institutions that provide all EFT addendum information immediately upon receipt of funds and in monthly bank statements so that the type of funds received is clearly identified. The

PHA may require this information in its Request for Proposals in securing banking services.

- g. Minority Owned or Controlled Financial Institutions. Although DD/EFT requires that all payments for development, modernization and operating subsidy funds and Section 23 lease adjustments be made to a single designated bank account, once funds are received, the PHA may move funds into other program specific bank accounts in other financial institutions. The PHA is strongly encouraged to use minority owned or controlled financial institutions.
- 1-4. AUTOMATED CLEARING HOUSE (ACH) PAYMENTS. ACH payments are payments with a due date of six or more working days from the date of entry into RHPS. These payments are made through the ACH System, which is an U.S. Department of Treasury processing and delivery facility. ACH provides for the electronic clearing of debits and credits. From information, entered into RHPS by the Field Office, OFA produces a system-generated tape using LOCCS. The tape, which contains all banking information, as well as the PHA name, amounts to be paid, due dates and project numbers, is delivered daily to the Treasury Department. The Treasury Department uses the ACH to automatically transfer the approved funds through the Federal Reserve into the PHA's bank account.
- 1-5. WIRE TRANSFER PAYMENTS. Wire transfer payments are payments with a due date of two to five working days from the date of entry into RHPS. These payments are made through the Treasury Department's FEDLINE System. From information entered into RHPS by the Field Office, OFA supplies the Treasury Department with a payment schedule (SF-1166, Schedule and Voucher of Payment) produced by LOCCS which indicates, for each payment, the amount, bank, PHA name and project. Each payment is then rekeyed, on a manual basis, by Treasury staff. This may result in keying errors and payment delays if the volume of wire transfer payments is not controlled. Therefore, such payments should be the exception, not the rule. It is essential that the PHA work out with its contractors a reasonable timetable for payment of accepted work in order to avoid the need for wire transfer payments.
- 1-6. DISCOUNTS. Some suppliers offer discounts for early payment. Where this is the case and the discount payment due date is shown clearly on the invoice, the

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PHA may take advantage of the discount by entering the discount payment due date as the payment due date on Form HUD-5402A, Requisition for Development or Modernization Funds.

- 1-7. SURCHARGES. Since some banks may impose a surcharge on each electronic transfer, the PHA should check with its bank to determine if this is the case. Bank surcharges are not eligible development or modernization costs, but are eligible operating costs.



## CHAPTER 2. PHA RESPONSIBILITIES

- 2-1. INTRODUCTION. This Chapter provides instruction for the preparation and submission of Form HUD-5402A, Requisition for Development or Modernization Funds, and supporting documentation as well as other PHA responsibilities.
- 2-2.\* REQUISITION FORM. Before the implementation of RHPS, development and modernization funds were requisitioned on Form HUD-5402, Requisition for Funds. Development funds also required the use of Form HUD-5216, Request for Approval of Advances for Non-Permanently Financed Projects. These forms are obsolete and no longer used. The PHA shall now requisition funds using Form HUD-5402A. The PHA shall prepare Form HUD-5402A for each development project by Preliminary Loan Contract (use "P") or Annual Contribution Contract (use "A"). The PHA shall prepare Form HUD-5402A for each Modernization/Comprehensive Improvement Assistance Program (CIAP) project (use "M"). The requisition for each development or modernization project shall be sequentially numbered. Complete instructions for preparing Form HUD-5402A are contained in Appendix 2. \*
- 2-3.\* SUPPORTING DOCUMENTATION REQUIRED. The PHA shall submit Form HUD-5402A. All accounts except "X", Modernization / CIAP, apply to development. Accounts "I", Indian Health Service (IHS) Water and Sewer, and "M", Mutual Help Contribution Drawdown, apply only to IHAS. \*
- a. A = Administration Expense. For administrative (technical and nontechnical) salaries, when requisitioning for the first time, the PHA shall estimate the monthly payroll for a 30-day period. For the second month, the PHA shall submit the actual payroll, showing positions and salaries charged to the development project for a 30-day period. Thereafter, no further documentation is required to requisition for a 60-day need unless there are major changes to the monthly payroll. (Account 1410).

- \* b. C = Construction and Equipment Expense. Where there is a general contractor, the PHA shall submit Form HUD-51000, Schedule of Amounts for Contract Payment, one-time, and Form HUD-51001, Periodical Estimate for Partial Payment, each time thereafter. Where the PHA is authorized to use force account labor, the PHA shall submit the estimated and then actual monthly payroll in accordance with subparagraph a. For equipment or material purchases outside of the general contract, the PHA shall identify the vendor and amount, but is not required to submit any invoices. (Accounts 1450, 1460, 1465, 1470, 1475, and 1480). \*
- c. H = HUD Technical Service Fee. In general, no funds may be requisitioned for this account. Since January 22, 1988, the Fee has been eliminated from the Development Cost Budget for all preconstruction projects and the Total Development Cost (TDC) has been reduced accordingly. For projects under construction where the Fee has not been paid, the Development Cost Budget will be revised to eliminate the Fee from the TDC during the next budget revision. Notwithstanding Section 122 of the Consolidated ACC or Article 3.5(c) of the Mutual Help ACC, HUD will not charge the Fee for current or future projects in the development pipeline. However, until all outstanding HUD Technical Service Fees are collected, this account will remain on the requisition form. (Account 1430.8).
- d. I = IHA Water and Sewer. This account is for IHAs only. Requisitions against this account will be paid to the Indian Health Service (IHS) of the Department of Health and Human Services. The IHA shall indicate the IHS project number on Form HUD-5402A. Failure to include the number may result in a delay of payment.
- e. M = Mutual-Help Contribution Drawdown. This account is for IHAs only. See instructions on the reverse of Form HUD-5402A.
- \* f. O = Other Expense. The PHA shall submit a narrative statement. This category includes \*

expenses that cannot be categorized in other accounts, such as relocation expenses. Since RHPS automatically deducts interest expense (Account 1420) from the total amount available, the PHA shall not requisition any funds for interest expense.

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- g. S = Site Acquisition Expense. For property purchases, no documentation is required since the Field Office already has the site acquisition documents on file. After site acquisition, the PHA shall submit the deed and closing documents. (Account 1440).

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- h. X = Modernization/Comprehensive Improvement Assistance Program. Although requisitions for modernization funds are not distributed in the categories specified in subparagraphs a through h, the same documentation as set forth in subparagraphs a through h is required. Monthly payrolls submitted under subparagraphs a and b shall show positions and salaries, as charged to each modernization project. For management improvements (Account 1408), the PHA shall submit the same documentation as set forth in subparagraph a or g. The PHA also is required to enter the work item number from the modernization budget, in Column (b) of Part I of Form HUD-5402A. For the Resident Initiatives Program, the RC/RMC is required to enter the task number from the Work Plan, Exhibit 1 of the Technical Assistance Grant (TAG) HUD-1044, in Column (b) of Part I of Form HUD-5402A.

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#### 2-4. PHA SUBMISSION.

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- a. Timeliness and Frequency. The PHA shall submit the original Form HUD-5402A as set forth in paragraph 2-3, in a timely manner to the Field Office for review and processing. The PHA shall reach agreement with the Field Office as to the frequency of submission.

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- (1) Maximum Time. RHPS will accept entry of payment due dates up to 60 calendar days in advance. Therefore, for administrative expense, the PHA may wish to submit one Form HUD-5402A showing payment due dates, for

example, every two weeks for a 60 calendar day period.

- (2) Minimum Time. Wire transfer payments have a due date of 2 to 5 working days from the date of entry into RHPS. To avoid the need for such payments and to allow adequate time (at least seven calendar days) for Field Office review and approval of the requisition, the PHA should ensure that its requisitions are received in the Field Office at least fifteen calendar days before the payment due date. If this is not possible, the PHA may receive a wire transfer payment or a late payment (a payment after the payment due date).
- b. Acceptance of Work. The PHA shall not requisition funds for a partial payment unless the PHA has inspected and accepted the work.
- c. Budget Controls. The PHA is responsible for requisitioning and expending funds in accordance with the latest HUD-approved budget. Expenditures not made in accordance with such budget may be subsequently disallowed even though the requisition was approved by the Field Office.

## 2-5. PAYMENT NOTIFICATION.

- a. Field Office Letter. The PHA no longer will receive Form HUD-52964, Notice to Local Authority of Advance of Funds, from OFA. Instead, the PHA will receive a computer-generated letter from the Field Office indicating, for each project, the amount(s) that will be transmitted by the Treasury Department to the PHA's account on specified date(s). Requisitions against Account "I" will be paid to the IHS, not the IHA's bank. If the amount of funds are modified or disapproved, the Field Office will send an explanation to the PHA with the computer-generated letter (see paragraphs 3-6d and 3-7d). See Appendix 3 for the sample computer-generated letter.
- b. Bank Notification. Form HUD-51999, General Depository Agreement, states that "the Depository shall promptly notify the PHA of crediting or depositing of any monies in the Account." The PHA may wish to arrange with the financial institution to report ACH information to the PHA other than

through the monthly statement. The PHA may include this service in the Request for Proposal (RFP) when soliciting for banking services. Where there is an existing General Depository Agreement, the PHA may request an amendment to the existing contract to include this service. Many financial institutions offer varying computerized services that give daily updates on accounts and transaction information.

- c. PHA Inquiry. When the PHA requests bank verification of deposit of development and modernization funds, the PHA should provide the bank with the following information relating to the type of payment. The deposit amount is the total of all funds deposited on a specific date for a specific project number, by source of funds (grant or loan) and by type of deposit (ACH or wire). For ACH type of deposits, the PHA should use the term "automatic deposit" or "ACH from the U.S. Department of Treasury." The bank will require the account number, account name, scheduled date of deposit, deposit amount, and type of deposit. Some banks may record the deposit one day before the scheduled deposit date.

- 2-6. RHPS REPORTS. RHPS provides on-screen query and reporting capabilities to all Departmental users. Access to data is controlled by user and terminal tables resident in RHPS. Field Offices have reporting access to project and PHA information within their jurisdiction. Regional Offices have reporting access to all Field Office data within their jurisdiction. Headquarters has reporting access to all RHPS data. Data supplied by RHPS includes contract, development budget, banking, requisition, payment and financing information. The PHA may request that the Field Office send it a copy of any report, as needed. Examples of reports generated by RHPS are contained in Appendix 4.

- 2-7. DISBURSEMENT OF CASH. The PHA shall establish procedures to minimize the time elapsing between the transfer of funds from HUD and its disbursements. The PHA shall disburse any development or modernization funds within three working days of receipt.

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- 2-8. REMITTANCE OF EXCESS CASH. If the PHA does not remit promptly, the Field Office shall deduct the amount on hand from the next requisition for the same development or modernization project. Where the PHA needs to make payments to HUD due to disposition proceeds, excess funds, audit findings, residual receipts, or other reasons, the PHA shall follow the procedures set forth in the Collection of Public and Indian Housing Receipts Handbook 7561.1 REV-1.

CHAPTER 3. FIELD AND REGIONAL OFFICE RESPONSIBILITIES

- 3-1. INTRODUCTION. This Chapter sets forth the requirements for Field Office review and action on PHA fund requisitions as well as the role of the Regional Office in the requisition process.
- a. For the Office of Indian Programs (OIP), the OIP Director shall designate the appropriate staff equivalents of the public housing positions listed for review and approval authority under this Chapter.
  - \* b. For the Resident Management Program (RM), the Resident Initiatives Coordinator (RIC) shall have review authority under this Chapter. \*
  - c. The RHPS Operator's Guide provides instructions for accessing RHPS for data entry of requisitions or reporting.
- 3-2. PAYMENT BLOCKS. The Director, Housing Development Division (HDD) and the Director, Public Housing Division (PHD) or the Indian Housing counterpart (IHC), shall ensure that all required documents for payment of requisitions are on record. RHPS automatically will block any development and modernization requisition which does not have: a properly executed Annual Contributions Contract (ACC) amendment on record in either AHAS or PAS; an SF-1199A, Direct Deposit Sign-Up Form, on record in LOCCS; and past payment data, known as the project financing history, on record in RHPS. RHPS also automatically will block any development requisition which does not have Form HUD-52484, Development Cost Budget, on file in RHPS. In unusual cases, the Assistant Secretary for Public and Indian Housing may direct OFA to enter a block into RHPS for the PHA where there is documented evidence of fraud, waste or mismanagement.
- 3-3. DESIGNATION OF RHPS USER ALTERNATES. The Director, HDD, for development, and the Director, PHD (or IHC), for modernization shall ensure that there are designated alternates who are trained to operate RHPS. It is important that alternates be designated in advance so that they may be assigned a unique Honeywell Communication User Identification (ID) code and

password in addition to a unique MAPPER/RHPS User ID code and password. The Honeywell Communication User ID code is obtained from the Regional Management Information Division; the MAPPER/RHPS User ID code is obtained from the Regional Public Housing Director or OIP Director and from the System Administrator, OFA in Headquarters, using Appendix 5. All RHPS transactions are tracked by these two identification codes which are unique to an individual user and shall not be shared, as well as by the Field Office's identification codes.

3-4. USE OF LOGS

- a. Field Office staff shall use the RHPS log in Appendix 6 or a similar log when any computer related problems are encountered. To monitor the operation of the system, Headquarters periodically will request a copy of the log.
- \* b. Field Office staff shall use the RHPS Requisition log in Appendix 8 for all incoming requests for development or modernization funds. \*

3-5. PROCESSING TIMETABLE. There is no specific time frame for processing requisitions. Field Offices shall process requisitions in a timely manner to avoid the PHA receiving late payments or wire transfers (see paragraph 2-4a).

3-6. DEVELOPMENT REQUISITIONS.

- a. Responsibility. The Chief, Mortgage Credit Branch (MCB), has the lead responsibility for ensuring that requisitions are reviewed and approved in a timely manner. The HDD Director is responsible for approving requisitions and ensuring that all necessary reviews by other Branches within the HDD are conducted expeditiously.
- b. Review.
  - (1) The MCB shall date stamp each Form HUD-5402A (not the cover letter) on the day it is received and establish a tracking log which



the Chief shall use to monitor timely processing and entry of the requisition into RHPS (See Appendix 9). \*

- (2) The MCB shall review the requisition to determine if the funds requested are reasonable and necessary based on current progress and invoices due for each project. In making this determination, the MCB shall request assistance from the other Branches (Architecture/Engineering and Cost, Housing Programs, and Valuation) within the HDD, as appropriate. Each Branch shall provide written review comments, when requested, regarding items of cost applicable to its responsibility. Consideration shall be given to the current stage of development, the provisions of existing contracts, and funds previously advanced for such purposes.
  - (3) In addition to the comments provided by the other Branches, the MCB shall ensure that the funds requested are within the amounts approved for each main account classification and the Total Development Cost (TDC) reflected in the latest approved development cost budget, Form HUD-52484. To assist in this determination, the MCB shall review the latest quarterly cost control statement that is also on Form HUD-52484, which is required by the Accounting Handbook 7510.1.
  - (4) Before approving the PHA's first requisition, the MCB shall request the PHD (or IHC) to determine if the PHA's total fidelity bond coverage is sufficient to accommodate the funds to be advanced on the new project.
- c. Front-End Annual Contributions Contract (ACC). After application approval, a Front-End ACC may be executed and funds advanced to cover the cost of preliminary surveys and other HUD-approved planning costs.
- (1) Public Housing. Advances under a front-end ACC are limited by paragraph 6-30 of the Development Handbook 7417.1 REV-1 to one percent of the TDC prior to (a) PHA Proposal

approval for conventional (bid) or acquisition projects or (b) execution of the Contract of Sale for turnkey projects. After Proposal approval for conventional (bid) projects, the PHA may requisition additional amounts to purchase sites based on the approved development cost budget. Paragraph 9-102(a)(6) of Handbook 7417.1 REV-1 does not require the first development cost budget to be approved until approval of the Design Documents. Consequently, until the budget is approved with the Design Documents, the MCB shall provide OFA with the information necessary to control the front-end advances in the format set forth in Appendix 7, in accordance with Handbook requirements. The MCB shall send this information to OFA immediately after execution of the front-end ACC. The MCB shall ensure that only amounts authorized in paragraph 6-30 of Handbook 7417.1 REV-1 are recommended for approval. Immediately after approval of the Design Documents, the MCB shall transmit a copy of the approved budget to OFA.

- (2) Indian Housing. The amount of the front-end ACC may not exceed three percent of the TDC. The same limitations, conditions and exceptions, as provided in 24 CFR 905.220, are applicable to front-end grant funding.

d. Action.

- (1) Before completing the review of the requisition, the MCB shall make every effort to resolve any outstanding issues raised by other Field Office staff, including requesting additional documentation from the PHA if necessary. After such actions are completed, the Chief, MCB shall forward Form HUD-5402A to the HDD Director with a recommendation for approval, approval with modification, or disapproval.

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The MCB shall periodically reconcile Field Office payment authorizations in RHPS with requisition logs and reports from PHAs. Reconciliations should be performed by staff other than those approving or entering requisitions in RHPS. \*

- (2) No entries shall be made into RHPS without prior approval by the HDD Director. The person who reviews and enters the requisition into RHPS shall be a different person from the one who approves the requisition.
  - (3) If approvable, the HDD Director shall sign and date the Form HUD-5402A to authorize entry into RHPS. After approval, the MCB shall enter the amounts into RHPS, enter the Data Entry Initials and Date Entered on Form HUD-5402A, and stamp "Entered" on the Form HUD-5402A and the supporting documentation. The approval letter generated by RHPS shall be dispatched over the signature of the HDD Director. If the requisition is modified or disapproved, the MCB shall prepare a letter for the HDD Director's signature, explaining the reasons for modification or disapproval.
- e. Form HUD-52427, Actual Development Cost Certificate (ADCC).
- (1) Approval. Upon approval of the ADCC, the MCB shall immediately transmit the ADCC and Form HUD-52484, Development Cost Budget/Statement, to either: OFA, Attention: Subsidized Housing Programs Division, where there is no downward adjustment to the reservation; or RAD, where there is a downward adjustment.
  - (2) Financial Reconciliation. The MCB shall compare the total funds advanced plus interest to DOFA (for loan projects) as reflected in RHPS, to the ADCC amount and prepare a letter for the HDD Director's signature advising the PHA of ADCC approval and the MCB's determination. For Mutual-Help (MH) projects, the OIP shall compare the total funds advanced plus interest to DOFA (for loan projects),

plus net MH Contribution less MH Contribution draw, to the ADCC amount and prepare a similar letter. If there is a deficiency in funding (funds due the PHA), the MCB shall review its files and any OFA reports to determine if the PHA owes HUD excess financing on any other project in development. If the PHA owes any excess financing, the PHA will be advised that it may not requisition the amount due until it has repaid all outstanding advances. Upon a showing of satisfactory evidence that the excess financing has been repaid, the PHA will be advised to requisition the amount due. If it is determined that the PHA has been advanced excess funds, the PHA will be advised of the amount and OFA will bill the PHA directly. The PHA shall notify the Field Office of the date, amount and means of the repayment (wire transfer or check) and send a copy of the letter to OFA.

3-7. MODERNIZATION REQUISITIONS.

- a. Required Documents. The Field Office PHD (or IHC) shall not process any requisitions for modernization funds where:
  - (1) The latest required Form HUD-52826, Schedule/Report of Modernization Expenditures, including any required narrative report on management improvements, is overdue (more than 45 calendar days after the end of each quarter), unless the first required report is not yet due;
  - (2) The required Project Implementation Schedule is overdue (more than 60 calendar days from the date that the PHA is notified of funding approval); and
  - (3) The initiation of the fiscal audit is overdue (more than 90 days after the PHA's fiscal year end) and initiation of the audit is within the PHA's control.
- b. Responsibility. The Director, PHD (or IHC) is responsible for ensuring that requisitions are reviewed and approved in a timely manner.

c. Review. The Director, PHD (or IHC) shall date stamp each Form HUD-5402A (not the cover letter) on the day it is received and establish a tracking log which the Director shall use to monitor timely processing and entry of the requisition into RHPS. The Housing Management Specialist, General \*  
Engineer, Financial Analyst, Resident Initiatives Coordinator and Modernization Coordinator as \*  
designated by the Director shall review the requisition in conjunction with the following:

(1) The latest HUD-approved modernization budget to ensure that payment is requested only for work items in the approved budget;

\* (2) The latest Status of Requisition Report (Appendix 4, Exhibit D) and the Project Financing Report to ensure consistency with the budget and previous requests; \*

(3) The report from the latest on-site monitoring visit of physical and management improvement work to determine that work progress and quality are acceptable for payment;

(4) The PHD (or IHC) contract file to ensure that the PHA has complied with the threshold requirements for prior HUD approval of various contract documents and has forwarded copies of executed architect's/engineer's contracts, construction contracts and change orders to the Field Office;

(5) The sufficiency of the PHA's total fidelity bond coverage to accommodate the modernization funds to be provided. This review should be done every three years; and

\* (6) The HUD executed Technical Assistance Grant (TAG) and the latest RC/RMC quarterly report (only for Resident Initiatives Programs).

d. Reconciliation. The PHD (or IHC) shall periodically reconcile Field Office payment authorizations in RHPS with requisition logs and reports from PHAs. Reconciliations should be performed by staff other than those approving or entering requisitions in RHPS. \*

e. Action.

- (1) After review, the reviewers shall initial and date the cover review sheet and forward Form HUD-5402A to the Director for approval, approval with modification, or disapproval. No entries shall be made into RHPS without prior approval by the Director. The person(s) who reviews and enters the requisition into RHPS shall be a different person from the one who approves the requisition.
- (2) If approvable, the Director shall sign and date the Form HUD-5402A to authorize entry into RHPS. After approval, the designated PHD (or IHC) staff person shall enter the amounts into RHPS, enter the Data Entry Initials and Date Entered on Form HUD-5402A and stamp "Entered" on the HUD-5402A and supporting documentation. The approval letter generated by RHPS shall be dispatched over the signatures of the Director. If the requisition is modified or disapproved, a letter shall be prepared for the signature of the Director explaining the reasons for the modifications or disapproval.

- f. Form HUD-53001, Actual Modernization Cost Certificate (AMCC). See CIAP Handbook 7485.1 REV-4 regarding PHA remittance of excess funds. The PHD (or IHC) shall use RHPS data on cumulative funds requisitioned for a modernization project to verify total funds advanced as reported by the PHA on the AMCC.

- 3-8. FIELD MONITORING. In addition to the review steps outlined in paragraphs 3-6b, 3-7c and 3-7d, the MCB and PHD (or IHC) shall run the following RHPS reports.

\*

\*

- \* a. On a weekly basis, the Field Office shall run the Status of Requisition Report (Main Menu #5, Special Reports Menu Item #4) to determine the status of all requisitions and to ensure the validity of all requisitions. The Field Office shall maintain this report in a special Branch file, called RHPS Status of Requisitions Report file.

- b. On a monthly basis, the Field Office shall run the Project Financing Report (Main Menu #5, Special Reports Menu Item #6) for actively requisitioning Projects. The Project Financing Report shall be maintained in a special Branch file called RHPS Project Financing file.
  - c. These reports shall be used to monitor the draw of cash, funds in excess of the immediate needs, and duplicate payments.
- 3-9. RESOLUTION OF RHPS OPERATIONAL PROBLEMS. The following offices may be notified to resolve RHPS operational problems:
- a. For system problems:
    - (1) Computer Communications - Regional Management Information Division or Management Systems Division; also, Users Assistance Branch (UAB) in Headquarters.
    - (2) RHPS Software - UAB in Headquarters.
    - (3) Hardware (Terminal/Printer) - Local Automated Technology Administrator (ATA) or UAB in Headquarters.
    - (4) User Access - Systems Staff, OFA, in Headquarters.
  - b. For data problems within RHPS:
    - (1) ACC - Regional Accounting Division (RAD) for data within AHAS and PAS. Subsidized Housing Programs Division (SHPD), OFA, in Headquarters for conflicting data between AHAS/PAS and RHPS.
    - (2) Development Cost Budget/Actual Development Cost - SHPD, OFA, in Headquarters.
    - (3) Project Financing/Collections - SHPD, OFA, in Headquarters.
    - (4) Payee Information - RAD for corrections to LOCCS, which transfers payee data to RHPS.
    - (5) Deposit Tracing - SHPD, OFA, in Headquarters.

3-10. SECURITY.

- a. MAPPER/RHPS User ID Code and Password. All individuals with responsibility for entry shall have a unique and personal MAPPER/RHPS User ID code and password. The MAPPER/RHPS User ID is personally assigned to the user and authorizes the user to perform certain functions in RHPS. The execution of any RHPS transaction is directly linked to the RHPS user. Therefore, any requisition transaction by the RHPS user is considered as authorizing disbursement of Federal funds to PHAs. It is extremely important to protect any authorized use of the MAPPER/RHPS User ID.
- b. In obtaining a MAPPER/RHPS User ID and password, the following procedure shall be followed:
  - (1) The user shall complete the User Registration Form (Appendix 5), obtain the supervisor's signature and submit it to the Regional Public Housing or OIP Director for approval.
  - (2) The Regional Public Housing shall submit the approved User Registration Form (Appendix 5) to the RHPS System Administrator, OFA, Headquarters. The OIP Director shall forward the approved User Registration Form (Appendix 5) to Headquarters, Office of Indian Housing (OIH) for concurrence. In turn, OIH shall submit the approved User Registration Form (Appendix 5) to the RHPS System Administrator, OFA, Headquarters.
  - (3) The RHPS System Administrator will notify the user upon acceptance of the MAPPER/RHPS User ID and password.
  - (4) The RHPS user shall immediately change the user password upon initial access to RHPS.
- c. User Guidelines. All RHPS users shall:
  - (1) Not share User IDs and passwords with anyone.
  - (2) Not write down User IDs and passwords.
  - (3) Log-off of a terminal that will be left unattended.



- d. The Individual User Password. This password is controlled by the individual RHPS users in each office and it is the responsibility of the individual user to change his/her user password at least every 21 calendar days.
- e. Changing Passwords. The RHPS User is responsible for changing his/her user password. At a minimum, the user shall change passwords every 21 calendar days and select a password that is at least six characters long that will be easy to remember, but not easy for someone else to guess. It is recommended that a "pass sentence" that is at least six words be used to create a password. The password will be the initial letters of each word in sequence of the pass sentence. For example, a password such as IwbiNC means "I was born in North Carolina." The pass sentence My father, William, had 1 daughter" equated to the password MfWhld. \* Instructions for establishing and changing the individual RHPS user password may be found in Appendix 9.
- f. Disabled User Registration. The following are the four main circumstances under which the user registration is disabled:
1. The user does not access the system for more than 21 days. If the new user attempts to access the system any time after the initial 21 days, the user registration is automatically disabled. The user must complete the User Registration Form, Appendix 5 to be re-enabled in the system.
  2. The user fails to enter a valid six character password; this constitutes an invalid entry. If a user attempts to access the system and fails to enter the matching personal password within three attempts, the user is automatically disabled.
  3. The user does not enter the correct password within three attempts. If on the fourth attempt a user enters an invalid password, the user registration is disabled and must complete a User Registration Form, Appendix 5 to be re-enabled in the system.

4. The user does not change his/her correct password within 21 days. Seventeen days after the last password change, a message will be displayed on the password entry screen to notify the user to change the password as soon as possible. The user will receive this message continually through the 21st day of the cycle. \*
- f. Deleting User Access. If the user does not require access to RHPS, for any reason, the Director, HDD for development or the Director, PHD (or IHC) for modernization shall immediately complete the User Registration Form (Appendix 5). The "Delete" box shall be checked, and the Form submitted to the Regional Public Housing Director or OIP Director for his/her records. The Form must be forwarded by the Regional Office/OIH to the RHPS System Administrator, OFA within 24 hours.
- g. Monitoring User Access.
  - (1) The Director, PHD (or IHC) along with the Regional Public Housing or OIP Director shall ensure that only those persons with a current operational need have authorization to access RHPS.
  - (2) By March 1 and September 1 of each year, the Regional Office of Public Housing and the OIP Director shall provide to OFA a list of all valid Regional and Field Office RHPS users in that particular Region. The list shall contain the user's name the Regional or Field or Indian Office name and telephone number, and be forwarded to OFA in Headquarters, Attention: RHPS System Administrator (for Indian Programs, the list of valid RHPS users should be submitted through OIH).

3-11. ROLE OF REGIONAL OFFICE.

- a. Monitoring and Training. Requisitions no longer are approved by the Regional Office. However, the Regional Offices of Public Housing and Housing are responsible for monitoring Field Offices processing of modernization (including the Resident Initiatives Program) and development requisitions.\* Indian Programs Offices will be reviewed by OIH. During the annual performance evaluation of each Field Office, the Regional Office shall, at minimum, determine that:
- \* (1) Request for funds are being processed in accordance with this Handbook and the entries into RHPS are accurate, based on a reasonable sample of development and modernization requisitions and RHPS reports; \*
  - (2) There is a system of "checks and balances" in place that the approving official is different from the reviewing and/or entry staff;
  - (3) Each designated Field Office staff are properly trained to use RHPS and, if not, the necessary training has been arranged; and
  - \* (4) All designated RHPS users and designated alternates have an individual user password. \*
- b. Monitoring for Excess Advances and Duplicate Payments. Each Regional Office of Public Housing is responsible for the Field Office excess advances and duplicate payments. Duplicate payments are defined as a requisition payment for the same amount, contract type, account and PHA project with Treasury payment dates within five working days of each other. The Regional Office of Public Housing shall use the Status of Requisition Report (Main Menu #5, Special Reports Menu #4) to obtain a sample of requisitions in the Region. Offices of Indian Programs will be monitored by Headquarters.

- c. Maintenance of RHPS User List. Each Regional Office of Public Housing is responsible for concurring in Field Office requests for MAPPER/RHPS identification codes and forwarding such requests to OFA (see paragraph 3-3). The OIP Director is responsible for maintaining the RHPS User List and forwarding such request through OIH to OFA. See paragraph 3-10g(2) for submission of the RHPS user list.

- 3-12. RECORDS DISPOSITION. Copies of Forms HUD-5402A, supporting documentation, and other materials relating to fund requisitions shall be retired to the Federal Records Center one year after approval of Form HUD-52427, ADCC, or Form HUD-53001, Actual Modernization Cost Certificate. These records should be destroyed six years and three months after being sent to the Federal Records Center.

## CHAPTER 4

### RECOGNIZED CASH MANAGEMENT PERFORMER

- 4-1. Introduction: This Chapter sets forth the requirements for designation as a Recognized Cash Management Performer (RMCP). This Chapter also provides instructions to PHAs on applying for RMCP status and to Field Offices on reviewing, approving, and monitoring such requests.
- 4-2. Applicability: The RCMP status applies to all PHAs, with regard to their Public Housing development and modernization programs.
- 4-3. Supporting Documentation Not Required:
- \* a. The PHA which is designated a RCMP is not required to submit any supporting documentation as set forth in paragraph 2-3, such as narrative statements, with Form HUD-5402A. The RCMP PHA is required only to complete Part II (Account by Date Due), not Part I (Detailed List of Creditors to be Paid by Account), of Form HUD-5402A. \*
  - b. Relief from attaching supporting justification does not mean that a PHA is relieved from compliance with provisions of Federal law and regulations. For example, although a RCMP is relieved from attaching bills to the HUD-5402A, still it must comply the Annual Contributions Contract (ACC) and the General Conditions of the Contract for Construction - Public Housing Program (HUD-5370). PHAs still will be subject to regular Independent Auditor (IA) audits. The Office of Inspector General (OIG) audit and investigations will continue to be conducted as special circumstances may warrant.
  - c. If a PHA is designated a RCMP, it may at anytime choose to submit supporting justification with the HUD-5402A.
- 4-4. RCMP Criteria:
- a. For RCMP status, PHA must meet each of the following five criteria.

1. An internal control system has been developed and is operational.
2. Investments are in accordance with established HUD policies.

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CHAPTER 5. FINANCING PROCEDURES

- 5-1. INTRODUCTION. This Chapter provides historical information on the financing of public and Indian housing development and modernization through HUD 100 percent loans and Series A notes, which were repaid through annual contributions. It also provides current information on bonds and Federal Financing Bank (FFB) obligations which are still outstanding for some projects.

Section 1. Historical Information

- 5-2. BACKGROUND. Prior to Fiscal Year 1987, public housing and Indian development and modernization funding was provided through loans with contract authority and budget authority provided to cover debt service. There were two types of loans for development: a preliminary loan under a preliminary loan contract; and a project loan under an Annual Contributions Contract (ACC). The loans were repaid through HUD payment of annual contributions.
- a. Interest on Loans. HUD was required to pay interest on loans at a rate determined monthly by the Secretary of the Treasury Department. HUD charged the PHA interest at approximately the same rate, but redetermined the rate annually instead of monthly. In addition, HUD charged a rate that was not less than a minimum or more than a maximum, as specified in the ACC between HUD and the PHA.
  - b. Annual Contributions. Annual Contributions were pledged as security for loans obtained by the PHA to assist in development or modernization of the project. Annual Contribution which could be contracted for any project could not exceed a percentage, as stated in the ACC, of the development or modernization cost of the project, and could not be made for a period exceeding 40 years from the date the first annual contributions was made on the project.
- 5-3. PERMANENT FINANCING. After the award of the main construction contract for a project, but before completion, it was necessary to enlist private capital to the maximum extent practicable in the permanent financing of the project. Permanent financing was accomplished by one of the following methods:

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- a. HUD 100 Percent Loans:
- b. Issue of Series A Notes through public sales by the PHA to others than HUD in an amount approximately 12 percent of the development cost and a HUD loan for the balance; or
- c. Issue of long-term bonds, called New Housing Authority Bonds, through public sale by the PHA to others than HUD in an amount sufficient to finance all or substantially all of the development cost.
- 5-4. HUD 100 PERCENT LOANS. Where an ACC covered two or more projects and it became necessary to permanently finance one of the projects, which was too small to finance by the issuance of bonds, HUD considered permanently financing the projects upon receipt of the PHA's Permanent Note.
- 5-5. SERIES A NOTES. Where the PHA had a small program costing less than \$500,000 and the expense of issuing bonds was disproportionate to such cost, permanent financing may have been accomplished through the public sale of short-term coupon bonds, called Series A Notes. These notes matured serially in eight annual installments with interest payable semiannually and were not callable before maturity. The notes represented about 12 percent of the project development cost with the remainder of such cost financed by the HUD loan evidenced by the PHA's Permanent Note. Series A Notes had the same tax exempt status and security as New Housing Authority Bonds. In 1962, HUD developed a method of financing called Group Financing, whereby a group of PHAs in a cooperative effort appointed one of their members as agent to issue bonds and notes to others than HUD to finance their projects collectively. Thus, several PHAs with small programs joined to sell a single large issue of bonds.

## SECTION 2. Current Information

- 5-6. BONDS. Although bonds were last sold by PHAs in 1974, there are still bonds outstanding on projects. Therefore, for bonded projects, the following information is still applicable.
- a. Bonds were sold to the highest bidder after advertisement; were issued in bearer form as coupon bonds in the denomination of \$5,000 each or in fully registered form without coupons in such
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denomination or any multiple thereof; mature serially in not more than 40 annual installments and at a date not later than 41 years from the date of issue, called Bond Date, with interest payable semiannually; and are callable after 15 years from their date at a premium of four percent which declines by one percent at five-year intervals thereafter.

b. The bonds are exempt from all Federal income taxes and are secured by annual contributions unconditionally payable by HUD pursuant to the ACC in amounts which, together with other available funds, will be sufficient to pay the principal and interest when due. Under Section 22(c) of the U.S. Housing Act of 1937 as amended, the bonds are incontestable in the hands of the bearer when certified by HUD that they are secured by annual contributions and that the full faith and credit of the United States are pledged to the payment of such annual contributions.

c. The bonds of each issue mature serially in accordance with a schedule of annual maturities prepared by HUD. The maturities are arranged so that the aggregate payments of principal and interest due in each year will be substantially equal in amount. The amount (Level Debt Services Annual Contribution) necessary to meet these payments also may include a small amount (Bond Service Carryover) which, when not needed in a particular year, will be carried over and used to supplement the Level Debt Services Annual Contribution in succeeding years. The annual contribution (Debt Service Annual Contribution) contracted to be paid by HUD is equal to the sum of the Level Debt Service Annual Contribution of all unmatured issues of bonds. Net income (Residual Receipts) for each year is paid to HUD, which reduces the amount of the Fixed Annual Contribution payable by HUD. For a complete description of the bonds and their security, see Sections 411 through 418 of the ACC. Bonds issued since 1951 are called New Housing Authority Bonds to distinguish them from the Series A bonds which were issued before that time.

5-7. FEDERAL FINANCING BANK (FFB). From 1980 to 1983, there was an agreement between HUD and the FFB to purchase any PHA outstanding financing obligations that had been certified by HUD as the actual

development or modernization cost for a project. Each project's financing is amortized over the number of the years remaining under the term of the ACC. Normally, this time period is from the date of the last annual contribution made prior to the sale of the outstanding obligations to the FFB to the last annual contribution date specified by the ACC. A repayment is made by HUD to the FFB on the first of November of each year using a combination of annual contribution and special appropriations.

5-8. FISCAL AND ALTERNATIVE PAYING AGENT.

a. Selection and Duties.

- (1) At the time HUD notified the PHA that a project was to be scheduled for permanent financing, the PHA appointed a bank which was a member of the Federal Deposit Insurance Corporation (FDIC) and had trust powers to act as Fiscal Agent for the payment of the bonds. The Fiscal Agent also might have been a depository of other PHA funds, but the transactions of the bank as Fiscal Agent were entirely separate and apart from its functions as depository of any other funds. The Fiscal Agent as such was a trustee of the funds deposited with it for the payment of the bonds. The services of the Fiscal Agent were covered under an agreement in substantially the form of Form HUD-52173, Fiscal Agent Agreement.
- (2) Not later than 60 days after the close of the PHA's fiscal year, the PHA remits to HUD all net income (Residual Receipts) after payment of operating expense, received during the fiscal year. HUD pays to the Fiscal Agent an annual contribution which is the amount necessary to pay the principal and interest becoming due in the ensuing 12-month period on the PHA's bond, plus the Bond Service Carryover. The annual contribution is paid in installments on the Annual Contributions Date and on the date which is six months thereafter. On the semiannual interest dates and on the principal maturity dates of the bonds, the Fiscal Agent uses the money in the Debt Service Fund to pay the principal and interest on the bonds then becoming due and which are presented to the Fiscal Agent for

payment, or transfers such money to the alternate paying agent for the payment of the bonds and coupons which are presented to such alternate paying agent for payment.

- (3) The Fiscal Agent may periodically be required to use monies in the Advance Amortization Fund to pay HUD-held Notes. Each year, after providing for the payment of the principal and interest which will become due during the next 12-month period, the Fiscal Agent will transfer all remaining monies in excess of an amount called the "Bond Service Carryover" from the Debt Service Fund to another trust account called the Advance Amortization Fund. Any premium received on the sale of its bonds also will be deposited in this fund. The Fiscal Agent will periodically, from monies in the Advance Amortization Fund, retire the PHA's bonds of the longest maturity by purchase of the longest maturity by purchase or redemption. The Fiscal Agent also may be required to invest any amounts in the Advance Amortization Fund in specified types of securities.
  - (4) The alternate paying agent is a bank which is a member of the FDIC and is normally located in New York City. The purchaser of the bonds is given the right to designate such paying agent and also may designate an additional paying agent in some other locality.
- b. Maximum Fee Schedule. The fees to be paid by the PHA to its local Fiscal Agent should be negotiated and set forth in paragraph 7 of Form HUD-52173, Fiscal Agent Agreement, or Form HUD-52173A for Group Financing. The fees shall not exceed those shown in the schedule below:
- (1) Annual Administrative Charge of \$500.00 for the first \$1 million principal amount of bonds plus  $1/50$  of one percent of the principal amount of bonds in excess of \$1 million, but is no event to exceed \$2,000 per issue of bonds authorized.
  - (2) For registration of bonds, an initial fee of \$2.00 for the registration of each bond.

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- (3) For sorting, listing cremating, or otherwise destroying and furnishing a certificate of cremation or other destruction, 20 cents for each coupon and 25 cents for each bond or a minimum of \$35.00 for each semiannual cremation or other destruction.
  - (4) For the payment of interest on registered bonds, 50 cents per check disbursed.
  - (5) For the payment of coupons by either the Fiscal Agent or the Alternate Paying Agent or Agents, 20 cents per coupon. For the payment of bonds (registered or coupon) by either the Fiscal Agent or the Alternate Payment Agent or Agents, \$2.50 per bond.
  - (6) The Fiscal Agent agrees to pay all fees and charges of the Alternate Paying Agent(s), as established in subparagraphs b(1) through (5), and to pay all reasonable expenses for postage and insurance on bonds received for registration, bonds and coupons received for cremation or other destruction, and other necessary out-of-pocket costs. The PHA shall reimburse the Fiscal Agent for such fees and charges and other out-of-pocket costs incurred.
- c. Applicability of Modification. The PHA may modify all existing Fiscal Agent Agreements when necessary.
- d. Provision of Copies. The PHA shall require the Fiscal Agent to furnish certified copies of its bylaws or resolutions authorizing the execution of Form HUD-52173, Fiscal Agent Agreement, on behalf of the bank.

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20402  
STOCK NO 948-000-003630

OMB No 1510-0007

Standard Form 1199A  
(Rev. July 1984)  
Government Financial  
Operations  
Treasury Dept. Cir. 1076

# **DIRECT DEPOSIT SIGN-UP FORM**

## **DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

## **SECTION 1 (TO BE COMPLETED BY PAYEE)**

<b>A NAME OF PAYEE (last, first, middle initial)</b> Housing Authority of the City of Pines		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>ADDRESS (street, route, P.O. Box, APO/FPO)</b> P. O. Box 888		<b>E DEPOSITOR ACCOUNT NUMBER</b> 0987-65-4321	
<b>CITY</b> Needles	<b>STATE</b> FL	<b>ZIP CODE</b> 33146	
<b>TELEPHONE NUMBER</b> AREA CODE (205) 662-4500		<b>F TYPE OF PAYMENT (Check only one)</b> <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivors <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other DEV/MOD/OF SUB (specify)	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b> Leave Blank		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
<b>C CLAIM OR PAYROLL ID NUMBER</b> Prefix FL005001 Suffix		<b>TYPE</b> Leave Blank	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named above to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
<b>SIGNATURE</b> Johnny B. Good for		<b>DATE</b> 8/24/87	
<b>SIGNATURE</b> Housing Authority of the City of Pines		<b>DATE</b>	

## **SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

<b>GOVERNMENT AGENCY NAME</b> (Name from attached listing), Director HUD Regional Accounting Division	<b>GOVERNMENT AGENCY ADDRESS</b> Use the address of the Regional Accounting Division from the attached listing that services your Region.
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## **SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b> ABC Bank and Trust Company 100 Every Time Road Anytown, State 00011		<b>ROUTING NUMBER</b> 1 2 3 4 5 6 7 8 9		<b>CHECK DIGIT</b> 9
		<b>DEPOSITOR ACCOUNT TITLE</b> Housing Authority of the City of Pines		
<b>FINANCIAL INSTITUTION CERTIFICATION</b> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b> Paula Paul	<b>SIGNATURE OF REPRESENTATIVE</b> <i>Paula Paul</i>	<b>TELEPHONE NUMBER</b> (205) 662-0062	<b>DATE</b> 8/25/87	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY

Instructions for Preparing  
Standard Form (SF) 1199A (7/84)

SECTION 1 RECIPIENT (PAYEE) INFORMATION (To be completed by PHA/IHA)

Block A. Payee Name, Mailing Address, and Telephone Number:

-- Self-explanatory.

Block B. Name of Person(s) Entitled to Payment:

-- Leave this block BLANK.

Block C. Claim or File Number:

-- Print the beginning (lowest) project number for the PHA/IHA. (e. g. A PHA/IHA with project numbers ranging from FL-5-1 to FL-5-40 would only print FLO05001). Disregard the words Prefix and Suffix.

Block D. Type of Depositor Account:

-- Self-explanatory.

Block E. Depositor Account Number:

-- Enter depositor's account number exactly as it appears in the financial institution's records. If a numeric account number is not used, you may enter up to 17 characters of the depositor's name or other identification in this block. Dashes are acceptable; spaces and other characters are not.

Block F. Type of Payment:

-- Print "DEV/MOD/OP SUB" next to the "Other" line.

Block G. Allotment of Payment:

-- Leave this block BLANK.

Payee/Joint Payee Certification:

-- An official of the PHA/IHA must sign the SF 1199A.

Joint Account Holder's Certification:

-- Leave this block BLANK.

SECTION 2. GOVERNMENT AGENCY NAME AND ADDRESS:

--Print the Director's name, title, and address of the HUD Regional Accounting Division that services your Region from the attached listing name and addresses.

SECTION 3. (to be completed by Financial Institution). Please provide these instructions to the Financial Institution:

- a. Print name and address of the financial institution.
- b. Enter the Routing (ABA) Number and Check Digit used for all direct deposits to the financial institution. If the financial institution does not have facilities to accept electronic transfers from the Federal Reserve, please note also on the SF 1199A the correspondent bank's name and address, and the correspondent bank's routing number and check digit.
- c. Enter the title of the account into which the direct deposit will be made.
- d. Verify that direct deposits can be posted to the type of account (Block D) and account number (Block E) as shown. (The financial institution's representative should initial the margin for Blocks D and E that these were verified.)
- e. Print the name of the financial institution's representative that signs and dates the SF 1199A.
- f. Enter the area code and telephone number of the official at the financial institution to contact relating to a direct deposit applicable to the payee named above.

NOTE: All inquiries relating to the preparation of the SF 1199A should be directed to the Assisted Housing Accounting Division using the toll free number, 1-800-228-0885.

**Requisition for  
Development or Modernization  
Funds**

 U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing


OMB Approval No. 2577-0104 (exp. 8/30/90)

1. Name of Public Housing Agency / Indian Housing Authority (PHA / IHA)	2. Requisition Number
3. Development or Modernization Project Number	4. Type of Contract (check <u>one</u> )
	<input type="checkbox"/> P Preliminary Loan Contract <input type="checkbox"/> A Annual Contributions Contract <input type="checkbox"/> M Modernization / Comprehensive Improvement Assistance Program (CIAP) Contract

Part I. Detailed List of Creditors to be Paid by Account			
(a) Creditor	(b) Account*	(c) Date Due	(d) Amount Due
6.			
6.			
7.			
8.			
8.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17. Total			\$

Part II. Account by Date Due. (For use by HUD only)		
Account*	Date Due	Amount Due
18.		
19.		
20.		
21.		
22.		
23.		
24. Total		\$

25. I hereby certify that the PHA/IHA has complied and will comply with all applicable provisions of the Annual Contributions Contract (ACC) between the PHA/IHA and HUD. I further certify that the funds requested are for work within the latest HUD-approved budget and that payment is due and has not been previously requested. In the event the funds provided become more than necessary, as determined by HUD, such excess will be promptly returned.

Signature &amp; Title of Authorized Certifying Official:

X

Date

Approved by: (For HUD Use Only)

Date

Data Entry Initials

Date Entered

X

\* See instructions for account designations.

Retain this record for 3 years after payment of note.

 form HUD-5402-A (3/90)  
 ref. handbooks 7417.1, 7440.1, 7485.1



## Instructions

### General:

All PHA/IHA complete blocks 1 through 4, complete Part I and skip Part II, and attach copies of creditor's bills to the requisition form.

### Block 1. Name of PHA/IHA.

Block 2. Requisition Number. Enter the sequential number of the requisition under RHPS.

Block 3. Development or Modernization Project Number. Enter only one development or modernization project number per form. Enter the eleven-digit number in this format:

positions 1 - 2 : State code ( alpha )  
positions 3 - 4 : Field Office code ( numeric )  
position 5 : P for Public Housing or B for Indian Housing  
positions 6 - 8 : PHA/IHA number  
positions 9 - 11: Development project number or Modernization (900 series) project number; must be 3 digits

"AZ99B001001" (development) or "AZ99P001901" (modernization)

Block 4. Type of Contract. Check either a P, A, or M. P is for Preliminary Loan Contract; A is for Annual Contributions Contract; M is for Modernization/Comprehensive Improvement Assistance Program (CIAP) Contract.

### Part I. Detailed List of Creditors to be Paid by Account. (See General Instructions)

Column (a) Creditor. Enter the name of the creditor requiring payment. If the PHA/IHA is requesting payment for Administrative Expense, enter "PHA/IHA Admin. Exp." under "Creditor" (e.g., Anytown, USA Housing Authority would enter "PHA Admin. Exp.").

If a creditor submits one bill applicable to more than one development or modernization project, break out the billing for each project and submit a separate requisition form for each development or modernization project. Attach a copy of the creditor's bill to each requisition form.

### Column (b) Account.

"A" Administrative Expense. Account 1410.

"C" Construction and Equipment Expense (except Indian Health Service (IHS) Water and Sewer payment to be sent directly to IHS).  
Accounts 1450, 1460, 1465, 1470, 1475, 1480.

"H" HUD Technical Service Fee. Account 1430.8.

"I" IHS Water and Sewer (IHA's only).

Note: Entering an "I" will inform Headquarters to send funds directly to IHS and not to IHA's bank.

"M" Mutual Help Contribution Drawdown (IHA's only).

Note: This account is used when establishing or replenishing the participants operating reserve, Account 2920, in the old mutual help program or when transfers are made from the Homeowners Refundable or Unrefundable Mutual Help Reserves, Accounts 2912 or 2914 respectively, in the new Mutual Help program.

"O" Other Expense. Cannot be categorized in any of the other accounts listed. Example: Relocation.

"P" Planning Expense (except HUD technical service fee). Account 1430.

"S" Site Acquisition Expense. Account 1440.

"X" Modernization/CIAP Expense, including planning, administration and construction and equipment. Also indicate work item number from the modernization budget.

These accounts correspond to the major account categories reflected on the Development Cost Budget / Cost Statement, form HUD-52484 (except for modernization) and in the Low Rent Accounting Handbook 7510.1.

Column (c) Date Due. Enter the date the payment is due to the creditor. Use the format "MM/DD/YY" (e.g., 01/25/86).

Column (d) Amount Due. Enter the amount due to the creditor.

Block 17. Total. Enter the total of all amounts due (column (d)).

### Part II. Account by Date Due.

For use by HUD only.

In blocks 18 through 23, summarize the amounts entered in Part I for each payment that has the same account and date due. In block 24, enter the total of all amounts due which should equal the amount in block 17.

Block 25. PHA/IHA Certification. Complete the certification before submitting this request. The signature of the authorized certifying official must be in ink and dated.

Please send comments to :

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing, Room 4228,  
451 Seventh Street S.W., Washington, D.C. 20410-5000  
or

Office of Management and Budget (OMB),  
Office of Information and Regulatory Affairs, HUD Desk Officer,  
726 Jackson Place N.W., Washington, D.C. 20503.

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0104), Washington, D.C. 20503.

TEST IMA HOUSING AUTHORITY  
6789 TEST DRIVE  
TEST CITY USA 12345

THE TREASURY DEPARTMENT WILL BE AUTHORIZED TO TRANSMIT THE FOLLOWING  
AMOUNT(S) TO YOUR ACCOUNT ON THE DATE(S) POSTED BELOW.

**PLEASE NOTE: PAYMENTS FOR HUD SERVICE FEES AND TO INDIAN HEALTH SERVICE WILL NOT BE TRANSFERRED TO YOUR BANK ACCOUNT.**

5/90

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**RAPID HOUSING PAYMENT SYSTEM (RHPS) REPORTS**

<u>EXHIBIT</u>	<u>TITLE OF REPORT</u>
A	Latest Development Statement Information for Project
B	Development Statement History for Project
C	Requisitions in Progress for Project
D	Status of All Requisitions
E	Requisitions Currently Blocked for H/A
F	Project Financing Information
G	Development/Modernization Funds Received by Headquarters for Project
H	Cost/Financing Analysis for Project
I	Cost/Financing Analysis for H/A
J	Requisitions Entered on (Date)
K	Housing Authority Addresses
L	Security Ledger Trial Balance
M	All Project Numbers in System

## APPENDIX 4

## EXHIBIT A

REPORT - LATEST DEVELOPMENT STMT INFORMATION FOR A2998999001 AS OF 04/20/86

PROJECT	HOUSING AUTHORITY	DOCUMT.	CONSTRUCTION	DOCUMT.	RECEIVED	DATE	ADMINISTR/	PLANNING/	SITE ACQ/
06.FB. NUMBER							OTHER	INTEREST EXP.	MUTUAL HELP
09 99 A2998999001	ARIZONA TEST	CONTRY	3521826.00	04/08/82	04/10/86	10/31/81	PF	SF-1234	
09 99 A2998999001	ARIZONA TEST	MINIMM	3365390.00	12/07/84	03/05/86			93014.00	257342.00
09 99 A2998999001	ARIZONA TEST		2809987.00					153834.00	160728.00
09 99 A2998999001	ARIZONA TEST	BUDGET	2000000.00	06/05/84	06/30/84			100000.00	100000.00
09 99 A2998999001	ARIZONA TEST		1000000.00					200000.00	160000.00

CONTRACT AMOUNT - 33,321,826.00  
 DATE OF CONTRACT - 04/08/82  
 CONTRACT NUMBER - SF-1234

06.FB. NUMBER - 10/31/81  
 PROJECT FINANCING ANALYZED ? (PF) - PF \*\* ANALYSIS PERFORMED \*\*

LATEST MINIMUM TOTAL DEVELOPMENT COST (TDC) - 33,365,390.00  
 DATE OF MINIMUM APPROVAL - 12/07/84  
 DATE DOCUMENT RECEIVED BY HEADQUARTERS - 03/05/86  
 TOTAL ADMINISTRATIVE EXPENSES ON MINIMUM - 593,014.00  
 TOTAL PLANNING EXPENSES ON MINIMUM - 257,342.00  
 TOTAL SITE ACQUISITION EXPENSES ON MINIMUM - 311,213.00  
 TOTAL CONSTRUCTION EXPENSES ON MINIMUM - 32,809,987.00  
 TOTAL OTHER EXPENSES ON MINIMUM - 3193,834.00  
 TOTAL INTEREST EXPENSES ON MINIMUM - 160,728.00  
 TOTAL MUTUAL HELP EXPENSES ON MINIMUM - 30.00

LATEST BUDGET TOTAL DEVELOPMENT COST (TDC) - 32,000,000.00  
 DATE OF BUDGET APPROVAL - 06/05/84  
 DATE DOCUMENT RECEIVED BY HEADQUARTERS - 06/30/84  
 TOTAL ADMINISTRATIVE EXPENSES ON BUDGET - 3100,000.00  
 TOTAL PLANNING EXPENSES ON BUDGET - 3100,000.00  
 TOTAL SITE ACQUISITION EXPENSES ON BUDGET - 3600,000.00  
 TOTAL CONSTRUCTION EXPENSES ON BUDGET - 31,000,000.00  
 TOTAL OTHER EXPENSES ON BUDGET - 3200,000.00  
 TOTAL INTEREST EXPENSES ON BUDGET - 3150,000.00  
 TOTAL MUTUAL HELP EXPENSES ON BUDGET - 30.00

..... END REPORT .....

## APPENDIX 4

## EXHIBIT B

REPORT - DEVELOPMENT STMT HISTORY FOR A2998999002 AS OF 10/02/87

PROJECT NO. 70. NUMBER	HOUSING AUTHORITY	DOCUMENT	CONSTRUCTION	DOCUMENT RECEIVED	DATE	DOFA	ADMINISTR/	PLANNING/	SITE ACQ/	MUTUAL HELP	MESSE
09 99 A2998999002	ARIZONA TEST	GRANT2	1000000.00	09/30/87	10/01/87	10/31/81	PF	SF-1234	3521826.00	4521826.00	
09 99 A2998999002	ARIZONA TEST	CONTRT	3521826.00	04/04/82	04/10/86	10/31/81	PF	SF-1234			
09 99 A2998999002	ARIZONA TEST	MINIMM	3365390.00	12/07/84	03/05/86						
09 99 A2998999002	ARIZONA TEST	BUDGET	2809987.00								
09 99 A2998999002	ARIZONA TEST	BUDGET	2000000.00	04/05/84	04/30/84						
09 99 A2998999002	ARIZONA TEST	BUDGET	1000000.00								
09 99 A2998999002	ARIZONA TEST	BUDGET	1000000.00	12/15/83	12/30/83						
09 99 A2998999002	ARIZONA TEST	BUDGET	600000.00								

ACC LOAN CONTRACT AMOUNT - \$3,521,826.00

ACC LOAN CONTRACT DATE - 4/8/82

DATE OF CONTRACT - 04/08/82

CONTRACT NUMBER - SF-1234

DOFA - 10/31/81

PROJECT FINANCING ANALYZED ? (PF) - PF == ANALYSIS PERFORMED ==

DOCUMENT - GRANT2 (LOAN FUNDS ARE  
NOT EXHAUSTED)

ACC GRANT AMENDMENT AMOUNT - \$1,000,000.00

TOTAL ACC LOAN AND GRANT AMOUNT - \$4,521,826.00

ACC GRANT AMENDMENT DATE - 4/8/82

DATE OF AMENDMENT - 09/30/87

CONTRACT NUMBER - SF-1234

DOFA - 10/31/81

PROJECT FINANCING ANALYZED ? (PF) - PF == ANALYSIS PERFORMED ==

LATEST MINIMUM TOTAL DEVELOPMENT COST (TDC) - \$3,365,390.00

DATE OF MINIMUM APPROVAL - 12/07/84

DATE DOCUMENT RECEIVED BY HEADQUARTERS - 03/05/86

TOTAL ADMINISTRATIVE EXPENSES ON MINIMUM - \$93,014.00

TOTAL PLANNING EXPENSES ON MINIMUM - \$257,342.00

TOTAL SITE ACQUISITION EXPENSES ON MINIMUM - \$11,213.00

TOTAL CONSTRUCTION EXPENSES ON MINIMUM - \$2,809,987.00

TOTAL OTHER EXPENSES ON MINIMUM - \$193,834.00

TOTAL INTEREST EXPENSES ON MINIMUM - \$160,726.00

TOTAL MUTUAL HELP EXPENSES ON MINIMUM - \$0.00

LATEST BUDGET TOTAL DEVELOPMENT COST (TDC) - \$2,000,000.00

DATE OF BUDGET APPROVAL - 04/05/84

DATE DOCUMENT RECEIVED BY HEADQUARTERS - 04/30/84

TOTAL ADMINISTRATIVE EXPENSES ON BUDGET - \$100,000.00

TOTAL PLANNING EXPENSES ON BUDGET - \$100,000.00

TOTAL SITE ACQUISITION EXPENSES ON BUDGET - \$600,000.00

TOTAL CONSTRUCTION EXPENSES ON BUDGET - \$1,000,000.00

TOTAL OTHER EXPENSES ON BUDGET - \$200,000.00

TOTAL INTEREST EXPENSES ON BUDGET - \$150,000.00

TOTAL MUTUAL HELP EXPENSES ON BUDGET - \$0.00

PRIOR BUDGET TOTAL DEVELOPMENT COST (TDC) - \$1,000,000.00

DATE OF PRIOR BUDGET APPROVAL - 12/15/83

DATE DOCUMENT RECEIVED BY HEADQUARTERS - 12/30/83

TOTAL ADMINISTRATIVE EXPENSES ON PRIOR BUDGET - \$50,000.00

TOTAL PLANNING EXPENSES ON PRIOR BUDGET - \$50,000.00

TOTAL SITE ACQUISITION EXPENSES ON PRIOR BUDGET - \$300,000.00

TOTAL CONSTRUCTION EXPENSES ON PRIOR BUDGET - \$500,000.00

TOTAL OTHER EXPENSES ON PRIOR BUDGET - \$100,000.00

TOTAL INTEREST EXPENSES ON PRIOR BUDGET - \$100,000.00

TOTAL MUTUAL HELP EXPENSES ON PRIOR BUDGET - \$0.00

## APPENDIX 4

## EXHIBIT C

REPORT - REQUISITIONS IN PROCESS FOR AZ998999002 AS OF 04/02/86

PROJ NUMBER	MSG. AUTH.	DUE DATE	PROC DT	VOUCHER #	AMOUNT	FLD:USR-STN	PYMT BLOCKED	OFC-USER-DATE	A.FLD:DATE	CONTR #	EMR.
MISC.	ACH-WIRE	PAID DT	SCHEDULE#			MOQ:USA-STN	PYMT BLOCKED	REASON	MOQ:DATE & TIME	RFD	
AZ998999002	ARIZONA TEST	04/20/86	04/19/86		100.00	JONES - 964			A 03/27/86	SF-1234	EMR
	WIRE	04/20/86									999
AZ998999002	ARIZONA TEST	04/21/86	04/10/86		200.00	JONES - 964			C 03/26/86	SF-1234	999
	ACH	04/17/86									999
AZ998999002	ARIZONA TEST	04/23/86	04/22/86		100.00	JONES - 964			I 03/25/86	SF-1234	999
	10TF	04/23/86									999

## REQUIS #1 REQUIS #2 REQUIS #3

PROJECT NUMBER - AZ998999002

HOUSING AUTHORITY - ARIZONA TEST

MISCELLANEOUS INFORMATION - BLANK ; BLANK ; IMS PROJ # AN -1234

PAYMENT DUE DATES - 04/20/86 ; 04/21/86 ; 04/23/86

PAYMENT MECHANISM - WIRE ; ACH ; 10TF

HEADQUARTERS PROCESSING DATES - 04/19/86 ; 04/10/86 ; 04/22/86

PAYMENT DATES - 04/20/86 ; 04/17/86 ; 04/23/86

VOUCHER NUMBER - BLANK ; BLANK ; BLANK

SF #1166 SCHEDULE NUMBER - BLANK ; BLANK ; BLANK

PAYMENT AMOUNTS - \$100.00 ; \$200.00 ; \$100.00

FIELD OFFICE USER - JONES ; JONES ; JONES

FIELD OFFICE STATION NUMBER USED TO INPUT - 964 ; 964 ; 964

OFFICE BLOCKING REQUEST - BLANK ; BLANK ; BLANK

USER BLOCKING REQUEST - BLANK ; BLANK ; BLANK

DATE REQUEST BLOCKED - BLANK ; BLANK ; BLANK

REASON FOR BLOCKING REQUEST - BLANK ; BLANK ; BLANK

ACCOUNT CATEGORY REQUISITIONED AGAINST - A = ADMINISTRATIVE (1ST REQUEST)  
 C = CONSTRUCTION (2ND REQUEST)  
 I = INDIAN HEALTH SERVICE (3RD REQUEST)

DATE FIELD OFFICE ENTERED REQUEST - 03/27/86 ; 03/26/86 ; 03/25/86

CONTRACT NUMBER - SF-1234 ; SF-1234 ; SF-1234

EMERGENCY - ONLY FIRST REQUEST IS EMERGENCY AND WILL BE PAID VIA WIRE TRANSFER

RFD - REGION - 9 FIELD - 99

## EXHIBIT D

REPORT - STATUS OF ALL REQUISITIONS AS OF 04/11/86

PROJ NUMBER	MSG. AUTH.	DUE DATE	PAID BY	VOUCHER #	AMOUNT	FLD:USR-STD	PYMT BLOCKED	OFC-USER-DATE	A.FLD:DATE	CONTR #	ENR.
AZ998999002	ARIZONA TEST	04/20/86	04/19/86		100.00	JONES - 964					
AZ998999001	TEST INA	04/21/86	04/18/86	87-000777	200.00	JONES - 964					
AZ998999002	MSG AUTH	04/23/86	04/22/86		100.00	JONES - 964					

	REQUIS #1	REQUIS #2	REQUIS #3
PROJECT NUMBER - AZ998999002 ; AZ998999001 ; AZ998999002			
HOUSING AUTHORITY - ARIZONA TEST; TEST INA ; MSG AUTH			
MISCELLANEOUS INFORMATION - BLANK ; BLANK ; MSG PROJ # AN-1234			
PAYMENT DUE DATES - 04/20/86 ; 04/21/86 ; 04/23/86			
PAYMENT MECHANISM - WIRE ; ACH ; 10TF			
HEADQUARTERS PROCESSING DATES - 04/19/86 ; 04/18/86 ; 04/22/86			
PAYMENT DATES - 04/20/86 ; 04/17/86 ; 04/23/86			
VOUCHER NUMBER - BLANK ; 87-000777 ; BLANK			
SF #1166 SCHEDULE NUMBER - BLANK ; L041086-1 ; BLANK			NOTE: IF SCHEDULE NUMBER = L(DATE) -> IN PROCESS
PAYMENT AMOUNTS - \$100.00 ; \$200.00 ; \$100.00			
FIELD OFFICE USER - JONES ; JONES ; JONES			
HDQTRS USER PROCESSING PAYMENT - BLANK ; SMITH ; BLANK			
FIELD OFC STATION # USED TO INPUT - 964 ; 964 ; 964			
OFFICE BLOCKING REQUEST - BLANK ; BLANK ; BLANK			
USER BLOCKING REQUEST - BLANK ; BLANK ; BLANK			
DATE REQUEST BLOCKED - BLANK ; BLANK ; BLANK			
REASON FOR BLOCKING REQUEST - BLANK ; BLANK ; BLANK			
ACCOUNT CATEGORY REQUISITIONED AGAINST - A = ADMINISTRATIVE (1ST REQUEST) C = CONSTRUCTION (2ND REQUEST) I = INDIAN HEALTH SERVICE (3RD REQUEST)			
DATE FIELD OFFICE ENTERED REQUEST - 03/27/86 ; 03/26/86 ; 03/25/86			
DATE HDQTRS POSTED VOUCHER NUMBER - BLANK ; 04/18/86 ; BLANK			
CONTRACT NUMBER - SF-1234 ; SF-0001 ; SF-0002			
TIME HDQTRS POSTED VOUCHER NUMBER - BLANK ; 08:30 ; BLANK			
EMERGENCY - ONLY FIRST REQUEST IS EMERGENCY AND WILL BE PAID VIA WIRE TRANSFER			
AFB - REGION - 9 FIELD - 99			

## APPENDIX 4

## EXHIBIT E

REPORT - REQUISITIONS CURRENTLY BLOCKED FOR W/A AZ999 AS OF 04/02/86  
 PROJ NUMBER. MSG. AUTH. .DUE DATE. PROC BY .VOUCHER #. AMOUNT .FLD:USR-STM. PYMT BLOCKED: OFC-USER-DATE. A.FLD:DATE. CONTR #. EHR.  
 WISC. .ACH-WIRE. PAID BY .SCHEDULE#. .MOU:USR-STM. PYMT BLOCKED: REASON . .NUO:DATE & TIME .RFD.  
 AZ999999001 ARIZONA TEST 04/20/86 04/10/86 100.00 JONES - 964 HQDTRS - SMITH - 03/29/86 A 03/27/86 SF-1234  
 ACN 04/17/86 PROJECT IN LITIGATION 999

PROJECT NUMBER - AZ999999001

HOUSING AUTHORITY - ARIZONA TEST

MISCELLANEOUS INFORMATION - NO DATA ENTERED

PAYMENT DUE DATE - 04/20/86

PAYMENT MECHANISM - ACH TAPE

HEADQUARTERS PROCESSING DATE - 04/10/86

TREASURY PAYMENT DATE - 04/17/86

VOUCHER NUMBER - BLANK

SF 01166 SCHEDULE NUMBER - BLANK

PAYMENT AMOUNT - \$100.00

FIELD OFFICE USER - JONES

FIELD OFFICE STATION NUMBER USED TO INPUT - 964

OFFICE BLOCKING REQUEST - HQDTRS

USER BLOCKING REQUEST - SMITH

DATE REQUEST BLOCKED - 03/29/86

REASON FOR BLOCKING REQUEST - PROJECT IN LITIGATION

ACCOUNT CATEGORY REQUISITIONED AGAINST - 'A' ADMINISTRATIVE EXPENSE

DATE FIELD OFFICE ENTERED REQUEST - 03/27/86

CONTRACT NUMBER - SF-1234

EMERGENCY - NO

RFD - REGION - 9 FIELD OFFICE - 99



## APPENDIX 4

## EXHIBIT F

## REPORT - PROJECT FINANCING FOR AZ998999008 AS OF 01/08/87

PRG.FD.	NUMBER	HOUSING AUTHORITY	DATE	EXPLANATION	INT. INTEREST RATE	CD.EFFECT	CONTRACT	INTEREST	PRINCIPAL	BALANCE
09 99	AZ998999008	ARIZONA TEST	01/20/83	ADVANCE ADMINISTR- A					20,000.00	
09 99	AZ998999008	ARIZONA TEST	02/20/84	ADVANCE SITE ACQU- S					100,000.00	
09 99	AZ998999008	ARIZONA TEST	05/20/85	ADVANCE CONSTRUCT- C					300,000.00	
09 99	AZ998999008	ARIZONA TEST	08/20/85	ADVANCE OTHER - O					100,000.00	
09 99	AZ998999008	ARIZONA TEST	02/20/86	ADVANCE CONSTRUCT- C					40,000.00	
09 99	AZ998999008	ARIZONA TEST	12/31/86	ADVANCE MUT HELP - M					100.00	
09 99	AZ998999008	ARIZONA TEST	12/31/86	ADVANCE ADMINISTR- A					200.00	

GRAND-TOTAL -

0,300.00

DATE

0991231

REQUISITION CONTROL (CURRENT FILE)

PROJ NUMBER.	MSG.	AUTH.	DUE DATE	PROC DT	VOUCHER #	AMOUNT	FLD:USR-STN	PYMT BLOCKED	OFC-USER-DATE	A.FLD:DATE	CONTR #	ENR
	MISC.		ACH-WIRE	PAID DT	SCHEDULE #		MDQ:USA-STN	PYMT BLOCKED	REASON		MDQ:DATE & TIME	RFD
AZ998999008		ARIZONA TEST	02/15/87	02/05/87		100.00	ZAHNER- 963				A 01/07/87	SF1234
			ACH	02/12/87								999

GRAND-TOTAL -

100.00

TOTAL OF PAST FINANCING (\$ 660300.00) AND REQUISITIONS IN-PROCESS (\$ 100.00) = \$ 660400.00

NOTE : REQUISITION CONTROL FIELD DEFINITIONS CAN BE FOUND IN EXHIBIT "D" AND IN THE OPERATOR'S MANUAL

..... END REPORT .....

## APPENDIX 4

## EXHIBIT G

REPORT - DEV/MOD FUNDS RECEIVED BY MDOTRS FOR AZ998999001 AS OF 04/02/86

PROJECT	TRANS	INT. INTEREST RATE	PRINCIPAL	PRINCIPAL
PRG.FD. NUMBER	HOUSING AUTHORITY	DATE	EXPLANATION	BALANCE
CD.EFFECT	CONTRACT	INTEREST	PRINCIPAL	BALANCE
09 99 AZ998999001	ARIZONA TEST	10/26/81	REPYMT CT#68765 - R	-20,297.20
09 99 AZ998999001	ARIZONA TEST	10/30/84	REPYMT CT#116562 - R	-16,913.54
GRAND-TOTAL -				-37,210.74

..... END REPORT .....

## SPECIAL REPORT ON COST/FINANCING ANALYSIS AS OF 01/08/87

## PROJECT #

AZ99B999001

LAST APPROVED BUDGET 12/07/84		ADVANCED TO DATE	
ADMINISTRATIVE EXP	\$ 93014.00	LAST ADVANCE (01/10/85)	\$ 53916.52
PLANNING EXPENSE	\$ 257342.00		
SITE ACQUISITION	\$ 11213.00		
CONSTRUCTION & EQ	\$ 2809987.00	IN PROCESS	\$ 100.00
OTHER ACCTS (NET)	\$ 193834.00	TOTAL ADVANCED TO DATE	\$ 3189057.79
INTEREST EXPENSE	\$ -160728.00	REMITTED BY HSG AUTH	\$ -2000.00
MUTUAL HELP	\$ 10000.00	NET REALLOCATION	\$ -500.00
TOTAL FUNDS REQD.	\$ 3194662.00	TOTAL NET ADVANCES	\$ 3186657.79
THIS PROJECT IS UNDERFINANCED BY \$ 8,004.21			

MUTUAL HELP CONTRIBUTION	\$ 10000.00
LESS ADVANCED TO DATE	\$ 10.00
LESS IN PROCESS	\$ 200.00
ALLOWED DRAWDOWN	\$ 9790.00

PROJECT NUMBER ENTERED BY USER - AZ99B999001

LAST APPROVED (MINIMUM,BUDGET,ACTUAL) - BUDGET

DATE OF BUDGET APPROVAL - 12/07/84

TOTAL ADMINISTRATIVE EXPENSE ACCOUNT  
#1410 - \$93,014.00

TOTAL PLANNING EXPENSE ACCOUNT  
#1430 - \$257,342.00

TOTAL SITE ACQUISITION EXPENSE ACCOUNT  
#1440 - \$11,213.00

TOTAL CONSTRUCTION AND EQUIPMENT  
ACCOUNTS #1450-#1480 - \$2,809,987.00

NET TOTAL OF THE FOLLOWING ACCOUNTS: - \$193,834.00

#1415 LIQUIDATED DAMAGES  
#1418 COUNSELING AND TRAINING  
#1420.1 - #1420.3 INTEREST EXPENSE  
#1420.7 INTEREST EARNED  
#1425 INITIAL OPERATING DEFICIT  
#1495 RELOCATION COSTS

## APPENDIX 4

## EXHIBIT H CONTINUED

DONATIONS  
CONTINGENCY  
OTHER EXPENSES

TOTAL INTEREST EXPENSE ACCOUNTS  
#1420.1 - #1420.3 - \$-160,728.00

TOTAL MUTUAL HELP CONTRIBUTION ACCOUNTS - \$10,000.00

TOTAL FUNDS REQUIRED (ADMINISTRATIVE  
+ PLANNING + SITE ACQUISITION +  
CONSTRUCTION & EQUIPMENT + OTHER)  
LESS INTEREST EXPENSE LESS MUTUAL  
HELP CONTRIBUTIONS - \$3,194,662.00

DATE AND AMOUNT OF LAST ADVANCE FOR  
PROJECT - 01/10/85

TOTAL OF ALL REQUISITION CURRENTLY  
IN PROCESS LESS THOSE THAT HAVE BEEN  
BLOCKED BY THE REGION OR HEADQUARTERS - \$100.00

TOTAL OF ALL ADVANCES TO-DATE FOR  
PROJECT ENTERED LESS MUTUAL HELP ADV - \$3,189,057.79

TOTAL OF ALL FUNDS RECEIVED BY  
HEADQUARTERS FOR DEVELOPMENT/  
MODERNIZATION REPAYMENT OF FINANCING - \$-2,000.00

NET TOTAL OF ALL REALLOCATION OF  
FUNDS BETWEEN THE PROJECT NUMBER  
ENTERED AND OTHER PROJECTS - \$-500.00

TOTAL OF ADVANCES IN PROCESS +  
ADVANCES TO DATE - FUNDS REMITTED BY  
HOUSING AUTHORITY + NET REALLOCATION  
- MUTUAL HELP ADVANCES - \$3,186,657.79

BECAUSE THE TOTAL OF FUNDS REQUIRED IS \$3,194,662.00

AND THE TOTAL NET ADVANCES IS \$3,186,657.79

THE PROJECT IS UNDERFINANCED BY \$ 8,004.21

MUTUAL HELP CONTRIBUTIONS - \$10,000

DRAWDOWNS ADVANCED TO DATE - \$10.00

DRAWDOWNS IN PROCESS - \$200.00

TOTAL MUTUAL HELP CONTRIBUTION LESS  
ADVANCED TO DATE LESS IN PROCESS - \$9,790.00

..... END REPORT .....

## EXHIBIT I

REPORT - COST/FINANCING ANALYSIS FOR N/A AZ999 W/O RM CONT AS OF 01/08/87

PROJECT	DOCUMENT	DOCUMENT AMOUNT	DOCT DT	INTEREST EXP	MUTUAL HELP	FUNDS REQUIRED	FUNDS ADVANCED	OVER OR UNDER FINANCED
AZ999901	MOO CNTR	100000.00	01/24/86	0.00	0.00	100000.00	90000.00	UNDERFINANCED 10,000.00
AZ999902	MOO CNTR	200000.00	01/31/86	0.00	0.00	200000.00	200000.00	FUNDS REQUIRED = FUNDS ADVANCED
AZ998999001	ACTUAL	90000.00	04/01/86	-200.00	-200.00	89600.00	89600.00	FUNDS REQUIRED = FUNDS ADVANCED
AZ998999002	ACTUAL	200000.00	04/01/86	-10000.00	-20000.00	170000.00	170000.00	FUNDS REQUIRED = FUNDS ADVANCED
AZ998999003	MINIMUM	280000.00	03/20/86	-20000.00	-20000.00	240000.00	220000.00	UNDERFINANCED 20,000.00
AZ998999004	MINIMUM	370000.00	03/10/86	-1000.00	-10000.00	359000.00	210000.00	UNDERFINANCED 149,000.00
AZ998999005	BUDGET	600000.00	02/20/86	0.00	-10000.00	490000.00	490000.00	FUNDS REQUIRED = FUNDS ADVANCED
AZ998999006	BUDGET	600000.00	02/20/86	0.00	0.00	600000.00	600000.00	UNDERFINANCED 40,000.00
AZ998999007	BUDGET	700000.00	02/23/86	-100.00	-30000.00	669900.00	660000.00	UNDERFINANCED 9,900.00
AZ998999008	BUDGET	800000.00	02/25/86	-1000.00	-1500.00	797500.00	660500.00	UNDERFINANCED 137,000.00
AZ998999009	NO BUDGT			0.00	0.00	0.00	0.00	FUNDS REQUIRED = FUNDS ADVANCED
AZ998999010	PRECON	3000000.00	01/31/86	0.00	0.00	3000000.00	0.00	UNDERFINANCED 3,000,000.00

PROJECT - PROJECT NUMBER

DOCUMENT - BUDGET DOCUMENT USED TO DETERMINE OVER OR UNDER FINANCING. (BUDGET DEVELOPMENT COST, MINIMUM DEVELOPMENT COST, OR ACTUAL DEVELOPMENT COST, CONTRACT IF MODERNIZATION PROJECT OR PRECON IF PRELIMINARY LOAN CONTRACT.

DOCUMENT AMOUNT - TOTAL DEVELOPMENT COST.

DOCT DATE - DATE OF DOCUMENT APPROVAL.

INTEREST EXP - TOTAL INTEREST EXPENSE ACCOUNTS  
01420.1 - 01420.3.

MUTUAL HELP - TOTAL MUTUAL HELP CONTRIBUTION ACCOUNTS

FUNDS REQUIRED - DOCUMENT AMOUNT LESS INTEREST EXPENSE  
LESS MUTUAL HELP CONTRIBUTION.

FUNDS ADVANCED - TOTAL OF ALL FUNDS ADVANCED TO N/A  
PLUS ALL REQUISITIONS IN PROCESS  
LESS ALL FUNDS REMITTED BY NSG AUTH.

OVER OR UNDER FINANCED - ONE OF THREE STATEMENTS:

FUNDS REQUIRED = FUNDS ADVANCED  
UNDERFINANCED \$  
OVERFINANCED \$

FINANCED PROJECTS WITH NO CONTRACT/BUDGET INFORMATION

DISPLAYS PROJECTS WITH FINANCING INFORMATION  
THAT DO NOT HAVE CONTRACT/BUDGET/MINIMUM/ACTUAL  
INFORMATION. PLEASE CONTACT SYSTEM ADMINISTRATOR  
IMMEDIATELY AND INFORM HIM/HER OF THIS PROBLEM.

## APPENDIX 4

## EXHIBIT J

REPORT - REQUISITIONS ENTERED ON 03/27/86 AS OF 04/01/86

PROJ NUMBER	MSG. AUTH.	DUE DATE	PROC DT	VOUCHER #	AMOUNT	FLD:USR-STN	PRNT BLOCKED	OPC-USER-DATE	A.FLD:DATE	CONTR #	ENS
MISC.	ACH-WIRE	PAID DT	SCHEDULE #			MDQ:USR-STN	PRNT BLOCKED	REASON	MDQ:DATE	TIME	RFE
AZ998999002	ARIZONA TEST	04/20/86	04/19/86		100.00	JONES - 964			03/27/86	SF-1234	EM
	WIRE	04/20/86									99
AZ998999001	TEST IMA	04/21/86	04/10/86		200.00	JONES - 964			03/27/86	SF-0001	99
	ACH	04/17/86									99
AZ998998002	MSG AUTH	04/23/86	04/22/86		100.00	JONES - 964			03/27/86	SF-0002	99
	AN-1234	10TF	04/23/86								99

REQUIS #1	REQUIS #2	REQUIS #3
-----------	-----------	-----------

PROJECT NUMBER - AZ998999002 ; AZ998999001 ; AZ998998002

HOUSING AUTHORITY - ARIZONA TEST; TEST IMA ; MSG AUTH

MISCELLANEOUS INFORMATION - BLANK ; BLANK ; INS PROJ # AN-1234

PAYMENT DUE DATES - 04/20/86 ; 04/21/86 ; 04/23/86

PAYMENT MECHANISM - WIRE ; ACH ; 10TF

HEADQUARTERS PROCESSING DATES - 04/19/86 ; 04/10/86 ; 04/22/86

PAYMENT DATES - 04/20/86 ; 04/17/86 ; 04/23/86

VOUCHER NUMBER - BLANK ; BLANK ; BLANK

SF #1166 SCHEDULE NUMBER - BLANK ; BLANK ; BLANK

PAYMENT AMOUNTS - \$100.00 ; \$200.00 ; \$100.00

FIELD OFFICE USER - JONES ; JONES ; JONES

FIELD OFC STATION # USED TO INPUT - 964 ; 964 ; 964

OFFICE BLOCKING REQUEST - BLANK ; BLANK ; BLANK

USER BLOCKING REQUEST - BLANK ; BLANK ; BLANK

DATE REQUEST BLOCKED - BLANK ; BLANK ; BLANK

REASON FOR BLOCKING REQUEST - BLANK ; BLANK ; BLANK

ACCOUNT CATEGORY REQUISITIONED AGAINST - A = ADMINISTRATIVE (1ST REQUEST)  
 C = CONSTRUCTION (2ND REQUEST)  
 I = INDIAN HEALTH SERVICE (3RD REQUEST)

DATE FIELD OFFICE ENTERED REQUEST - 03/27/86 ; 03/27/86 ; 03/27/86

CONTRACT NUMBER - SF-1234 ; SF-0001 ; SF-0002

EMERGENCY - ONLY FIRST REQUEST IS EMERGENCY AND WILL BE PAID VIA WIRE TRANSFER

RFD - REGION - 9 FIELD - 99



APPENDIX 4

EXHIBIT K

```
REPORT - HOUSING AUTHORITY ADDRESSES AS OF 01/08/87
H/A      H/A      HOUSING AUTHORITY  H/A ADDRESS      RG.FD.BANK.IND.
CODE     CODE
-----
AZ  999 AZ999 ARIZONA TEST      ARIZONA TEST HOUSING AUTHORITY      09 99 BANK IND
      1234 ARIZONA DRIVE
      TEST CITY AZ 12345
AZ  099 AZ099 TEST IMA          TEST IMA HOUSING AUTHORITY          09 99 BANK IND
      1234 TEST DRIVE
      TEST CITY AZ 12345
      ..... END REPORT .....
```

## APPENDIX 4

## EXHIBIT L

SECURITY LEDGER TRIAL BALANCE - NOVEMBER 30, 1986

PROJECT NO. NUMBER	PMA NAME	SEC. TYP.	SECURITY NAME	I. NT. AMY C. CD. DATE	INTEREST RATE EFFECT CONTRACT	PRINCIPAL BALANCE	INTEREST BALANCE	TOTAL BALANCE
1 CT001005M	BRIDGEPORT	131	PERM LN	4 78 841127	07.0000 07.0000	\$93085.69	\$9342.45	652428.14
1 CT001006M	BRIDGEPORT	131	PERM LN	4 78 841127	08.3160 07.0000	0.00	2474.56	2474.56
1 MA036004M	NEWTON	132	PERM LN XFN	4 03 821105	06.6250 06.6250	0.00	433.50	433.50
1 MA036004M	NEWTON	131	PERM LN	4 38 850430	08.0000 08.0000	44731.66	6240.89	60972.45

..... END REPORT .....





• REPORT - ALL PROJECT NUMBERS IN SYSTEM AS OF 01/08/87  
• : PROJECT :  
• RG.FD: NUMBER : HOUSING AUTHORITY :  
• .....  
09 99 AZ998999001 ARIZONA TEST  
09 99 AZ998999001 ARIZONA TEST  
..... END REPORT .....

## USER REGISTRATION FORM

## ACCESS TO MAPPER FOR THE

## RAPID HOUSING PAYMENT SYSTEM (RHPS) (A09)

CHECK ONE: NEW USER- / / CHANGE- / / DELETE- / /

USER'S LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

REGIONAL OFFICE NUMBER: \_\_\_\_\_ (1 - 10, HDQTS = BLANK)

FIELD OFFICE NUMBER: \_\_\_\_\_ (BLANK IF REG OR HDQTS)

OFFICE NAME: \_\_\_\_\_ (BOSTON, WASH DC)

STATION SITE-ID: \_\_\_\_\_ (U4A101)

MAPPER STATION NUMBER: \_\_\_\_\_ (1234)

FTS PHONE NUMBER: \_\_\_\_\_

COMMERCIAL PHONE NUMBER: ( ) \_\_\_\_\_  
AREA CODE

USER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REGIONAL AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

RHPS SYSTEM ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

USER REGISTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

USER ID/PASSWORD: \_\_\_\_\_ (HDQTRS USE ONLY)

NOTE: USERS MUST OBTAIN HONEYWELL USERID/PASSWORD FROM THE REGIONAL  
MANAGEMENT INFORMATION DIVISION

NOTE: FIELD OFFICE SUBMIT TO REGIONAL RHPS COORDINATOR.

NOTE: REGIONAL OFFICE SUBMIT TO:

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
OFFICE OF FINANCE AND ACCOUNTING  
GENERAL AND PROGRAM ACCOUNTING SYSTEMS STAFF  
451 7TH STREET S.W.  
WASHINGTON, D.C. 20410  
ATTN: RHPS SYSTEM ADMINISTRATOR

NOTE: REGIONAL COORD. MUST INFORM SYSTEM ADMIN. OF USERS TO BE DELETED.

NOTE: COMPLETED COPY OF FORM WILL BE SENT TO USER WITH ID/PASSWORD.

1000

PAGE \_\_\_\_\_

**TIME  
LOGGED  
OFF**

Page 1

5/90

APPENDIX 6

7560.1 REV-1

## SAMPLE MEMORANDUM

MEMORANDUM FOR: Director, Office of Finance and Accounting, AF  
ATTENTION: Subsidized Housing Programs Division  
FROM: Field Office Manager  
SUBJECT: Public Housing Project XX01P001001 - Development  
Requisitions

To requisition funds under the Rapid Housing Payment System for the subject project, we are providing the following information pursuant to paragraph 6-30(b) of Handbook 7417.1 REV-1.

A. For turnkey projects, enter the following:

1. Date of Turnkey Contract of Sale (circle target (t) or actual (a))                      (t or a)  
mm/dd/yy
2. Total Development Cost (TDC) for the project \$
3. 1% of TDC (line A.2.), the maximum advance allowed prior to date specified on line A.1. \$

B. For conventional (bid) or acquisition projects, enter the following:

1. Date PHA Proposal approved (circle target (t) or actual (a))                      (t or a)  
mm/dd/yy
2. TDC \$
3. 1% of TDC (line B.2.), the maximum advance allowed prior to date specified on line B.1. \$
4. Amount HUD approved for site/property acquisition \$
5. Date of recordation of deed and declaration of trust (circle target (t) or actual (a))                      (t or a)  
mm/dd/yy

APPENDIX 7

---

6. Total of lines B.3. and B.4.,  
the maximum advance allowed up  
to the actual date specified on  
line B.5.

\$ \_\_\_\_\_

C. For both types of projects, enter  
Design Document approval dates  
(circle target (t) or actual (a))

\_\_\_\_\_ (t or a)  
mm/dd/yy

A P P E N D I X 8

RAPID HOUSING PAYMENT SYSTEM (RHPS) REQUISITION LOG									
Date Received	Housing Authority Name	Project Number	Amount Requested	Funding Year	Date Approved	Date Entered	Date of Letter	Date Paid	Amount Paid

APPENDIX 9

**RAPID HOUSING PAYMENT SYSTEM (RHPS)**

**SECURITY PROCEDURES**

**APPENDIX 9**

**MAPPER SIGN ON**

RHPS is an application available on the MAPPER system. All users first sign onto MAPPER and then to RHPS. Using your assigned MAPPER system user-ID and password, enter the following:

] (user ID), (department number), (MAPPER password) and  
**TRANSMIT.**

You may want to jot down the printer terminal number that appears on the MAPPER screen after your password is accepted. This number tells the computer where to send the output, if you want a report printed from RHPS.

**RHPS SIGN ON**

- Enter the run name (RHPS) in the home position (top left position) and **TRANSMIT.**
- If this is the first time you have logged on, or if your user registration has been reset, the RHPS System Password Entry Screen appears. See Figure 1 for an illustration of this screen.

APPENDIX 9

GENERAL AND PROGRAM ACCOUNTING (GPA)  
SYSTEM PASSWORD ENTRY SCREEN

SINCE YOU ARE A NEW USER, OR YOUR PASSWORD HAS BEEN RESET BY THE SYSTEM ADMINISTRATOR, YOU MUST ENTER THE PASSWORD YOU ARE GOING TO USE TO GAIN ACCESS TO THE RHPS MAPPER FRONT-END SYSTEM.

ON THIS SCREEN, YOU MUST ENTER YOUR NEW PASSWORD TWO (2) TIMES TO VERIFY YOUR ENTRY. YOU WILL NOT SEE YOUR PASSWORD AS YOU TYPE. YOUR PASSWORD **MUST** BE SIX (6) CHARACTERS LONG. AFTER YOU ENTER YOUR FIRST SIX CHARACTER PASSWORD, THE CURSOR WILL AUTOMATICALLY MOVE TO THE SECOND PASSWORD FIELD. AFTER TYPING YOUR SIX CHARACTER PASSWORD THE SECOND TIME, THE CURSOR WILL AUTOMATICALLY MOVE TO THE TRANSMIT FIELD, WHERE YOU MUST TRANSMIT. IF YOU RECEIVE ANY ERRORS, YOU MUST ENTER BOTH PASSWORDS AGAIN! TAB THE CURSOR ONE TIME TO MOVE TO THE FIRST PASSWORD FIELD.

ENTER NEW PASSWORD FIRST TIME -->	(SIX CHARACTERS)
ENTER NEW PASSWORD SECOND TIME ->	(SIX CHARACTERS)
TRANSMIT FROM HERE -->	

Figure 1. RHPS System Password Entry Screen



## CREATING A NEW PASSWORD

1. From the System Password Entry Screen, tab and enter your new password at the prompt:

ENTER NEW PASSWORD FIRST TIME -->

Your entered password is automatically checked as follows:

- \* It **must** be six characters.
- \* It **must** have no sequential numbers (i.e., 123, 890) or letters (i.e., abc, xyz).
- \* There **must** be no occurrences of three of the same number or letter.
- \* It **must** be different from the MAPPER user ID.
- \* It cannot be **PASSWD**.
- \* It cannot be the same as some one else's password.

2. Enter the same password again and **TRANSMIT**.

If there are no errors, the Welcome screen for the Region or Field Office appears (Figures 2 and 3). You are in the RHPS system and processing continues normally.

APPENDIX 9

WELCOME TO THE RAPID HOUSING PAYMENT SYSTEM (RHPS)  
MAIN MENU FOR REGIONAL OFFICE

PLEASE ENTER THE SELECTION NUMBER  
FOR THE DESIRED PROGRAM AND TRANSMIT =>

SELECTION NUMBER	DESCRIPTION OF PROGRAM
-----	-----
1	-N/A--
2	-N/A--
3	-----
4	-N/A--
5	-----
6	-----
7	-N/A--
8	-N/A--
9	-----
10	-----
	ON-SCREEN QUERY
	SPECIAL REPORTS (PRINTOUT)
	MODIFY DATABASE
	DOCUMENTATION
	EXIT PROGRAM

Figure 2. Region Menu

APPENDIX 9

WELCOME TO THE RAPID HOUSING PAYMENT SYSTEM (RHPS)  
MAIN MENU FOR FIELD OFFICE

PLEASE ENTER THE SELECTION NUMBER  
FOR THE DESIRED PROGRAM AND TRANSMIT ==>

SELECTION NUMBER		DESCRIPTION OF PROGRAM
-----		-----
1	-----	REQUEST MODERNIZATION/DEVELOPMENT FUNDS
2	-----	REVISE/DELETE PREVIOUS REQUEST FOR FUNDS
3	-----	ON-SCREEN QUERY
4	-N/A--	
5	-----	SPECIAL REPORTS (PRINTOUT)
6	-----	MODIFY DATABASE
7	-N/A--	
8	-N/A--	
9	-----	DOCUMENTATION
10	-----	EXIT PROGRAM

Figure 3. Field Office Menu

APPENDIX 9

GENERAL AND PROGRAM ACCOUNTING (GPA)  
RHPS SYSTEM PASSWORD SCREEN

ENTER YOUR PASSWORD AND TRANSMIT  
TO GAIN ENTRY TO THE RHPS SYSTEM.  
YOU WILL NOT SEE YOUR PASSWORD AS YOU TYPE.  
YOU HAVE THREE (3) CHANCES TO ENTER YOUR CORRECT PASSWORD

1. ENTER PASSWORD -> (SIX CHARACTERS)  
TRANSMIT HERE ->

Figure 4. RHPS System Password Screen

-- Once your new password has been accepted, future entries to the RHPS system will use the RHPS System Password Screen shown in Figure 4. You will always use this screen to enter your RHPS password unless your password becomes disabled.

APPENDIX 9

**CHANGING YOUR PASSWORD**

If you change your password, you must wait six days before you can change it again. Your password automatically expires every 21 days. The system informs you when it expires and prompts you to key in a new one.

1. From the Region or Field Office menu, enter option 6 (Modify Database), and **TRANSMIT**. (Figures 2 and 3)
2. The Menu for "Modifying Database Screen" appears. (Figure 5)
3. Enter option 2 (Change User Password) and **TRANSMIT**.
4. The "Change Application Password Screen" appears. (Figure 6)
5. Enter your **CURRENT** password at the prompt and **TRANSMIT** at the appropriate option.
6. The screen prompts you to enter your **NEW** password and **TRANSMIT**. (Figure 7)
7. A new prompt, asking you to re-enter the password for confirmation, appears. (Figure 8)
8. Re-enter your **NEW** password and press **TRANSMIT**.
9. The appropriate RHPS menu appears.

APPENDIX 9

MENU FOR MODIFYING DATABASE		
PLEASE ENTER THE SELECTION NUMBER		
FOR THE DESIRED PROGRAM => ,		
THE PRINTER STATION NUMBER => , AND TRANSMIT =>		
SELECTION NUMBER		DESCRIPTION OF PROGRAM
-----		-----
1	-----	ADD/MODIFY HOUSING AUTHORITY ADDRESS
2	-----	CHANGE USER PASSWORD
3	-----	
4	-----	
5	-----	
6	-----	
7	-----	
8	-----	
9	-----	
10	-----	RETURN TO MAIN MENU

Figure 5. Menu for Modifying Database

**GPA RAPID HOUSING PAYMENT SYSTEM (RHPS/A09)**  
**CHANGE APPLICATION PASSWORD**

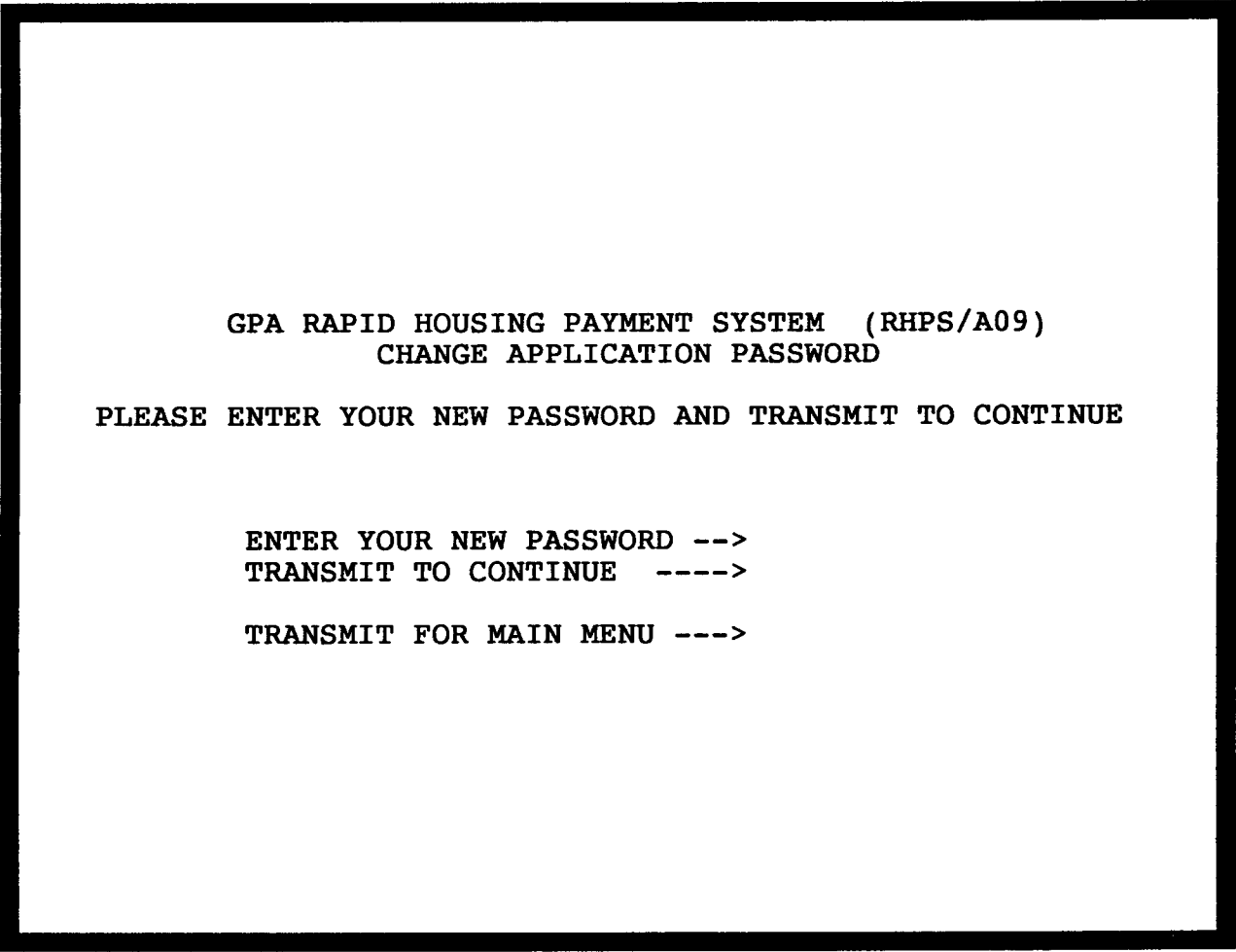
**PLEASE ENTER YOUR CURRENT PASSWORD AND TRANSMIT TO CONTINUE**

**ENTER YOUR CURRENT PASSWORD -->**  
**TRANSMIT HERE TO CONTINUE ---->**

**TRANSMIT HERE FOR MAIN MENU -->**

**Figure 6. RHPS Change Application Password Screen**

APPENDIX 9



GPA RAPID HOUSING PAYMENT SYSTEM (RHPS/A09)  
CHANGE APPLICATION PASSWORD

PLEASE ENTER YOUR NEW PASSWORD AND TRANSMIT TO CONTINUE

ENTER YOUR NEW PASSWORD -->  
TRANSMIT TO CONTINUE ---->  
TRANSMIT FOR MAIN MENU ---->

Figure 7. Change Application Password Screen (continued)



GPA RAPID HOUSING PAYMENT SYSTEM (RHPS/A09)  
CHANGE APPLICATION PASSWORD

PLEASE ENTER YOUR NEW PASSWORD A SECOND TIME  
AND TRANSMIT TO CONTINUE

ENTER YOUR NEW PASSWORD AGAIN -->  
TRANSMIT HERE TO CONTINUE ----->

TRANSMIT TO ABORT THE PROCESS -->

**Figure 8. Change Application Password Screen (continued)**

U.S. Department of Housing and Urban Development  
Washington, D.C. 20410-0000

Official Business  
Penalty for Private Use \$300

First-Class  
Postage & Fee  
HUD  
Permit No. 6



U.S. Department of Housing and Urban Development  
PUBLIC AND INDIAN HOUSING

Special Attention of: Regional Administrators; **Transmittal** Handbook No.: 7561.1 REV-1  
Directors, Offices of Housing and Public  
Housing; Directors, Office of Indian **Issued:** December 17, 1989  
Programs; Chiefs, Mortgage Credit Branch;  
Chiefs, Assisted Housing Management  
Branch; Field Office Managers; Public  
Housing Agencies/Indian Housing  
Authorities

1. This Transmits

Collection of Public and Indian Housing Receipts, dated 12/89.

2. Explanation of Materials Transmitted:

The Fedwire Deposit System (FDS), which is maintained by the Federal Reserve Bank, is used by financial institutions for electronically transferring funds. FDS has been modified in order to route funds and messages more efficiently.

3. Cancellation:

Collection of Public and Indian Housing Receipts, dated 5/26/88.


4. Filing Instructions:

Remove:

Handbook 7561.1 dated 5/88

Insert:

Handbook 7561.1 REV  
dated 12/89

  
General Deputy Assistant Secretary  
for Public and Indian Housing



# **Handbook**

**7561.1 REV-1**

U.S. Department of Housing and Urban Development  
Washington, D.C. 20410

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## **Program Participants and Departmental Staff**

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December 1989

## **Collection of Public and Indian Housing Receipts**

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 <u>Exhibit</u>		
1	Treasury Financial Communications System (TFCS) Instructions For Completing A Request To Transfer Funds By Wire	
2	Remittance by Wire Transfer Fund Message Format (Principal/- Interest Repayment)	
3	Remittance by Wire Transfer Fund Message Format (Excess Financing)	
4	Remittance by Wire Transfer Fund Message Format (Residual Receipts)	
5	Remittance by Wire Transfer Fund Message Format (Audit/- Excess Financing)	
6	Remittance by Wire Transfer Fund Message Format (Audit/HUD Technical Service Fees)	
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9	Remittance by Wire Transfer Fund Message Format (HUD Technical Service Fees)	
10	Remittance by Wire Transfer Fund Message Format (Disposition)	

- 
- 1-1. PURPOSE. This Handbook implements procedures for Public Housing Agencies (PHAs)/Indian Housing Authorities (IHAs) designed to improve the collection of Public Housing (PH) receipts by wire transfer.
- 1-2. BACKGROUND.
- a. The use of a check as a vehicle of payment delays the availability of funds to the Government by 4 to 14 days.
  - b. HUD's management of receipts can be improved by requiring that all remittance exceeding \$2,000 be deposited directly in the Treasury Department by having all PHAs and IHAs make their payments by wire transfer.
- 1-3. REASONS FOR REMITTANCE. PHAs and IHAs under the PH Program may, on occasion, make payments to the Department of Housing and Urban Development (HUD) for the following reasons:
- a. Disposition is the repayment of obligations of net disposition proceeds and net proceeds of sales/recaptures under homeownership programs or net proceeds from the sale of dwelling or non-dwelling structures and/or excess land.
  - b. Excess financing is the amount of development or modernization funds advanced above the approved actual development cost or the approved actual modernization cost.
  - c. Audit findings are sustained costs due and payable to HUD resulting from audit findings in reports issued by the Office of the Inspector General or Independent Auditors (IAs). The sustained cost can be disallowed or questioned cost which may be applicable to development or construction type expenditures, operating or administrative type expenditures, fund reserves, distribution of project equity, or revenue activities that could cause higher net expenses.
  - d. Residual Receipts are the amounts of a PHA/IHA's operating reserve which are over and above the maximum operating reserve level approved by HUD in the Operating Budget which covers the PHA/IHA's fiscal year immediately following the year for which the Form HUD-52599, Statement of Operating Receipts and Expenditures, is prepared.
-

- 
- e. HUD Technical Services Fee is the amount charged the PHA/IHA for HUD providing representatives in connection with the construction of project(s) which is computed at 0.2% of total development cost (excluding estimated amount of this fee) as shown in the approved Development Cost Budget submitted at the time of award of Main Construction Contract or upon execution of contract of sale.
  - f. Principal and/or interest repayments include reasons not specifically covered by any other category.

1-4. REMITTANCE PROCEDURES.

- a. A remittance of \$2,000 or less must be sent to the following location:

Department of Housing and Urban Development  
Office of Finance and Accounting  
Cash and Securities Section  
451 7th Street, SW  
Washington, DC 20410

- b. A remittance over \$2,000 shall be wired in accordance with the instructions in Exhibit 1. These instructions have been provided by the Treasury Department and are presently being used by the banking industry. When remitting funds, the PHA/IHA is to request its financial institution to wire the funds using the appropriate formats on Exhibits 2, 3, 4, 5, 6, 7, 8, 9, and 10.

- c. The following exhibits are to be used for a specific reasons for remittance:

Exhibit 2 - Principal and/or interest repayment  
Exhibit 3 - Excess Financing  
Exhibit 4 - Residual Receipts  
Exhibit 5 - Audit/Excess Financing  
Exhibit 6 - Audit/HUD Technical Service Fees  
Exhibit 7 - Audit/Residual Receipts  
Exhibit 8 - Audit/Multi Findings  
Exhibit 9 - HUD Technical Service Fees  
Exhibit 10 - Disposition

- d. After funds have been remitted by wire transfer, the PHA/IHA will write a letter to the Director, Regional Office of Public Housing or the Director, Regional Office of Indian Programs detailing all funds remitted.

---

1-5. WIRE TRANSFER PROCESS.

- a. The Treasury Department has established a computer interface with the Federal Reserve Bank which offers a secure instantaneous transfer mechanism between Treasury and the commercial banking industry. The Treasury Financial Communications System (TFCS) provides the Treasury with "on-line" access to the Federal Reserve Bank of New York computer and utilizing the Federal Reserve Communication System (FRCS or Fedwire System) with access to all other Federal Reserve Banks, their branches, member banks and correspondents of member banks.
- b. When remitting funds, PHAs/IHAs shall indicate under Field 10, Third Party Information the reason for the remittance, the appropriation number, the project number, and the PHA/IHA name.
- c. The following is a step-by-step explanation of the actual TFCS deposit transaction:
  - (1) The PHA/IHA notifies its general depository to wire funds to the Department of Treasury, supplying the bank with the specific information required by HUD.
  - (2) If the general depository is an on-line member of the Federal Reserve System, it prepares the standard funds transfer wire message noting HUD's requirements, and enters this message into the Fedwire System. Off-line members would initiate the funds transfer by contacting a servicing Federal Reserve Bank. If the general depository is not a member of the Federal Reserve System, the bank can make the transfer through a correspondent bank that is a member.
  - (3) Via a computer-to-computer link, information on all TFCS fund transfers is transmitted from the New York Federal Reserve Bank's computer to a computer maintained by the Treasury Department in Washington, D.C.
  - (4) As deposit data is received by the Treasury computer, it is categorized and maintained according to the Agency Location Code for HUD and all other receiving agencies as indicated on the wire message.



- 
- (5) When accessed, the complete deposit message for each transaction is immediately transmitted from the Treasury computer to a teleprinter located at HUD on the day of funds transmission.
  - (6) At the end of each day, Treasury prepares a computer listing, which details each deposit message. This listing is sent to HUD Headquarters the following work day.

## Exhibit 1

Treasury Financial Communications System (TFCS) Instructions  
for Completing a Request to Transfer Funds by Wire

<u>Field</u>	<u>Content</u>
1	<u>RECEIVER-DFI#</u> - The Treasury Department's ABA number for deposit message is 021030004. This number should be entered by the sending bank for all deposit messages sent to the Treasury.
2	<u>TYPE-SUBTYPE-CD</u> - The type and subtype code will be provided by the sending bank.
3	<u>SENDER-DFI#</u> - This number will be provided by the sending bank.
4	<u>SENDER-REF#</u> - The sixteen character reference number is inserted by the sending bank at its option.
5	<u>AMOUNT</u> - The transfer amount must be punctuated with commas and decimal point; use of the "\$" is optional. The item will be provided by the depositor.
6	<u>SENDER-DFI-NAME</u> - This information is automatically inserted by the Federal Reserve Bank.
7	<u>RECEIVER-DFI-NAME</u> - The Treasury Department's name for deposit messages is "TREAS NYC". This name should be entered by the sending bank.
8	<u>PRODUCT CODE</u> - A product code of "CTR" for customer transfer should be the first data in the RECEIVER - TEXT field. Other values may be entered, if appropriate, using the ABA's options. A slash must be entered after the product code.
9	<u>AGENCY LOCATION CODE</u> - THIS ITEM IS OF CRITICAL IMPORTANCE. IT MUST APPEAR ON THE FUNDS TRANSFER DEPOSIT MESSAGE IN THE PRECISE MANNER AS STATED TO ALLOW FOR THE AUTOMATED PROCESSING AND CLASSIFICATION OF THE FUNDS TRANSFER MESSAGE TO THE AGENCY LOCATION CODE OF THE APPROPRIATE AGENCY. The Agency's unique code must be specified in the funds transfer message in order for the funds to be correctly classified to the respective agency. The ALC identification sequence includes the beneficiary code field tag, "BNF=", and identifier code,/AC - followed by the appropriate ALC

number. These components must be in the following format.

BNF=/AC-86010300 OBI=

The ALC identification sequence can, if necessary, begin on one line and end on the next line, however, the field tag "BNF=" must be one line and cannot contain any spaces.

- 10 THIRD PARTY INFORMATION - This contains the appropriate information to identify the reason for the funds transfer. The Originator to Beneficiary Information field tag "OBI=" is used to signify the beginning of the free-from third party text. The field tag "OBI=" must be on the same line and cannot contain any spaces. The field tag is placed following the ALC identification sequence and preceded by a space. An example of this data line using is:

BNF=/AC-86010300 OBI=

It is important to note that the length of the third party text depends on how close you can place the ALC identification sequence (Field 9) to the PRODUCT CODE (Field 8). Under the Federal Reserve System's Structured Third Party Format, financial institutions have the ability to place additional information fields for their own use between Fields 8 and 9.

These items must be identified in this field using one of the following designations: Principal and/or Interest Repayment; Excess Financing; Disposition; Audit Findings; HUD Technical Service Fees; and Residual Receipts. The PHA/IHA's fiscal year ending that the residual receipts should be applied to should be indicated.

The proper appropriation number should be noted. For principal and/or interest repayment, disposition, excess financing use appropriation number 86X4098. For HUD Technical Service Fees and residual receipts use appropriation number 86X6759 and (04)86X0164 respectively. In some instances, the audit report states a finding that requires excess financing to be remitted. Therefore, following audit findings indicate whether it is for excess financing, residual receipts, HUD Technical Service Fees and multiple findings.

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Exhibit 1

The project number and the PHA/IHA name should be provided. The appropriate Reason Code should be provided (See paragraph 1-4). When remitting as the result of an audit report, provide the audit report number (for example, 86-NY203-2204).

This field is limited to 219 character positions of information and must be entered in the format shown in the sample exhibits.

Partial or incorrect third-party information may result in the delay and/or misapplication of a repayment and in some cases additional interest charges.

Remittance by Wire Transfer Fund Message Format  
(Principal and/or Interest Repayment)

(1)	021030004	(2)	
(3)	(4)	(5)	
(6)	/		
(7)	(8)		
TREAS NYC/CTR/			
(9)	BNF=/AC-86010300 OBI=		
(10)	PRINCIPAL AND/OR INTEREST REPAYMENT 86X4098 VA39P001001 ANYTOWN, VA		

## Exhibit 3

Remittance by Wire Transfer Fund Message Format  
(Excess Financing)

(1)	021030004	(2)	
(3)	(4)	(5)	
(6)	/		
(7)	(8)		
TREAS NYC/CTR/			
(9)	BNF=/AC-86010300 OBI=		
(10)	EXCESS FINANCING 86X4098 V439P001001 ANYTOWN, VA		

Remittance by Wire Transfer Fund Message Format  
(Residual Receipts)

(1)	021030004	(2)	
(3)	(4)	(5)	
(6)	/		
(7)	(8)		
TREAS NYC/CTR/			
(9)	BNF=/AC-86010300 DB1=		
(10)	RESIDUAL RECEIPTS FY1988 (04)B6X0164 VA39P001001 ANYTOWN, VA		

Exhibit 5

Remittance by Wire Transfer Fund Message Format  
(Audit/Excess Financing)

(1)	021030004	(2)	
(3)	(4)	(5)	
(6)	/		
(7)	(8)		
TREAS NYC/CTR/			
(9)	BNF=/AC-86010300 DBI=		
(10)	AUDIT FINDINGS 86X4098 VA39P001001 ANYTOWN, VA AUDIT REPORT NUMBER		
86-VA-203-2204			



Remittance by Wire Transfer Fund Message Format  
(Audit/HUD Technical Service Fee)

(1)	021030004	(2)	
(3)	(4)	(5)	
(6)	/		
(7)	(8)		
TREAS NYC/CTR/			
(9)	BNF=/AC-86010300 OBI=		
(10)	AUDIT FINDINGS 86X4098 VA39P001001 ANYTOWN, VA AUDIT REPORT NUMBER		
86-VA-203-2107			

Exhibit 7

Remittance by Wire Transfer Fund Message Format  
(Audit/Residual Receipts)

(1)	021030004	(2)	
(3)	(4)	(5)	
(6)	/		
(7)	(8)		
TREAS NYC/CTR/			
(9)	BNF=/AC-86010300 ORI=		
(10)	AUDIT FINDINGS 86x4098 VA39P001001 ANYTOWN, VA AUDIT REPORT NUMBER		
86-VA-202-2905			

Remittance by Wire Transfer Fund Message Format  
(Audit/Multi Findings)

(1)	021030004	(2)	
(3)	(4)	(5)	
(6)	/		
(7)	(8)		
TREAS NYC/CTR/			
(9)	BNF=/AC-86010300 DBI=		
(10)	AUDIT FINDINGS 86X4098 VA39P001001 ANYTOWN, VA AUDIT REPORT NUMBER		
86-VA-209-2109			

## Exhibit 9

Remittance by Wire Transfer Fund Message Format  
(HUD Technical Service Fees)

(1)	021030004	(2)	
(3)	(4)	(5)	
(6)	/		
(7)	(8)		
TREAS NYC/CTR/			
(9)	BNF=/AC-86010300 OBI=		
(10)	HUD FEES 86X6759 VA39P001001 ANYTOWN, VA		

Remittance by Wire Transfer Fund Message Format  
(Disposition)

(1) 0210300004	(2)	
(3)	(4)	(5)
(6)	/	
(7)	(8) TREAS NYC/CTR/	
(9) BNF=/AC-86010300 OBI=		
(10) DISPOSITION 86X4098 VA39P001001 ANYTOWN, VA		

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Washington, D.C. 20410-0000

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OFFICE OF THE  
ASSISTANT SECRETARY  
FOR PUBLIC AND INDIAN HOUSING  
WASHINGTON, D.C. 20460

PUBLIC AND INDIAN HOUSING

Special Attention of:

Public Housing Agencies; Indian  
Housing Authorities; Regional  
Administrators; Regional Public  
Housing Directors; Field Office  
Managers; Public Housing  
Division Directors; OIP Managers

**Transmittal**

Handbook No.: 7570.1

Issued: January 28, 1992

1. This Transmits

The Public and Indian Housing Lobbying Handbook 7570.1, dated 1/92.

2. Explanation of Materials Transmitted:

This Handbook provides guidance to HUD Field Offices, Public Housing Agencies (PHAs), certain Indian Housing Authorities (IHAs), Resident Management Corporations (RMCs) and PHA/IHA or RMC contractors and subcontractors concerning limitations on the payment of funds to influence Federal transactions for the Public and Indian Housing Program.

3. Appendices: Appendix I contains Form HUD-50071, Certification for Contracts, Grants, Loans and Cooperative Agreements. Appendix II contains the Award Clause. Appendix III contains Standard Form-LLL, Disclosure of Lobbying Activities.

4. Cancellation: None.

5. Forms Alert: Form HUD-50071 is a new form and will be separately distributed to PHAs/IHAs and HUD Regional and Field Offices.

6. Data Resources: None.

Assistant Secretary for Public and Indian Housing



**Handbook 7570.1**

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## **Program Participants and Departmental Staff**

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# **Public and Indian Housing Lobbying Handbook**

January 1992

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing





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## CHAPTER 1. INTRODUCTION

- 1-1 PURPOSE OF THE HANDBOOK.** The purpose of this Handbook is to provide guidance to HUD Field Offices, Public Housing Agencies (PHAs), certain Indian Housing Authorities (IHAs), Resident Management Corporations (RMCs), and PHA/IHA or RMC contractors and subcontractors concerning limitations on the payment of funds to influence Federal transactions for the Public and Indian Housing Program.
- 1-2 LEGAL AUTHORITY.** Section 319 of the Fiscal Year 1990 Department of the Interior and Related Agencies Appropriations Act, Public Law 101-121, contained a prohibition on the use of **any** federally appropriated funds to influence or attempt to influence Federal officials in connection with any Federal contract, grant, loan, or cooperative agreement. This law, which became effective December 23, 1989, contained two requirements which are known collectively as the Byrd Amendment requirements. These two requirements apply to Federal contracts, grants and cooperative agreements exceeding \$100,000 and Federal loan guarantees and loan insurance exceeding \$150,000 and are as follows:
- A. **The PHA/IHA or RMC is required to certify that no** federally appropriated funds will be or have been used to influence Federal employees, Members of Congress, and Congressional staff regarding specific grants or contracts; and
  - B. **The PHA/IHA or RMC that uses other than federally** appropriated funds for lobbying on behalf of specific projects or proposals is required to submit disclosure documentation when these efforts are intended to influence the decisions of Federal officials.
- 1-3 REGULATORY AUTHORITY.** HUD implementing regulations governing the Byrd Amendment are at 24 CFR Part 87. Also refer to the June 15, 1990, Notice by the Office of Management and Budget (OMB) in the Federal Register (55 FR 24540), which provides further information about OMB's interim final guidance, published December 20, 1989.
- 1-4 APPLICABILITY.**
- A. **The Byrd Amendment requirements apply to** all PHAs and IHAs established under State law for the following grants, if the individual grant amount is over \$100,000:

1. Operating Subsidy;
2. Comprehensive Grant Program (CGP);
3. Comprehensive Improvement Assistance Program (CIAP);
4. Development;
5. Major Reconstruction of Obsolete Projects (MROP);
6. Section 23 Leased Housing adjustments;
7. Drug Elimination Grants;
8. Child Care Grants;
9. Resident Management Grants;
10. HOPE Planning Grants;
11. HOPE Implementation Grants;
12. Section 8 Rental Certificate Program;
13. Section 8 Rental Voucher Program;
14. Section 8 Moderate Rehabilitation Program; and
15. Any other grant program under Public and Indian Housing.

**B. The Byrd Amendment requirements do not apply to:**

1. IHAs established by tribal ordinance, regardless of the individual grant amount;
2. Section 23 Leased Housing basic annual contributions, regardless of the individual grant amount; and
3. Cumulative grants under subparagraph A in the same fiscal year that separately are \$100,000 or less, but cumulatively total more than \$100,000.

- 1-5 PROHIBITION.** The PHA/IHA or RMC is prohibited from using federally appropriated funds for the purpose of influencing or attempting to influence executive or legislative branch personnel in connection with the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement regardless of the amount.

## **CHAPTER 2. BYRD AMENDMENT REQUIREMENTS**

### **2-1 CERTIFICATION REQUIREMENTS.**

- A. Form HUD-50071.** The PHA/IHA or RMC that applies for, or receives, an individual grant under paragraph 1-4A exceeding \$100,000 shall submit Form HUD-50071, Certification for Contracts, Grants, Loans and Cooperative Agreements, certifying that it has not and will not make any prohibited payment from federally appropriated funds. This certification is required at the time the application for the grant assistance is submitted. If special circumstances require that a Letter of Intent (LOI) be used to obligate Section 23 Leased Housing adjustment funds in excess of \$100,000, the LOI will require the PHA/IHA to submit Form HUD-50071 within 30 calendar days after the LOI has been approved. A sample Form HUD-50071 is contained in Appendix I.
  
- B. Award Clause.** The Award Clause is attached to and made a part of each award in excess of \$100,000 between HUD and the PHA/IHA or RMC and brings the award documents into compliance with Byrd Amendment requirements. The clause covers required Byrd Amendment certifications, disclosure statements, provisions governing subcontractors and subrecipients, and penalties. A copy of the Award Clause is contained in Appendix II.
  - 1. For the CGP, CIAP, Development, MROP, and the Section 8 Programs, the Award Clause is attached to the Annual Contributions Contract (ACC).
  - 2. For Operating Subsidy and Section 23 Leased Housing adjustments, the Award Clause is attached to the operating budget.
  - 3. For other grants, the Award Clause is attached to the grant agreement.

- 2-2 DISCLOSURE REQUIREMENTS.** The PHA/IHA or RMC that applies for, or receives, an individual grant under paragraph 1-4A exceeding \$100,000 shall submit Standard Form (SF)-LLL, Disclosure of Lobbying Activities, disclosing any payment made, or agreement to make a payment, with other than federally appropriated funds for influencing or attempting to influence executive or legislative branch personnel in connection with a covered Federal action, as defined in subparagraph A. A sample SF-LLL is contained in Appendix III.

- A. **Covered Federal Action.** A covered Federal action is the award of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- B. **Responsibility for Determination.** It is the responsibility of the PHA/IHA or RMC to determine whether it is required to submit the SF-LLL to HUD.
- C. **Timing of Submission.**
  - 1. Where required, the PHA/IHA or RMC shall submit the SF-LLL at the time of application or operating budget submission.
  - 2. The PHA/IHA or RMC shall submit a new SF-LLL at the end of each calendar quarter in which there occurs any event that requires disclosure after application or operating budget submission or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
    - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered Federal action; or
    - b. A change in the persons(s) or individual(s) influencing or attempting to influence a covered Federal action; or
    - c. A change in the officer(s), employee(s), or Member(s) contacted to influence or attempt to influence a covered Federal action.

**2-3 RESPONSIBILITIES OF PHA/IHA OR RMC.** The PHA/IHA or RMC is responsible for ensuring that its contractors, including architects, engineers and other consultants which are contractors, submit Form HUD-50071 and, where applicable, the SF-LLL for each contract exceeding \$100,000. The PHA/IHA or RMC shall retain the submitted Forms HUD-50071 in its files, but shall forward the submitted SF-LLL to the HUD Field Office.

**2-4 RESPONSIBILITIES OF PHA/IHA OR RMC CONTRACTOR.** The PHA/IHA or RMC contractor, excluding the owner of Section 23 Leased Housing, is responsible for ensuring that its subcontractors and other

subrecipients submit Form HUD-50071 and, where applicable, the SF-LLL for each subcontract or subgrant exceeding \$100,000. The contractor shall retain the submitted Forms HUD-50071 in his/her files, but shall forward the submitted SF-LLL to the PHA/IHA or RMC.

**2-5 RESPONSIBILITIES OF SUBCONTRACTOR AND OTHER**

**SUBRECIPIENT.** The subcontractor or other subrecipient of each subcontract or subgrant exceeding \$100,000 is responsible for submitting Form HUD-50071 and, where applicable, SF-LLL, to the PHA/IHA or RMC contractor.

**2-6 RESPONSIBILITIES OF HUD FIELD OFFICE.**

- A. Certifications.** The Field Office shall review each submitted Form HUD-50071 to determine that it is complete before award of funds or approval of the operating budget. The Field Office shall retain a copy of the certification in the appropriate application, project, budget or program file.
- B. Disclosures.** The Field Office shall forward the original of the SF-LLL within 21 calendar days of receipt from the PHA/IHA or RMC to the Office of Ethics in Headquarters. The Field Office shall retain a copy of the SF-LLL in the appropriate application, project, budget or program file.
- C. Suspected Violations.** It is emphasized that even if the grant amounts are not large enough (i.e., \$100,000 or less) to trigger the certification and disclosure requirements, the prohibition against the use of federally appropriated funds for influencing or attempting to influence the actions of Federal officials apply. Accordingly, the Field Office shall be alert to possible violations of the prohibition against lobbying using federally appropriated funds. If the Field Office becomes aware of possible violations, the Field Office shall immediately send a short, written report to the Office of Ethics in Headquarters.

# APPENDIX I. FORM HUD-50071, CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

## Certification for Contracts, Grants, Loans & Cooperative Agreements

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing



Public Housing Agency / Indian Housing Authority

PHA/IHA Name:	If other than Operating Subsidy or Section 23, enter the Federal Fiscal Year in which the funds are expected to be reserved:	If Operating Subsidy or Section 23, enter PHA's/IHA's Fiscal Year Ending date in which funds are expected to be obligated:
	Program/Activity Receiving Federal Grant over \$100,000: (mark one) <input type="checkbox"/> Operating Subsidy <input type="checkbox"/> CGP <input type="checkbox"/> Development <input type="checkbox"/> CIAP <input type="checkbox"/> Drug Elimination Grants <input type="checkbox"/> MROP <input type="checkbox"/> Sec.23 Leased Housing Adjustments <input type="checkbox"/> Other: (describe)	

Acting on behalf of the above named PHA/IHA as its Authorized Official, I make the following certifications to the Department of Housing and Urban Development (HUD):

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure of Lobbying Activities, in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify under penalty of perjury that the foregoing is true and correct.

Authorized PHA/IHA Official: Name & Title:

Signature & Date:

X



## APPENDIX II. AWARD CLAUSE

1. Limitations on payments made to influence certain Federal contracting and financial transactions. The restrictions described in this clause are set forth in 41 U.S.C. §1352 and OMB Interim Final Guidance at 54 FR 52306 et seq. (December 20, 1989).
2. General prohibition. No appropriated funds may be used by a recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing, or attempting to influence, Executive or Legislative branch personnel in connection with the award of any Federal contract, the making of any Federal grant or loan, or the entering into of any cooperative agreement. Exceptions to this prohibition are described in OMB Interim Final Guidance, §\_\_.200(a) and (b), \_\_\_\_.205, \_\_\_\_.300.
3. Certifications. Any person who requests or receives a Federal contract, grant, or cooperative agreement exceeding \$100,000, or a Federal loan exceeding \$150,000, must file a certification that the person has not made, and will not make, any prohibited payment from appropriated funds.
4. Statements. Any person who requests or receives a commitment to guarantee or insure a loan exceeding \$150,000 must file a statement that the person will file a disclosure form (SF-LLL) if the person has made, or will make, any payment to influence, or attempt to influence, any Executive or Legislative branch personnel in connection with that loan insurance or guarantee.
5. Disclosure. Every person who requests or receives a Federal contract, grant, or cooperative agreement exceeding \$100,000, or a Federal loan, loan guarantee, or loan insurance exceeding \$150,000, must disclose (on SF-LLL) any payments made, or agreement to make any payment, from nonappropriated funds for the purpose of influencing, or attempting to influence, any Executive or Legislative branch personnel in connection with the contract, grant, cooperative agreement, loan, loan insurance, or loan guarantee. Exceptions to this disclosure requirement are described in OMB Interim Final Guidance, §\_\_.210, \_\_\_\_.300(b). A new

disclosure form must be filed:

- a. at the end of each calendar quarter in which a payment, or an agreement to make a payment, is made which would have otherwise required reporting at the time of application; and
  - b. if an event occurs during a calendar quarter which materially affects the accuracy of information reported on a disclosure form submitted previously.
6. Subcontractors and subrecipients. Recipients must inform subcontractors and subrecipients of the requirements for filing, retention, and forwarding of certifications, statements, and disclosure forms to the next tier above the submitter. These procedures are described in OMB Interim Final Guidance, §\_\_\_\_.110(d) and (e).
7. Penalties. Disclosure data will be subject to public scrutiny and will be submitted to Congress for review. See OMB Interim Final Guidance, §\_\_\_\_.600(a) and (b). Any person who makes a prohibited expenditure or who fails to submit or amend a disclosure form, when required, is subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure. See OMB Interim Final Guidance, §\_\_\_\_.400(a) and (b). Violations of the law will be reported to Congress. See OMB Interim Final Guidance, §\_\_\_\_.605(a) and (d).

## APPENDIX III. STANDARD FORM (SF)-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

### DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
03-48-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: _____		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known: _____
<b>6. Federal Department/Agency:</b> _____		<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____
<b>8. Federal Action Number, if known:</b> _____		<b>9. Award Amount, if known:</b> \$ _____
<b>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</b>  <div style="text-align: right; font-size: small;">(Attach Continuation Sheet(s) SF-LLL-A if necessary)</div>		<b>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</b>  <div style="text-align: right; font-size: small;">(Attach Continuation Sheet(s) SF-LLL-A if necessary)</div>
<b>11. Amount of Payment (check all that apply):</b> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other, specify: _____	
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind, specify: nature _____ value _____		
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b>   <div style="text-align: right; font-size: small;">(Attach Continuation Sheet(s) SF-LLL-A if necessary)</div>		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the law above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>		<b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____
<b>Federal Use Only:</b> _____		Authorized for Local Reproduction Standard Form - LLL

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503

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Special Attention of:

## Transmittal

for Handbook No. 7610.1  
REV-4  
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Directors, Office of Housing  
Directors, Single Family Division  
Chiefs, Loan Management Branch  
Housing Counseling Program  
Government Technical Representatives

Issued: August 9, 1995

AUG 29 1995

LIBRARY

1. This Transmits **Revision 4 of Housing Counseling Program Handbook No. 7610.1.**
2. **Instructions and Background Information.** This revised handbook (REV-4) replaces Housing Counseling Handbook 7610.1 REV-3 issued 6/93.
  - a. Discard all copies of Revision 3.
  - b. Within twenty working days of your receipt of a supply of 7610.1 REV-4, distribute a copy of REV-4 and this Transmittal to:
    - (1) your staff who handle the housing counseling program, including each Government Technical Representative (GTR) and Government Technical Monitor (GTM) for housing counseling grants, and
    - (2) all of your HUD-approved housing counseling agencies that you approve after October 1, 1995.

*Headquarters will arrange for distribution to agencies approved on or before June 30, 1995.*

- c. 7610.1 REV-4 contains the revisions described in paragraphs 3 through 18 below.

**The following paragraphs provide  
a synopsis of major changes.**

### 3. Chapter 1

- a. Legislative Authority. Paragraph 1-1, Legislative Authority, has been revised to reflect current legislation regarding implementation of the housing counseling program.

- b. Approval of Counseling Agencies. Paragraph 1-2 adds national, regional, and multi-State organizations as eligible for approval and funding.
  - c. First-time Homebuyers. Paragraph 1-3, Program Objectives, adds the objective of increasing participation of first-time homebuyers in the housing market.
4. Chapter 2
- a. Approval Criteria. Paragraphs 2-1 and 2-2 now include information regarding approval of national, regional, and multi-State organizations. Paragraph 2-2 also includes additional information regarding local organizations that have one or more branch offices and/or cross State boundaries.
  - b. Application Log. Paragraph 2-3 provides for a new application log to be maintained by any HUD office that receives an application for approval as a housing counseling agency. The paragraph provides expanded instructions regarding HUD review process and identifies a new application format, Form HUD-9900C. See **Appendix 2.**
5. Chapter 3
- a. Delivery of Counseling - Basic Requirements. Paragraph 3-1 contains new instructions regarding national, regional, and multi-State organizations.
  - b. HUD Program Handbooks. Paragraph 3-1A contains a revised list of such issuances.
  - c. HECM Counseling. Paragraph e. on page 3-7 contains new information about this type of counseling. Of particular importance is paragraph e(4) that mandates issuance of the certificate by the counseling agency.
6. Chapter 4
- a. Race/Ethnicity. Paragraph 4-1D requires counseling agencies to report race/ethnicity data for clients as required under Section 808(e)(6) of the Fair Housing Act.
  - b. Reports. With the elimination of the former HUD regional offices it was necessary to revise reporting procedures, especially as they relate to HUD Field Offices. See paragraphs 4-9 and 4-10.



7. Chapter 5

a. Biennial Performance Review

- (1) Paragraph 5-3E provides new instructions regarding this review and its relation to the agency's housing counseling plan approved by HUD.
- (2) Paragraph 5-3F provides for redacted files to assure client confidentiality.

b. Funding. Paragraph 5-1I, Funding, now includes precautions to agencies seeking funds from sources other than HUD.

8. Chapter 6

a. Funding Sources. Paragraph 6-1 contains expanded instructions regarding HUD Notice of Funding Availability (NOFA) and the Application Kit.

b. Local Funding Sources. Paragraph 6-1B contains new information regarding these sources of funds.

c. Counseling Fees. Paragraph 6-2 contains expanded information regarding charging counseling fees in years when HUD does not receive an appropriation for housing counseling.

9. Chapter 7

a. Vouchering under a HUD Grant. Paragraph 7-1 sets forth new vouchering requirements through HUD's Letter of Credit Control System (LOCCS). Effective March 6, 1995, HUD discontinued the use of Standard Form 270 for HUD housing counseling grantees.

b. Counseling Unit (CU). All references to "counseling unit" in this handbook relate only to grants made in 1994 and prior years. The term is not used in relation to grants awarded in 1995.

10. Appendices 1A and 1B

a. Application for Approval, Forms HUD-9900A and 9900B. These two appendices are the former Appendices 1 and 2. Their use is restricted to the types of organizations specified on the appendices.

b. The content of these appendices has not changed.

11. Appendix 2

- a. Application for Approval, Form HUD-9900C. This new form is for use by national, regional, and multi-State organizations.
- b. The form is similar to Forms HUD-9900A and 9900B but is submitted to Headquarters for review. HUD Field Offices do not process these applications.

12. Appendix 6

Certificate of HUD Approval. Your office may obtain printing of the certificate locally; however, the certificate is available in a WordPerfect file that you may use to print copies of the form, including the name of the approved agency, on an as needed basis. You may request the file from the Single Family Housing Counseling Staff in Headquarters.

13. Appendix 10

Housing Counseling Agency Fiscal Year Activity Report, Form HUD-9902 added Race/Ethnicity data reporting.

14. Appendix 11

Biennial Performance Review. This checklist includes a new provision for determining if the agency's housing counseling plan requires updating due to changes in the housing market conditions in the agency's target area. See Instructions and question 34.

15. Appendices 14A, 14B, and 14C

Letter of Credit Control System (LOCCS) and Voice Response System. These three appendices relate to the newly instituted vouchering system for housing counseling grantees. The appendices are:

- a. Request Voucher for Grant Payment
- b. Access Authorization (for use by grantees)
- c. Access Authorization Security Form for HUD Staff
- d. Housing Counseling Grant Letter No. 1 - LOCCS/VRS
- e. Memorandum: Information on Using LOCCS - Vouchers

16. Appendix 15

- a. Housing Counseling Activity and Unit Log. The form now contains a race/ethnicity documentation area.
- b. Counseling Unit. The box identified as "Unit Claim" now refers only to grants issued by HUD in 1994 and prior years. It does not refer to 1995 grants.

17. Appendix 17

Homeownership Counseling Certification - Pre-foreclosure Sale Procedure. This is a revised form.

18. Appendix 21

Housing Counseling Program - Application Log. This is a new form for use by HUD Field Offices.

19. Appendix 22

Waiver of Prepurchase Housing Counseling Requirement - A copy of Mortgagee Letter 93-33 dated October 18, 1993.

  
Assistant Secretary for Housing-  
Federal Housing Commissioner



HANDBOOK

7610.1 REV-4

U.S. Department of Housing and Urban Development  
Office of Single Family Housing

July 1995

# Housing Counseling Program

*Departmental Staff and  
Public and Private  
Nonprofit Agencies*

**HSIS Distribution:** W-3-1, W-2(H)(P)(OGC)(Z), W-3(A)(H)  
(ZAS)(ZAOO), W-4(H), R-1, R-2, R-3-1(H), R-3-2, R-3-3  
R-6, R-6-2, R-7, R-7-2, R-8, R-8-1  
Public and Private Nonprofit Organizations

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#### Forms Required by Handbook

<u>Form No.</u>	<u>Name</u>	<u>OMB Approval #</u> (If Required)
Form HUD-9900A	Preliminary Application for HUD Approval as a Housing Counseling Agency (Local Entities)	2502-0261
Form HUD-9900B	Final Application for HUD Approval as a Housing Counseling Agency (Local Entities)	2502-0261
Form HUD-9900C	Application for HUD Approval as a Housing Counseling Agency (National, Regional, and Multi- State Entities)	2502-0261



Form HUD-9902	Housing Counseling Agency Fiscal Year Activity Report	2502-0261
Form HUD-9903	Client Authorization for a HUD-approved Housing Counseling Agency to Receive a Copy of the Client's Credit Report	2502-0261
Form HUD-9904	Checklist for Review of An Application for HUD Approval	
Form HUD-9908	Client Survey Letter and Survey Form	2502-0260
Form HUD-9910	Biennial Performance Review	
Form HUD-9915	Certificate of Approval	
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Form HUD-9923	Housing Counseling Agency Summary Report	
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Form HUD-900038	Certificate (Pre-Foreclosure Sale)	2502-0464
Form HUD-27053	LOCCS VRS Request Voucher for Payment and Instructions	2535-0102
Form HUD-27054	LOCCS Voice Response System Access Authorization	2535-0102
Form HUD-27054A	LOCCS Access Authorization Security Form for HUD Staff and Instructions	2535-0102

## CHAPTER 1. GENERAL PROGRAM INFORMATION

1-1 Legislative AuthorityA. General counseling authority

1. Section 106 of the Housing and Urban Development Act of 1968 (12 USC 1701x) provides HUD's general counseling authority.
  - a. Section 106(a)(1)(iii) provides that the Secretary is *authorized* to provide, or contract with public or private organizations to provide, counseling and advice to tenants and homeowners with respect to property maintenance, financial management, and such other matters as may be appropriate to assist them in improving their housing conditions and in meeting the responsibilities of tenancy or homeownership.
  - b. Section 106(a)(2) provides that the Secretary *may* provide these services directly or *may* enter into contracts with, make grants to, and provide other types of assistance to private or public organizations with special competence and knowledge in counseling low- and moderate-income families to provide such services.

B. Title II mortgages (other than section 235). Section 106(a)(2)(C) of the Housing and Urban Development Act of 1968 (12 USC 1701x(a)(2)(C)) provides that the Secretary *may* provide the counseling services described in section 106(a)(1)(iii) of that Act (see discussion above) for owners of single family dwelling units insured under Title II (other than section 235, for which there is a *requirement* to do so--see below).

C. Section 235. HUD does not insure new mortgages under Section 235 because the Congress repealed this provision of the legislation; however, mortgages were insured prior to the repeal and this section is cited for that reason.

1. Section 101(e) of the Housing and Urban Development Act of 1968 (12 USC 1701w) *authorizes* the Secretary to provide or contract with public or private organizations to provide, such budget, debt management, and related counseling services

to mortgagors whose mortgages are insured under sections 235(i) and 235(j)(4) as he/she determines to be necessary to assist such mortgagors in meeting the responsibilities of homeownership.

2. Section 106(a)(2)(A) of the Housing and Urban Development Act of 1968 (12 USC 1701x(a)(2)) provides that the Secretary *shall* provide counseling services described in section 106(a)(1)(iii) of that Act (see discussion above) for homeowners assisted under section 235 of the National Housing Act.
- D. 237 mortgages. Because of the low mortgage amount limitations of Section 237, practically no mortgages are now insurable under this section.
1. Section 237(e) of the National Housing Act (12 USC 1715z-2(e)) *authorizes* the Secretary to provide or contract with public or private organizations to provide, such budget, debt management and related counseling services to mortgagors whose mortgages are insured under Section 237 as the Secretary determines to be necessary to meet the objectives of Section 237. The Secretary *may* also provide such counseling to otherwise eligible families who lack sufficient funds to supply a down payment to help them to save an amount necessary for that purpose.
  2. One of the conditions of eligibility for mortgage insurance under Section 237 is that it be executed by a mortgagor whom the Secretary has determined would not be an acceptable credit risk for mortgage insurance purposes under regular HUD mortgage insurance programs, but would be a reasonably satisfactory credit risk and capable of homeownership with the assistance of budget, debt management, and related counseling.
- E. Rural housing guaranteed loans. Section 106(a)(2)(B) of the Housing and Urban Development Act of 1968 (12 USC 1701x(a)(2)(B)) provides that the Secretary *shall*, in consultation with the Secretary of Agriculture, provide the counseling services described in section 106(a)(1)(iii) of that Act (See discussion above) for borrowers who are first-time homebuyers with guaranteed loans under section 502(h) of the Housing Act of 1949 (42 USC 1472(h)).
- F. Department of Veterans Affairs (VA) loans. Section 106(a)(2)(C) of the Housing and Urban Development Act

of 1968 (12 USC 1701x(a)(2)(C)) provides that the Secretary *may* provide the counseling services described in section 106(a)(1)(iii) of that Act (See discussion in 1-1A1) for owners of single family dwelling units guaranteed or insured under chapter 37 of Title 38 of the U.S. Code.).

G. Home Equity Conversion Mortgages (HECMs). Section 255(d)(2)(B) of the National Housing Act (12 USC 1715z-20(d)(2)(B)) provides that to be eligible for insurance, a HECM must have been executed by a mortgagor who has received adequate counseling by a third party (other than the lender) as provided in subsection (f) of that Section. Subsection (f) provides that the Secretary *shall* provide or cause to be provided by entities other than the lender the information required in subsection (d)(2)(B) and that such information shall be discussed with the mortgagor and shall include:

1. Options other than a home equity conversion mortgage that are available to the homeowner, including other housing, social service, health, and financial options;
2. Other home equity conversion options that are or may become available to the homeowners, such as a State program, sale-leaseback financing, deferred payment loans, and property tax deferral;
3. The financial implications of entering into a home equity conversion mortgage;
4. A disclosure that a home equity conversion mortgage may have tax consequences, affect eligibility for assistance under Federal and State programs, and have an impact on the estate and heirs of the homeowner; and
5. Any other information that the Secretary may require.

H. Pre-foreclosure sales. Section 204(a) of the National Housing Act (12 USC 1710(a)) authorizes the pre-foreclosure sales procedure. Under this procedure, the mortgagee can permit a defaulting mortgagor to sell the property for its approximate fair market value to a third party. The mortgagee can then file a claim for FHA insurance benefits and receive an amount equal to the difference between the unpaid principal balance of the mortgage and the net sales proceeds (plus interest,

reimbursement of certain expenses, and an administration fee). Section 204(a) provides that such insurance benefits shall be available only if the mortgagor had received appropriate homeownership counseling, as determined by the Secretary. Mortgagee Letter 94-45 provides that such counseling may be provided by the mortgagee or by a HUD-approved counseling agency, depending on the circumstances.

- I. Mortgages with Loan-to-Value ratios greater than 97%. Section 203(b)(2) of the National Housing Act (12 USC 1709(b)(2)) provides that the Secretary may not insure or enter into a commitment to insure a mortgage under 203(b) that is executed by a first-time homebuyer and that involves a principal obligation in excess of 97 percent of the appraised value of the property unless the mortgagor has completed a program of counseling with respect to the responsibilities and financial management involved in homeownership that is approved by the Secretary; except that the Secretary may, in the discretion of the Secretary, waive the applicability of this requirement. This requirement was waived in Mortgagee Letter 93-33 pending the completion of implementing regulations. (See **Appendix 22**, Mortgagee Letter 93-33.)

- J. Community Development Block Grants. Housing counseling is an eligible activity under the CDBG program. HUD-approved housing counseling agencies are encouraged to present counseling proposals to their communities for consideration for funding from this resource. Section 92.302, 24 CFR Subpart G, provides for "Housing Education" that includes providing or administering programs for educating and counseling eligible homeowners and tenants under the HOME program.

HOME money can be used to support counseling in two ways. HOME administration money (10% of each year's allocation) can be used to support a general counseling program. HOME project funds can be charged if the homebuyer is directly assisted with HOME funds.

- K. Section 203(r)(4) of the National Housing Act (12 USC 1709(r)) provides that the Secretary shall take appropriate actions to reduce losses under the Title II single-family mortgage insurance programs and that such actions shall include providing counseling, either directly or through third parties, to delinquent mortgagors whose mortgages are insured under section 203, using the Fund to pay for such counseling.

## 1-2 HUD Approval and Funding

- A. Approval. National, Regional, Multi-State, and Local public and private nonprofit agencies may participate in the program after they become HUD-approved housing counseling agencies. They may remain in the program as long as they comply with the requirements in this handbook. Chapter 2 describes the approval process.
- B. Funding. An organization approved by HUD under this handbook does **NOT** automatically receive funding from HUD. Funding depends upon two factors: appropriations by Congress and the award of grants by HUD on a competitive basis under established federal and HUD policies and regulations. *HUD funding is not intended to cover all counseling costs incurred by the agency in delivering counseling services.* See Chapter 6.

## 1-3 Program Objectives

- A. For Homebuyers, Homeowners and Renters as provided under Section 106(a) of the Housing and Urban Development Act of 1968, as amended. The overall objective is to provide housing counseling services, including outreach to potential first-time homebuyers, to persons eligible for or assisted under homebuying, homeownership and rental housing programs regardless of the source of the program. This includes enabling these persons to make prudent and responsible use of the programs by helping eligible renters, including public housing and Section 8 participants, locate and qualify for assisted rental units, and by helping eligible homebuyers obtain affordable housing, and homeowners avoid foreclosures or evictions.
- B. For the Department
1. Increase participation of first-time homebuyers in the homeownership market.
  2. Reduce losses to the single-family mortgage insurance funds by reducing the number of foreclosures and their costs.
  3. Reduce mortgage defaults and their servicing costs to HUD under HUD-insured and Secretary-held single-family mortgages.
  4. Reduce losses to the multifamily mortgage insurance funds caused by rent delinquencies and evictions, and their creation of cash-flow

problems in multifamily project management, that adversely affect HUD.

1-4 Program Participants

- A. HUD-approved Housing Counseling Agencies. These agencies are private and public nonprofit organizations that provide housing counseling services to clients directly or through their affiliates or branches and meet and maintain the requirements set forth in this handbook. The agencies have applied for HUD approval and received it in written form from a HUD Office.
- B. Clients are potential renters, renters, potential homebuyers, homebuyers, and homeowners eligible for and applying for HUD-related, VA, FmHA, State, local, or conventionally-financed housing or housing assistance, or are persons who occupy such housing and seek the assistance of a HUD-approved housing counseling agency to meet a housing need or resolve a housing problem. See para. 1-6A for the full definition of a client.
- C. HUD Headquarters and Field Offices. These offices receive and evaluate applications from organizations interested in becoming HUD-approved housing counseling agencies. The offices approve or reject applications, monitor approved agencies' housing counseling programs, reapprove agencies biennially, withdraw approval, and monitor agency activities under HUD grants. Headquarters awards grants and, in conjunction with Field Offices, monitors agency activities under the grants. These offices provide the approved agencies with their first-line communication with the Department.

1-5 HUD Headquarters Program Responsibilities

- A. The Assistant Secretary for Housing-Federal Housing Commissioner is responsible for administering the program. The Assistant Secretary has designated the Deputy Assistant Secretary for Single-Family Housing to carry out the program.
- B. The Office of the Deputy Assistant Secretary, administers the program through the Housing Counseling Staff.
- C. The Housing Counseling Staff administers the program on a day-to-day basis. The staff develops and implements program policy and procedures. The staff also provides technical assistance and training to Field Offices on an as-needed basis.

## 1-6 Definitions

### A. Client

1. General Definition. A person (or persons) who falls within the definition in either subpara. a. or b. below **AND** enters the agency's housing counseling workload by means of a screening interview.
    - a. A person, family, or group of persons with the same DOCUMENTED housing need or problem potentially RESOLVABLE under a HUD program, a conventional home mortgage program, or under a State, county or city program.
      - (1) A housing need exists when a client lacks affordable "decent, safe and sanitary" housing.
      - (2) A housing problem exists when a client occupies HUD-related housing, a conventionally financed home, or a home financed under a State, county, or city program and faces the possibility of foreclosure as a homeowner, eviction as a renter, or other circumstances that impair occupancy in affordable decent, safe, and sanitary housing.
    - b. A potential or present home buyer, homeowner, or renter of a property that is or will be HUD-assisted or financed by a HUD-insured or conventional mortgage or a by a State, county, or city program.
  2. A HUD-related Client is a client who occupies or is eligible for and seeks to occupy housing under a program administered by the Secretary of the U.S. Department of Housing and Urban Development.
- B. Counseling. Counseling is a counselor-to-client or counselor-to-group activity during which the counselor completes any or all of the following types of actions.
1. Interviews the client in a private space and a confidential manner to obtain basic information about the client and the client's housing need or problem.



2. Identifies resources within the agency, the client's community, and HUD that might assist in meeting the client's need or resolving the client's problem.
  3. Designs a counseling plan on behalf of the client.
  4. Explains the counseling plan to the client and obtains the client's consent for the counselor to carry out the plan, including the actions the client must take.
  5. Refers the client to other resources within the community and assists the client in arranging appointments with those resources.
  6. Recommends additional private or group counseling sessions conducted by the agency or other community resources.
  7. Monitors the client's progress toward meeting the need or resolving the problem.
- C. Government Technical Representative (GTR). The HUD staff in Headquarters or the Field Office who oversees and monitors the housing counseling grant program.
- D. Governmental Technical Monitor (GTM). A HUD Field Office staff person who monitors the grant activities of certain grantees within the jurisdiction of the Field Office as deemed necessary by the GTR. The GTM is responsible to the GTR.
- E. Notice of Funding Availability (NOFA) & Application Kit. A NOFA is HUD's printed announcement in the Federal Register of the availability of housing counseling funds. The Kit contains detailed instructions regarding the preparation and submission of a grant application under the NOFA. HUD usually mails these documents to or makes them available to HUD-approved housing counseling agencies to initiate the grant award process.
- F. Grant Officer (GO). The HUD official designated the authority to award and administer grants.
- G. Grantee. A HUD-approved counseling agency that receives housing counseling funds from HUD under the grant award process.
- H. Grant Agreement. The legal instrument that states the terms and conditions of a HUD grant for housing

counseling services. The grantee and the Grant Officer sign the agreement.

I. Housing Goal. A potentially realizable objective the client sets for himself or herself with advice from the agency and with which the agency counselor concurs (Under HUD programs, a HUD-approved housing counseling agency should not accept as a client a person whose housing objective is unreasonable and obviously unrealizable.)

J. National, Regional, and Multi-State Intermediaries. With the publication of Revision 4 of this handbook, the Department initiated the approval of national, regional, and multi-State organizations as housing counseling agencies. HUD uses the terms "intermediary" or "umbrella group" to identify these counseling agencies.

1. National Organization. A national organization is one that provides housing counseling services through its branches or affiliates in more than half of the States; that is, in at least twenty-six States.

2. Regional Organization. A regional organization is one that provides housing counseling services through its branches or affiliates in a generally recognized region or group of regions such as the Southwest, Mid-Atlantic, or New England.

3. Multi-State Organization. A multi-State organization is one that provides housing counseling services through its branches or affiliates in three or more States but not more than twenty-five States nor for an entire region or group of regions as defined in paragraph 2 immediately above.

1-7 The Drug-Free Workplace Act of 1988 requires grantees of Federal agencies to certify that they will provide drug-free workplaces. Each potential grantee must certify that it will comply with drug-free workplace requirements in accordance with 24 CFR part 24, subpart F. For specific requirements, see the current Request for Grant Application published by HUD.

## CHAPTER 2. OBTAINING HUD APPROVAL

- 2-1 Approval Criteria. HUD will accept applications from national, multi-State, regional, and local entities. Applicants with branch offices or affiliate member organizations over which the primary entity exercises some control regarding services rendered, and the quality of those services, may submit a single application for approval of the primary entity and its branches or affiliates. The branches or affiliates must meet the primary entity's standards as well as those in this handbook. An applicant agency with branch offices or affiliates must provide a written delineation of the responsibilities of the parent organization and its branches or affiliates.

The following approval criteria apply to all applicants. Each branch or affiliate included in an approval application must satisfy these criteria.

- A. Nonprofit Status. An applicant and its branches or affiliates for approval must function as private or public nonprofit organizations. The applicant must submit evidence of nonprofit status as demonstrated by section 501(c)(3) of the Internal Revenue Code approval (or pending approval) to support its nonprofit status and that of its branches or affiliates.
- B. Community Base. The applicant or its branches and affiliates must have functioned for at least one year in the geographical area that the applicant proposes for itself or its branches or affiliates to serve as a HUD-approved housing counseling agency or agencies.
- C. Experience. The applicant must have successfully administered a housing counseling program for at least one year.
- D. Audit. The applicant must have had an independent audit of its financial records during the twelve months preceding the date of applying for HUD approval. An applicant must submit with its approval application a copy of the most recent auditor's report. An applicant with branches or affiliates with accounting independent of the applicant must provide written assurance that those branches or affiliates meet this criterion.

**NOTE:** A national, regional, or multi-State applicant whose latest audit does not meet this timeliness criterion may receive a conditional approval. HUD will grant conditional approval

if the applicant agrees in writing to contract for the completion of the required audit within six months of their application for approval.

- E. Recordkeeping and Reporting. The applicant and its branches or affiliates must have an established system of recordkeeping so that data can easily be reported to HUD and reviewed by HUD in relation to housing counseling services. See chapter 4.
- F. Counseling Resources. The applicant and its branches or affiliates must have sufficient resources to implement the proposed counseling plan no later than the date of HUD approval.
1. Funding. The application for approval must provide evidence of funds on hand or a written commitment for funds to cover the cost of operating the proposed counseling plan during the initial twelve-month period of HUD approval. This includes the availability of funds for branches and affiliates. Applicants that plan to charge counseling fees must comply with chapter 6 of this handbook. **(HUD approval neither includes nor guarantees HUD funding in the future.)**
  2. Staff. The applicant and its branches or affiliates must employ staff trained in housing counseling with at least six months experience in the job they will perform in the counseling program.
  3. Language Skills. Counselors must be fluent in the language of the clients they serve, or the counseling agency must use the services of an interpreter.
- G. Knowledge of HUD Programs and Local Housing Market. The applicant's housing counseling staff, including those in branches and affiliates, must possess a working knowledge of HUD housing programs (including public housing), the housing programs available in the community, and the local housing market.

A working knowledge means that a counselor can inform the client in detail regarding what housing is available for which the client is eligible, how the client applies for the housing, and the rights and responsibilities of all parties involved in particular housing transactions--leases, mortgages, notes, contracts, etc.

- H. Subagreements. The applicant, its branches or affiliates, must deliver all of the counseling activities set forth in the applicant's counseling plan. Subcontracting with other entities is permitted **ONLY** in geographical areas where no HUD-approved housing counseling agency exists; however, the subcontractor must meet the HUD-approval eligibility standards in this handbook. This does not prevent an approved agency from referring clients to other community resources for assistance.

National, regional, and multi-State entities may enter into subagreements with their branches or affiliates to provide counseling services. The "agreements" may simply be an exchange of letters which also delineate the respective housing counseling program responsibilities of the parent organization and its branches or affiliates.

- I. Community Resources. The applicant, or its branches or affiliates, must have established working relationships with private and public community resources to which it can refer clients who need help the agency cannot offer.
- J. State and Local Requirements. The applicant, including its branches or affiliates, must meet all State and local requirements for its operation.
- K. Facilities. The counseling facilities of the applicant or its branches or affiliates must meet the following criteria.
1. Located in the community of the target population.
  2. Provide privacy for all one-on-one sessions between a counselor and a client.
  3. Public transportation is within easy walking distance (15 minutes) of the applicant's location, except for rural or distant suburban locations.
  4. Operating hours include regular work hours and days, and other hours and days when necessary to meet the needs of working clients.
  5. Ease of access for disabled and elderly persons, or be willing to meet with such persons at an alternative accessible location.

- L. Assurances. The application must include the assurances set forth on **Form HUD-9900A or 9900C**, application for HUD approval as a housing counseling agency. See **Appendix 1A, page 2 of 4, or Appendix 2, page 4 of 10**. These assurances also apply to branches and affiliates.

## 2-2 The Application for Approval Process

- A. Local Entities. A local entity may have only one office or a main office with branch offices in no more than two contiguous States. An application includes a Preliminary Application, an application conference, and a Final Application. The Preliminary Application helps HUD determine if the agency possesses the basic qualifications to initiate the Final Application process. The preparation of the Preliminary Application can save the resources of the applicant and HUD, if HUD determines from the Preliminary Application that the applicant does not or might not qualify.
- B. National, Regional, and Multi-State Entities. This type of entity serves a large geographical area consisting of the nation or a majority of its States; a major region of the country, such as the Southwest or the Northeast; or a group of two or more contiguous States.

Organizations with branches or affiliates make application to HUD Headquarters. They submit applications based on **Form HUD-9900C (See Appendix 2.)**. Address inquiries and applications to:

Deputy Assistant Secretary  
for Single Family Housing  
U.S. Department of Housing  
and Urban Development  
451 Seventh Street, S.W.  
Washington, D.C. 20410

The Housing Counseling staff in Headquarters will process all applications from these organizations.

**NOTE:** *Applicants that are local entities (not national, regional, or multi-State) with offices located in more than one HUD office jurisdiction, see paragraph 2-6 below.*

- 2-3 Application Log. The HUD office will maintain a log for recording the receipt of applications as well as all actions relating to processing the applications. See

**Appendix 21, Processing Log: Application for HUD Approval as a Housing Counseling Agency.**

**A. Application Forms**

1. Local Entities Use **Form HUD-9900A**, Preliminary Application for HUD Approval as a Housing Counseling Agency. **Appendix 1** contains a sample of this form. If HUD approves the preliminary application, the applicant then uses **Form HUD-9900B** to prepare its final application. See **Appendix 1**.
2. National, Regional, and Multi-State entities use only **Form HUD-9900C**, Application for HUD Approval as a Housing Counseling Agency.

**B. The HUD Field Office reviews the Preliminary Application.** The office will send a written acknowledgement to the applicant agency. Within thirty days of its receipt of an application, the office will review it, determine if the applicant meets the initial approval criteria required under this part of the application, and notify the applicant agency under subparagraph a. or b. below. Use **Form HUD-9904**, Checklist for Review of An Application for HUD Approval - Preliminary Application. See **Appendix 3**.

1. Approval. HUD will notify the applicant by letter or a telephone call and arrange for a pre-application conference with the applicant. Paragraph B2-4 below describes the conference.
2. Disapproval. HUD will notify the applicant by a letter that sets forth the reasons why the applicant does not meet the approval criteria. The applicant may submit a revised Preliminary Application or appeal HUD's decision by addressing a letter to the HUD office that reviewed the applicant's Preliminary Application. See Chapter 8 regarding appealing a negative decision.

Note 1: If the applicant agency does not receive from HUD an acknowledgement of receipt of the preliminary application within 15 days of submitting it, the applicant should communicate with the HUD office to determine if HUD received the document.

Note 2: If the applicant agency does not receive from HUD the approval or disapproval message within 45 days of submission of the preliminary application, the applicant should contact the Single Family Director in the local HUD office and request prompt resolution of the application.

- 2-4 Pre-Final Application Conference with Local Entities.  
Before HUD will process the Final Application from a local entity, the applicant must have a conference--preferably at the applicant's office--with the HUD office staff. The HUD office will arrange for the conference within 30 days of its receipt of the preliminary application.

HUD may waive this location requirement if the HUD office lacks travel funds or staff travel time to devote to the conference. Under that condition, the HUD office will hold the conference at its office; however, in lieu of the face-to-face conference in the HUD office, the applicant may request HUD to arrange for a conference call with the applicant's staff at HUD expense.

During the conference or conference call, the HUD staff will do the following to assist the applicant.

- A. Review of the Preliminary Application with the applicant
- B. Furnish information and guidance to the applicant regarding the preparation of the Final Application
- C. Answer questions, if any, about this handbook and its attachments
- D. Identify training needed by the applicant's staff to meet the criteria in para. 2-2
- E. Answer questions from the applicant

- 2-5 Final Application Submission Process for Local Entities and Application Process for National, Regional, and Multi-State entities.

- A. The local applicant completes and submits its Final Application for HUD Approval as a Housing Counseling Agency, **Form HUD-9900B**, after the conference. HUD must receive the Final Application no later than ninety days after the conference; otherwise, a new conference should be held. **Appendix 2** contains a sample of the Final Application form.



B. National, regional, and multi-State applicants submit **Form HUD-9900C**.

C. HUD Reviews the Final Application from a Local Entity and the Application from a National, Regional, or Multi-State Applicant.

1. Timing. The HUD office will review the application within thirty days of its receipt. Within 45 days HUD will notify the applicant of HUD's decision regarding the acceptability of the Final Application.

**Note:** If the applicant does not receive either the acknowledgement letter or the approval/disapproval letter from HUD within ten days of the relevant times set forth in the above paragraph, the applicant agency should contact the HUD office.

2. Responsibility. The HUD office performs the review and sends a decision letter to the applicant.

3. Criteria. The HUD office uses **Form HUD-9904, Checklist for Review of Application for HUD Approval as a Housing Counseling Agency.** See **Appendix 3.** The applicant may use this checklist to determine the completeness of its application; however, the applicant does NOT include its checklist with its application.

4. Approval/Disapproval Decision

- a. Approval. HUD's approval must be unconditional; i.e., the applicant must fully meet the requirements of this handbook. The only exception is the audit requirement. Applicants that do not have audits conducted within the 12-month period immediately preceding the date on which they send their application to HUD, must submit a written statement to the effect that the applicant will contract for an audit no later than six months after HUD grants approval conditioned upon the completion of an audit. The agency must furnish a copy of the audit to the GTR in the local HUD office in a timely manner.

- b. A letter of approval is prepared by the HUD office and sent to the applicant agency. See **Appendix 4** for a sample letter.
- c. A letter of disapproval is prepared in which the reviewing office specifies the aspects of the applicant's application that do not meet HUD's requirements. See **Appendix 5** for a sample letter.
- D. Upon receipt of a letter of approval, the applicant signs and dates the "Approval Accepted" lines on the letter and returns it to the HUD office.
- E. HUD issues a Certificate of HUD Approval as a Housing Counseling Agency, **Form HUD-9915**, to the applicant. The Single Family Director in the local HUD Office is responsible for notifying the Office of the Deputy Assistant Secretary for Single Family Housing. Use the formats in **Appendices 6 and 7**. This form is available in a WordPerfect file upon request to the Housing Counseling Program Staff in Headquarters. Make such a request via cc:mail. The file permits field staff to type in the information regarding the approved agency and print a copy for delivery to the agency.
- F. Upon receipt of a letter of disapproval, the applicant may appeal the decision by writing to the HUD office that disapproved the application or may submit a revised application. If an applicant decides to submit a revision, the applicant should consult the HUD office in advance. Local entities may appeal to the Deputy Assistant Secretary for Single Family Housing at HUD Headquarters **ONLY AFTER** the applicant makes an appeal to the original reviewing office. National, Regional, and Multi-State organizations send their appeals to the Assistant Secretary for Housing-FHA Commissioner.

2-6 Local Entities Located in One or Two States. HUD offices occasionally receive applications for approval from local entities located in one or two States with branch offices located in other HUD office jurisdictions. This section provides instructions for processing an application that falls within this type of situation.

- A. Processing Applications that Cross HUD Office Jurisdictions. This process reduces to a minimum effort required on the part of the applicant entity and HUD. Implementing the process will require maximum cooperative effort by the entity and HUD as well as between or among HUD offices.

1. HUD Offices that Receive Preliminary Applications. The HUD office that receives a preliminary application (**Form HUD-9900A**) will assure that the main office of the applicant entity is located within the geographical jurisdiction of that HUD office.
  - a. If that is true, the office will process the preliminary application in accordance with paragraph 2-3 of this handbook.
  - b. If the applicant's main office is not located within the recipient office's jurisdiction, that office will forward the application to the correct HUD office and promptly notify the applicant in writing or by telephone.
  - c. The HUD office that receives the application is not required, at this stage of the application process, to notify any other HUD office that might be affected by an acceptable final application for approval; however, the recipient office may, at its discretion, alert other affected offices regarding the receipt of the preliminary application.
2. HUD Offices that Receive Final Applications. The HUD office that receives a final application (**Form HUD-9900B**) from an entity that submitted an acceptable preliminary application (**Form HUD-9900A**) will process the final application in accordance with paragraph of Handbook 7610.1. Do **NOT** process a final application unless you received an acceptable preliminary application.
  - a. Unacceptable Final Application. If your office never approves a final application, no further action is required of your office.
  - b. Acceptable Final Application. If your office approves a final application, do **NOT** send the approval letter to the applicant until you complete the following steps,
3. Notification to Affected HUD Offices
  - a. Notify, in writing, each HUD office within which the applicant has one or more branch offices that you have tentatively approved the applicant and its branch offices, if any.

- b. Include in your notice to the HUD office or offices a copy of the applicant's preliminary and final applications for *optional* review by those offices.

B. Application Review Options by Affected HUD Offices.  
Your office may take the actions indicated in EITHER paragraph 1 or 2 below.

1. Review the preliminary and final applications in accordance with paragraph 2-3 of Handbook 7610.1 and notify the application recipient HUD office accordingly; however, perform this review in view of the fact that the recipient office completed a thorough review. Notify the application recipient HUD office in writing of your determination to approve or reject the application. If your office disapproves, indicate to that office the specific review deficiencies in the application.

To expedite processing, your office may correspond directly with the applicant regarding the correction of application deficiencies; however, keep the application recipient office informed of your actions. You may perform this latter activity by telephone.

2. Accept the review by the application recipient HUD office without further review by your office; **HOWEVER**, your office must visit or consult by telephone with the applicant regarding the agency's site to assure its compliance with paragraph K., Facilities, of Handbook 7610.1. Provide written acceptance to the application recipient office.

C. Monitoring HUD-Approved Housing Counseling Agencies with Branches that cross HUD Jurisdictions. The HUD office that approved the agency is responsible for monitoring the agency.

2-7 Reapproval or Disapproval After a Biennial Performance Review. The HUD office must conduct a Biennial Performance Review for each of the office's approved agencies. Chapter 5 describes the review and the terms of reapproval or disapproval of an agency.

## 2-8 Terminations of Approvals and Grants

### A. Approvals

1. HUD may withdraw the Certificate of Approval at any time for any or all of the following reasons.
  - a. at the convenience of the government
  - b. agency fails to maintain its compliance with program requirements
  - c. agency fails to implement, in whole or in part, the agency's approved counseling plan.
2. The agency may withdraw from the program at any time. If an agency that has a HUD grant terminates its approval, that action also terminates the grant. Under a grant, the agency will not receive payments from HUD for any counseling activities after the date on which the agency cancels the approval.
3. Termination by HUD and withdrawal by an agency must be in writing.
4. When termination occurs or withdrawal occurs, the agency must return to HUD any unexpired certificate of approval. **A TERMINATED AGENCY MUST NOT DISPLAY A CERTIFICATE OF HUD APPROVAL.** By accepting HUD approval, an agency implicitly agrees not to display a certificate of approval after termination of the approval or withdrawal from the program.

B. Grants. Termination is governed by the terms of the grant agreement. ONLY THE GRANT OFFICER MAY TERMINATE A GRANT ON BEHALF OF HUD.

## 2-9 Agency Information Changes (See and use **Appendix 7.**)

- A. An approved agency must notify the HUD Field Office in writing any time the agency:
1. Loses its nonprofit status
  2. No longer complies with local and State requirements
  3. Changes any of these items

- a. location of any of its HUD-approved offices
- b. staff person responsible for the counseling program
- c. address or telephone number
- d. ZIP Code Areas from which it has or has not received clients over the past 12-month period (to add or delete ZIP Codes)
- e. any other aspect of its purpose or function that impairs its ability to comply with this handbook or, if the agency is under a grant from HUD, the grant agreement

Send the notification to the HUD Field Office within fifteen days of any of the above occurrences so that correct referrals may be made as appropriate and correspondence on program matters promptly received.

B. The HUD Field Office, upon receipt of a notice of any of the above factors, must assure that the following persons receive copies of the notice. Use the format in **Appendix 7** for this purpose.

1. Field Office staff person responsible for the counseling program
2. Government Technical Representative in the and the Government Technical Monitor in the Field Office
3. Deputy Assistant Secretary for Single Family Housing in Headquarters

## 2-10 Training

A. HUD's Responsibility. HUD will provide training to HUD-approved housing counseling agencies regarding HUD programs applicable to the agency's counseling program. The availability of training depends on these factors.

1. Availability of HUD Resources. The ability of HUD to provide training depends upon available staff time and travel funds. For this reason, advance planning is essential.
2. Training Funds. Generally, HUD does not have funds to pay participating agency staff travel and per diem costs. If training funds become available, HUD will notify all HUD-approved housing counseling agencies.

3. Location of Training. Unless HUD has staff time and travel funds available to provide training in various locations, training will take place at the HUD office.
4. Each HUD office with approved agencies will conduct a training needs survey of those agencies during the first quarter of each fiscal year. The office will use the format of **Appendix 18** for this purpose. The office will plan and provide for the training no later than the end of the fourth quarter of the fiscal year.

B. Agency Training Needs and Requests

1. HUD does not have the resources to train individual housing counselors on a one-to-one basis; however, HUD will make available, upon request from any agency, its program publications. Send written requests to the HUD office that services your area.
2. HUD may provide training to a group of agency staff. Generally, this will require at least five participants interested in the same program(s).
3. Identifying and Meeting Training Needs. A HUD-approved housing counseling agency or a group of agencies may request training at any time. Please use the format in **Appendix 18** for this purpose. If a group request is made, one agency should coordinate the request and submit a combined request on the format of **Appendix 18**.

C. Reports by HUD Field Offices. Each Field Office will submit the following information in the format in **Appendix 19, Report of Training Needs Survey and Provision of Training**, to the Deputy Assistant Secretary for Single Family Housing, Attention Housing Counseling Staff by October 30 of each year. The report covers the HUD fiscal year.

D. Agencies Responsibility. Approval of an agency by HUD indicates that the agency has trained and experienced staff; however, as HUD and other housing programs and agency staff change, the need for training arises. Each approved agency is responsible for the following aspects of training.

1. Requests training by HUD and other entities

under whose housing programs the agency provides counseling.

2. Counseling Skills. HUD expects an approved agency to assure the upgrading of the counseling skills and techniques of its housing counseling staff.
3. Referrals to Community Resources. HUD expects the agency to assure that its housing counseling staff know about community resources and how to make referrals of housing counseling clients to those resources. This includes establishing a one-to-one rapport with community resources staff.
4. State and Local Real Estate Laws. HUD expects the agency housing counseling staff to possess a working knowledge of all current laws and ordinances that relate to the housing counseling services it provides to its clients.
5. Financing Options. HUD expects agency staff to have a thorough knowledge of all financing options available to its clients.
6. Fair Housing Laws. HUD expects agency staff to have a thorough knowledge of Federal, State, and local fair housing laws that could affect a clients' efforts to meet housing needs or resolve housing problems.



## CHAPTER 3. DELIVERY OF COUNSELING

- 3-1 Basic Requirements. HUD requires the following basic general services for each client served by a HUD-approved housing counseling agency. Paragraph 3-2 elaborates each of these items.

*Although affiliates and branches of national, regional, and multi-State agencies do not submit individual applications for HUD approval, those affiliates and branches must conform to the requirements in this chapter. HUD expects the parent entity to assure compliance by its branches or affiliates.*

- A. An intake or screening interview conducted by a COUNSELOR.
- B. Housing counseling\* that enables a client\* to make informed and reasonable decisions to achieve their housing goal\* by meeting their housing need\* or resolving their housing problem\* by using all available resources. See para. 1-6 for definitions of the starred (\*) terms.
- C. Referrals to local, State, and federal resources.
- D. Follow-up communication with the client to assure that the client is progressing toward his or her housing goal or that the agency should modify or terminate counseling.

3-2 Screening Interview conducted by a COUNSELOR

- A. Purpose. The interview enables the counselor to:
  - 1. Obtain information from the client that enables the agency to identify the client's housing need or housing problem
  - 2. Determine if the agency's resources can assist the client to meet the need or resolve the problem
  - 3. Design a counseling plan in relation to the need or problem
  - 4. Learn whether the client is willing, with the assistance of counseling, to assume his or her responsibilities under a mutually acceptable plan for meeting the need or resolving the problem

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5. Initiate counseling or, at a minimum, refer the client to a community agency that might be able to assist the client
- B. Setting. The interview must be face-to-face unless it would work a hardship on the client. Under those conditions, a documented telephone interview is acceptable.
- C. Personnel
1. Only a housing counselor may perform the screening interview.
  2. A receptionist or other non-counseling staff member may obtain and record certain intake information from a potential client in preparation for the screening interview by the counselor. This may include such items as name, address, telephone number, etc., but no financial, employment, or family information. Obtaining this intake information must be done under conditions that assure privacy for the potential client and confidentiality of the information.
- D. Documentation. During the interview the counselor obtains and records enough information to identify the housing need or problem of the potential client and determine if the agency will take the client into its workload. The counselor may use **Form HUD-9921, Housing Counseling Activity and Unit Log**, or an agency form that records at least the items on HUD-9921. (The "Unit Claim" data is for HUD counseling grants for 1994 and earlier years. Non-grantee agencies omit an entry in the "Unit Claim" box. See **Appendix 15**.)
- E. Counseling Plan. After the screening interview, the counselor prepares a counseling plan. The plan tells what the agency will do and what the client will do to meet his or her housing goal.
- F. Client File. The agency must set up a separate file folder for each client. Chapter 4 lists the documents required for the folder.
- 3-3 Areas of Counseling. HUD expects an approved housing counseling agency to deliver comprehensive housing counseling or whatever components of comprehensive housing counseling services are needed in the community the agency identified in its application as the agency's target service area.

A. HUD Programs. The agency's counselors must have an up-to-date working knowledge of HUD single-family and multifamily housing programs. This includes but is not limited to programs under Public and Indian Housing, Section 203(K) Rehabilitation Home Mortgage Insurance, others administered by Community Planning and Development, and the rights as well as the responsibilities of consumers assisted under the programs. These HUD handbooks cover those areas.

1. 1378.0 Relocation and Real Properties Acquisition Handbook
2. 4235.1 Home Equity Conversion Mortgages
3. 4240.4 Rehabilitation Home Mortgage Insurance
4. 4330.1 Administration of Insured Home Mortgages
5. 4330.2 Mortgage Assignment Processing
6. 4335.1 Procedures for Servicing Secretary-held Mortgages
7. 4335.2 Secretary-held Servicing Handbook
8. 7420.7 Public Housing Agency Administrative Practice for the Section 8 Existing Housing Program (except Section 4-5.d.1, Chapters 5 and 8)
9. 7465.2 Public Housing Occupancy Audit Handbook REV-2
10. 7465.3 Public and Indian Housing Occupancy Reporting Handbook

B. Comprehensive Housing Counseling. These services include advice and assistance under the following components.

1. Pre-occupancy

a. General. The following components apply to pre-purchase and pre-rental counseling.

- (1) Housing Selection
- (2) Fair Housing Laws
- (3) Qualifying for HUD subsidies

- 
- (4) Budgeting for Mortgage Payments and Rent Payments
  - (5) Money Management
  - (6) Housing Care and Maintenance
  - (7) Referrals to Community Resources
- b. Pre-purchase. The following components apply only to clients who want to buy their housing.
- (1) HUD-mortgage insurance and assistance programs, including interest subsidy programs
  - (2) How to apply for a HUD-insured mortgage
  - (3) Purchase procedures, including closing costs
  - (4) Alternatives for financing the purchase
  - (5) Real estate terms
  - (6) Rights and responsibilities of persons who own single-family housing--including cooperatives and condominiums.
- c. Pre-rental. The following components apply only to clients who want to rent their housing.
- (1) HUD rental programs, including rent subsidy programs
  - (2) How to apply for occupancy and rent subsidies
  - (3) Rights and responsibilities of tenants
  - (4) Lease and rental agreements
  - (5) Landlord-tenant legislation
  - (6) Evictions and grievances
2. Mortgage Default and Rent Delinquency
- a. General. The following components apply to mortgage default and rent delinquency.

- (1) Identification of the cause(s) of the default or delinquency
  - (2) Client's motivation, resources, and ability to resolve the default or delinquency
  - (3) Arranging reinstatement plans, including working with the client's creditors
  - (4) Subsidy recertifications
  - (5) Budgeting when in default or delinquent
  - (6) Money Management
  - (7) Referrals to other resources
  - (8) Locating alternative housing
- b. Mortgage Default. HUD considers this type of counseling to be critical in achieving its goals and the goals of the individual mortgagor. It includes but is not limited to the following components.

- (1) Determination of the amount and extent of the default

A mortgage "is considered in default when the mortgagor fails to perform under any covenant of the mortgage, including the covenant to pay, and the failure continues for 30 days." (All months are considered as having 30 days.) See HUD Handbook 4330.1, Chapter 7, Page 49.

- (2) Identification of the cause of the default
- (3) Determination of whether the mortgagor, with the assistance of the counseling agency, might bring the account current within a time period and payment plan acceptable to the mortgagee
- (4) Working out repayment plans with the mortgagor's other creditors

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- (5) Follow-up counseling with the mortgagor on an as-needed basis until the default is corrected or the mortgagee completes foreclosure and the client has found alternate housing
  - (6) If the mortgagee decides to foreclose, determine if the mortgagor is eligible for HUD's assignment program and, if so, counseling the mortgagor through the assignment process and for as long as the mortgagor remains in default after assignment of the mortgage to HUD
  - (7) HUD-required mortgage relief provisions provided by mortgagees
  - (8) Mortgagee-held escrow funds
  - (9) Foreclosure
  - (10) Alternatives to foreclosure
    - (a) sale of the property
    - (b) deed-in-lieu
    - (c) pre-foreclosure sale program
  - (11) Mortgage Rate Reduction Program
  - (12) Home Equity Conversion Mortgage Program (HECM)
  - c. Rent Delinquency. The following components apply only to rent delinquency counseling.
    - (1) Rent relief
    - (2) Renter's and landlord's rights
    - (3) Deposits and their use or recovery
    - (4) Eviction procedures
  3. Post-Occupancy. The following components apply to homeowners and renters.
    - a. Relations with mortgagees and landlords
    - b. Escrow funds

- c. Recertifications for HUD subsidies
- d. Grievances
- e. Shared housing
- f. Home Equity Conversion Mortgage (HECM) (See para. 1-1G.)

(1) The HECM program provides for reverse equity mortgages. The program is, by necessity, technically complicated and involves a senior citizen population. Those two factors dictate the method by which HUD and its approved housing counseling agencies deliver HECM counseling set forth in two HUD handbooks:

(a) 7610.1 REV-3 (6/93), Housing Counseling Program

i. Para. 2 on page 1-4

ii. Para. e on page 3-7

(b) 4235.1, Home Equity Conversion Mortgages, Chapter 3

(2) One-on-One Counseling Requirement. HECM counseling is primarily a "one-on-one" activity between the counselor and the client (See the Chapter 3 of Handbook 4235.1.). A client, as defined in para. 1-6 on page 1-6 of this handbook, consists of the individual or individuals who seek the counseling. The client might be one person who owns the property or two or more persons who own the property or otherwise have an advocacy interest in a HECM mortgage. Persons with advocacy interest might, as examples, be non-mortgagor members of the mortgagor's family, the mortgagor's attorney, a friend or friends of the mortgagor, or staff from a HUD-approved housing counseling agency. Advocacy interest DOES NOT include a representative of the lending entity.

A HUD-APPROVED HOUSING COUNSELING AGENCY MAY ISSUE THE REQUIRED CERTIFICATE OF COUNSELING ONLY AFTER THE CLIENT RECEIVES THIS ONE-ON-ONE COUNSELING. (HUD will NOT grant exceptions to this requirement.)

- (3) Group Counseling. A HUD-approved housing counseling agency may use group counseling to impart general HECM program information to potential clients for one-on-one counseling. The agency **MUST NOT** use group counseling to deal with individual client needs that require confidentiality and prudent use of private information. The agency **MUST NOT** issue the certificate to a person who attends only a group counseling session.
- (4) Issuing the Certificate of Counseling. The counseling agency's issuing of a certificate of counseling attests **ONLY** to the fact that the client attended the required counseling. Issuing a certificate does **NOT** indicate whether the counseling agency recommends or does not recommend the client for a Home Equity Conversion Mortgage. A counseling agency **MUST NOT** withhold a certificate from a client who, in the judgment of the agency, should not receive a home equity conversion mortgage. If the client attends the counseling, the agency **MUST** issue the certificate.
- (5) HUD-approved housing counseling agencies that provide HECM counseling **MUST**, in compliance with the Code of Federal Regulations (24 CFR Part 206--Home Equity Conversion Mortgage Insurance, paragraph 206.41, Counseling) provide the following housing counseling services.
  - i. Options other than a home equity conversion mortgage, including a mortgage insured under Section 206 of the CFR, that are available to the mortgagor, including other housing, social service, health, and financial options;



- ii. Other home equity conversion options that are or may become available to the mortgagor, such as sale-leaseback financing, deferred payment loans, and property tax deferrals, and benefits under a State home equity conversion program;
- iii. The financial implications of entering into a home equity conversion mortgage including a mortgage insured under Section 206 of the CFR;
- iv. A disclosure that a home equity conversion mortgage insured under Section 206 of the CFR, may have tax consequences, affect eligibility for assistance under Federal and State programs, and have an impact on the estate and heirs of the homeowner;
- v. Any other information the Secretary may require; and
- vi. Provide the homeowner/mortgagor with a letter certifying that the mortgagor received HECM counseling. It is the mortgagor's responsibility to provide the mortgagee with a copy of the certifying letter.

4. Home Improvement and Rehabilitation

- a. Section 203(K), Rehabilitation Home Mortgage Insurance
- b. HUD's Title I home improvement loan program
- c. HUD's Community Development Block Grant (CDBG) locally-developed rehabilitation program
- d. Loan and grant application process
- e. Housing codes and enforcement procedures
- f. Bids and contracts
- g. Inspection of work and payments to contractors
- h. Liabilities to subcontractors

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- i. Non-performance by contractor
  5. Displacement and Relocation. These components relate to occupant displacement and the need for relocation due to activities by or on behalf of the federal government.
    - a. Rights of owners faced with displacement
    - b. Rights and responsibilities of the entity causing the displacement
    - c. Relocation benefits
    - d. Locating alternate housing
  6. Pre-Foreclosure Sale. Consult with the Director of Single Family Housing in the HUD Field Office regarding program implementation and guidelines. See Appendix 17. Agencies may obtain from the local HUD office a copy of HUD's Mortgagee Letter 94-45, "HUD's Nationwide PRE-FORECLOSURE SALE (PFS) Procedure."
  - C. Money Management. Almost every housing need and problem brought to a counseling agency requires at least a review of how the client manages his or her money. Without this financial analysis, no matter how basic, the counselor cannot adequately advise the client. Depending upon whether the client is or seeks to be a renter or homeowner, counseling in this area might include any or all of the following components.
    1. Review of client's income and expenses
    2. Determination of how the client spends money (Does he or can he save? Does she spend beyond her income? Does he make prudent use of credit? Do her spending habits fit better into renting or owning? Etc.)
    3. Creating a budget suitable to the housing the client can afford.
    4. Review of interest rates at the time the client wants to purchase housing
    5. Use and cost of credit
    6. Shopping for a loan to purchase housing

7. Effect of property taxes and mortgage interest on income taxes--cash flow
8. Homeowner's insurance covering property and liability
9. Down payments and rent escrow
10. Bankruptcy

D. Debt Management or Liquidation. Negotiating payment plans with creditors, handling the client's money, and making payment to the creditors for the client are usually done under a client-counselor contract. The contract governs the service provided by the counselor and the obligations of the client to the agency. Agencies that provide this service must assure HUD in writing that they comply with all State and local laws, including agency bonding, that govern these services. See assurances in **Appendix 1**.

3-4 Referrals to Community Resources. Applicant agencies must have established working relationships with private and public service agencies that could assist clients. The counseling agency must assure that these community resources are providing helpful services to the counseling agency's clients.

3-5 Termination of Counseling. The counseling agency must document every termination of counseling. Termination occurs or may occur under any of these conditions.

- A. Client meets his or her housing need or resolves the housing problem
- B. Agency determines that further counseling will not meet the client's housing need or resolve the client's housing problem
- C. Client terminates counseling
- D. Client does not follow the agreed-upon counseling plan
- E. Client fails to appear for counseling appointments

## CHAPTER 4. RECORDKEEPING AND REPORTING

4-1 Introduction. The documentation set forth in this chapter is required of every HUD-approved housing counseling agency. National, regional, and multi-State agencies must assure that their affiliates and branches comply.

- A. Any recordkeeping system may be used; however, HUD expects that the system will lend itself to easy monitoring by HUD when it conducts a performance review of the agency's housing counseling activities. If HUD provides the agency with a recordkeeping software program.
- B. The agency must assure that its records make it possible for the agency to meet the reporting requirements set forth in paragraph 4-9.
- C. Recipients of HUD counseling grants are required to report activities under the grant. This might require some modification to a grantee's recordkeeping method. See **Appendix 8** for a sample of these requirements. The requirements are subject to change under future grant documents.
- D. Race/Ethnicity. Section 808(e)(6) of the Fair Housing Act, as amended, states that the Secretary of HUD shall annually report to the Congress and make available to the public, data on the race, color, and other characteristics of persons and households who are applicants for, participants in, or beneficiaries or potential beneficiaries of, programs administered by the Department to the extent such characteristics are within the coverage of law and Executive Orders referred to in subsection (f) which apply to such programs (and in order to develop the data to be included and made available to the public under this subsection, the Secretary shall, without regard to any other provisions of law, collect such information relating to those characteristics as the Secretary determines to be necessary or appropriate). Section 562 of the Housing and Urban Development Act of 1987 also supports this data collection.

To enable the Secretary to fulfill this requirement, HUD now requires its approved housing counseling agencies to record this data on their fiscal year reports to HUD on form HUD-9902. In addition, approved agencies that receive HUD housing counseling grants are

now required to record this information on form HUD-9921.

- 4-2 Documentation. In each client's file, the agency must document the services provided to the client. See **Appendix 15** for a counseling activity log. Agencies may use that log or one that contains **at least the same information and data.** The documentation must specify exactly what the agency did on behalf of the client. A typical documentation entry will include the following information.
- A. Date on which the activity occurred
  - B. Start and end time of the session
  - C. Name or initials of the counselor providing the service and what the counselor did on behalf of the client

INADEQUATE - "Made a telephone call"

COMPLETE - "Robt Brown: Called County Community Services; spoke with John Calhoun (454-6758); arranged appointment with him to see client on Sat., Feb. 10 at 9 a.m. re application for admission to county's low-income rental housing program"

- 4-3 Client File. The counseling agency must maintain a separate file folder for each client. The folder must contain at least the following items.
- A. Client's name, address, and telephone number.
  - B. Counselor's name.
  - C. FHA case number for a client with a HUD-insured single-family mortgage.
  - D. Single Family Mortgage Notes System (SFMNS) 9-digit account number for a client with a HUD-held mortgage.
  - E. HUD project number or name for clients renting HUD-assisted housing.
  - F. Number the counseling agency assigns to the client. HUD recommends that the agency use a six-digit number for this purpose because under a grant HUD requires that kind of number. This recommendation also applies to the group identification number mentioned in para. 4-4 below.

- G. Counseling plan developed by the counselor on behalf of the client. See para. 3-2E.
- H. Information obtained during the screening interview.
- I. Log of activities conducted with or on behalf of the client. See Appendix 15.
- J. Copies of pertinent records and correspondence, including documentation of the termination of counseling.
- K. Statement about how the person qualifies as a client who is a current or potential homebuyer, homeowner, or renter under a HUD program, a conventional mortgage, or under a Department of Veterans Affairs program.

4-4 Group File. When counseling a group of clients, the agency must maintain a separate file for each group. The agency must also record participation in the group session(s) in the client's individual file. The group file must contain at least the following items.

- A. 6-digit ID number of the group.
- B. Each participating client's name, address, and telephone number.
- C. Signature of each client for each session attended.
- D. Subject(s) of each session.
- E. Name of each counselor participating in the session.
- F. Date, place, and duration of each session.
- G. For clients who attend ONLY the group session: a statement of how the person qualifies as a current or potential homebuyer, homeowner, or renter under a HUD program. If the client has a HUD-insured mortgage, include the FHA case number. If HUD holds the client's mortgage under the assignment program, include the SFMNS 9-digit number.

4-5 Grantee Records. The grant agreement may require grantees to maintain additional records. See chapter 7.

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**4-6     Credit Reports**

- A. Purchase of Credit Reports. HUD-approved counseling agencies are eligible to purchase credit reports from credit reporting agencies under contract with HUD.
- B. Credit Reports from Lenders. Agencies that represent clients in a home mortgage transaction insured or to be insured by HUD are eligible to receive, without cost, from the lender, credit reports on the client.
  - 1. The client must sign a **Form HUD-9903**, Client Authorization, if he or she wants to authorize the mortgagee to send the credit report to the agency; however, signing the form is voluntary on the part of the client. See **Appendix 9**.
  - 2. The counseling agency must send a copy of the signed form, with the agency's written request, to the mortgagee.

**4-7     Mortgage Application Documents Given to Counseling Agencies by Mortgagees.** If the agency sends to the mortgagee a written request for these documents, the mortgagee will send the agency a copy of these items.

- A. Form 92004-F     Request for Verification of Deposits
- B. Form 92004-G     Request for Verification of Employment
- C. Form 92900        Application for VA or FmHA Home Loan  
                          Guaranty or for HUD/FHA insured  
                          mortgage
- D. Form 93100        Application for Eligibility for Revised  
                          Section 235
- E. Purchase agreement
- F. Credit report
- G. All other documents, that are not privileged,  
      pertaining to the mortgage

**4-8     Confidentiality of Records and Credit Reports.** See paragraph 5-3E, Confidentiality of Client Records.

- A. Confidentiality. The counseling agency must hold in strict confidence all client information regardless of the source or sources from which it is received.

B. Penalties Under the Fair Credit Reporting Act. Credit reports are subject to the Fair Credit Reporting Act (14 U.S.C. 1681) and must be held in strict confidence. The counseling agency MAY NOT disclose the information to anyone other than HUD or HUD-approved mortgagees. HUD staff may NOT disclose the information contained in individual case files, which may be routinely sampled as part of a monitoring visit.

A COUNSELING AGENCY MAY BE SUBJECT TO THE PENALTIES PROVIDED IN THE FAIR CREDIT REPORTING ACT FOR VIOLATING ANY PROVISIONS OF THE ACT.

C. Use of Credit Report Information. Nothing in the Fair Credit Reporting Act precludes a counseling agency from disclosing a credit report to a client.

1. Credit Reports Obtained from HUD. If the counseling agency obtains a credit report from HUD through the General Services Administration, via its GSA contractor, the present contract does not preclude disclosure.

2. Credit Reports Obtained from Credit Bureaus. If a counseling agency contracts with a credit bureau for credit reports, whether or not disclosure can be made depends on the terms of the contract between the counseling agency and the credit reporting bureau.

D. The prudent practice by the counselor is NOT to have the counseling agency's copy of the credit report on his or her desk or in the client's open file during a counseling session. The counselor should use notes taken from the report prior to the client's arrival for the counseling session.

4-9 Reports to HUD. Affiliates and branch offices of national, regional, and multi-State agencies will report to their parent organizations in accordance with their reporting requirements. Those requirements include the use of form HUD-9902. Agencies must base all reports upon data in the agency's files.

Fiscal-Year Activity Report. Every agency must submit to HUD a fiscal-year report on **Form HUD-9902, Housing Counseling Agency Fiscal Year Activity Report.** See **Appendix 10.** The fiscal year covers the period October 1 through September 30 (**Example:** October 1, 1994, through September 30, 1995).



- A. The reporting period covers the HUD Fiscal Year (FY) [October 1 through September 30]. The report is due by November 30 following the end of each HUD fiscal year.
- B. Locally-approved agencies. Send ONE copy of the report to the Chief of the Loan Management Branch of the HUD office that approved your agency. That office will prepare a summary report on **Form HUD-9923** that includes the reports from the individual agencies.
- C. National, regional, and multi-State agencies. These approved agencies create a summary report on **Form HUD-9923** of the data submitted to them by their affiliates or branches. Send one copy of the report to the Deputy Assistant Secretary of Single Family Housing, U.S. Department of Housing and Urban Development, Washington, D.C., 20410.

#### 4-10 HUD Review and Analysis of Agency Reports

- A. Field Office. HUD headquarters and HUD field offices will use the agencies' report as follows:
  - 1. The HUD office uses each agency's copy of the report to prepare the office's summary report of Forms HUD-9902. See **Appendix 20** for a copy of **Form HUD-9923**, Summary Report, and instructions for its completion. The Field Office will send one copy of its summary report to the Deputy Assistant Secretary for Single Family Housing in Headquarters, Attention: Field Manager.

**NOTE:** Field Offices retain each agency's report in the agency's file for monitoring the agency's program participation and as a documentation check under the grant program.
  - 2. The Field Office must use the LOTUS file that contains the summary report format and transmit its copy to Headquarters via CC:MAIL. Headquarters will transmit the LOTUS file report format to each Field Office Director of Single Family or Government Technical Representative. The **LOTUS** file name is **HUD-9923.WK1**.
  - 3. If an agency does not submit its report in a timely manner, the HUD office will communicate with the agency in writing that the office has not received the report. The office will give the agency thirty days within which to submit its report. If the office does not receive the report

by that deadline, the office will withdraw its approval of the agency. If the withdrawal is final, the GTM/GTR must immediately notify the Grant Officer and the Deputy Assistant Secretary for Single Family Housing in Headquarters of the withdrawal.

**NOTE:** You MUST include a message in your CC:MAIL transmission indicating that you notified the agency in writing about withdrawal of their approval.

B. Headquarters. Headquarters will prepare a summary report of all field office reports and all reports from national, regional, and multi-State agencies by December 30 of each year. Headquarters will review and analyze the data. Using data obtained from the analysis, Headquarters will prepare a report to the Deputy Assistant Secretary for Single Family Housing. This review and analysis activity will include the following steps:

1. Assure receipt of a Form HUD-9923 from each Field Office and each national, regional, and multi-State approved agency.
2. Assure that all reports are complete and correct. Headquarters will return all incomplete or incorrect reports to the appropriate field office and request complete and accurate reports.
3. Analyze the data to identify findings relating to but not limited to the following factors that appear on the nationwide summary.
  - a. Types of counseling clients with whom the highest percentage of counseling occurs (Examples: homeowners, homebuyers, renters, etc.). The object of this aspect of the analysis is to identify the most significant areas of counseling and the results produced by that counseling.
  - b. Results of counseling in relation to the number of clients counseled under the types identified under paragraph a. immediately above. HUD's primary concern is with the percentage of clients for whom positive results were produced by counseling.

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4. Address such matters as:

- a. The number of clients served who became first-time homeowners,
- b. Curing defaults and the prevention of foreclosure among homeowners,
- c. Use of the Assignment Program and the Home Equity Conversion Mortgage (HECM) Program as a means of preventing foreclosures,
- d. Curing of rent delinquencies and the prevention of evictions, and
- e. Assisting the homeless to obtain transitional or permanent housing.

## CHAPTER 5. PERFORMANCE CRITERIA AND MONITORING

- 5-1 Performance Criteria. In addition to the application approval criteria set forth in para. 2-1, an approved agency must meet the following performance criteria. For national, regional, and multi-State agencies, each affiliate or branch must also conform to these criteria. If the parent office itself performs housing counseling, its housing counseling program must conform as well.
- A. Workload. During every 12-month period, the agency must counsel at least 50 clients. **See para. 1-6A for "client" definition.** Agencies providing ONLY HECM counseling are exempt from this requirement; however, any agency approved to perform HECM counseling must have received HECM program training from HUD or its agent.
  - B. Reporting. The agency must submit to HUD a complete, accurate, and timely **Form HUD-9902**, Housing Counseling Agency **Fiscal-Year** Activity Report, every fiscal year.
  - C. Counseling Plan. The agency must implement its housing counseling plan approved by HUD. If the agency wants to modify its counseling plan, the agency must submit the revised plan to HUD for approval.
  - D. Nondiscriminatory Practices. The agency must administer its counseling activities pursuant to Title VI of the Civil Rights Act of 1964, The Fair Housing Act, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. These laws prohibit discrimination because of race, color, religion, sex, national origin, disability, familial status or age.
  - E. Conflict of Interest. The agency must represent its clients without any conflict of interest. HUD considers a conflict to exist when the counseling agency has any interest in the matter relating to the client, an interest that might compromise the agency's ability to represent fully the best interests of the client. A conflict of interest exists whenever the agency:

1. Is the client's landlord, manages the property occupied by the client, collects the client's rent on behalf of the owner or manager, holds or administers the client's lease, or in some other manner has a direct interest in the client as a tenant;
2. Serves as a collection agent for the client's mortgagee, landlord, or creditor;
3. Holds or services the mortgage on the client's property;
4. Has a staff member who serves as the client's attorney, landlord, or creditor;
5. Owns or purchases a property that the client seeks to rent or chooses to rent, or owns or purchases the property that the client seeks to purchase or chooses to purchase;
6. Accepts a fee for in any way participating in the sale or rental of the client's property; or
7. Acquires the client's property from the trustee in bankruptcy.
8. Accepts a fee from the lender for referring prospective homebuyers to a specific mortgagee. In this regard, see the Real Estate Settlement Procedures Act, especially Section 8, Prohibition Against Kickbacks and Unearned Fees [Public Law 93-533; 88 Stat. 1724; 12 U.S.C. 2601 et seq.].

F. Staffing, Counseling Activity Monitoring, and Staff Training

1. Staffing. The agency must employ experienced or trained housing counselors. HUD will neither approve nor retain the approval of a housing counseling agency that uses inexperienced or untrained housing counselors.
2. Monitoring. Supervisors of the counselors must periodically monitor the work of the counselors. This includes reviewing client files with the

counselors to determine the adequacy and effectiveness of the counseling.

The agency must document these monitoring activities and make the documentation available to HUD upon request.

3. Training. HUD will accept on-the-job training as long as an experienced or trained counselor conducts the training and provides close day-to-day supervision and review of the person in training.

G. Audit

1. An independent audit of the agency's financial records by a qualified person or organization is required by HUD at least every two years.
2. The agency must send a copy of the audit report to the HUD Field Office within thirty days of the agency's receipt of the audit report.

H. Grant Agreement. Grantees must meet the performance standards in the grant document as well as those within this handbook. The grant document stipulates that the GTR, GTM, staff of HUD's Office of the Inspector General, or their duly authorized representatives, may inspect the grantee's files and other records maintained by the grantee under a grant.

I. Funding

1. The agency must maintain a level of funds that enables it to counsel at least the required work load of a minimum of fifty clients every year.
2. The agency must document that it actively seeks funding from sources other than HUD without compromising the agency's independent status or the objectivity of client referrals. Adherence to this standard will eliminate any possibility of incurring a breach of Real Estate Settlement Practices Act (RESPA) requirements or an appearance of impropriety.

3. If the agency charges counseling fees to clients, the agency must comply with its HUD-approved fee structure. See paragraph 6-2.

5-2 Desk Monitoring of Counseling Agencies. HUD Field Office staff must monitor the activities of the HUD-approved housing counseling agencies approved by that office. Headquarters will monitor national, regional, and multi-State agencies but may request Field Offices to assist at local sites. This paragraph covers the ways in which HUD staff monitors an agency by means of information available within that office. The following items within each agency's file provide the ground work for desk monitoring of an agency:

- A. Agency's Application for HUD Approval;
- B. Biennial Performance Review documents;
- C. Correspondence from and to the agency;
- D. Written materials--leaflets, brochures, booklets and other publications; intake interview forms; etc.--used by the agency;
- E. Notes on technical assistance provided over the telephone to the agency;
- F. Agency's client files borrowed from the agency for review, and the results of client surveys by HUD (See paragraph 5-3C, A client survey.);
- G. Reports on **Form HUD-9902**;
- H. Information--negative and positive--furnished about the agency by mortgagees, creditors, real estate agents, landlords, PHAs, and clients; and
- I. For grantees, items such as the grant agreement, reports, and invoices.

5-3 Biennial Performance Review. The Biennial Performance Review (BPR) is performed by the appropriate HUD Office to determine if HUD should renew its approval of the agency. Field Offices will review local agencies; Headquarters will review national, regional, and multi-State agencies.

- A. A HUD biennial performance review is required for every approved agency.
- B. Form HUD-9910, Biennial Performance Review, is completed by the Field Office to record the findings of the review. See **Appendix 11**. The findings may serve as a basis for determining funding under the grant aspect of the program.
- C. A client survey is performed by the reviewing HUD office. During the BPR the reviewer randomly selects twelve clients of the agency and sends them a copy of **Appendix 12, Form HUD-9908, Housing Counseling Client Survey**, and a government envelope addressed to the reviewing office.
- D. Derogatory findings indicating the possibility of falsified records or fraud are reported by the reviewing office to the appropriate Office of the Inspector General within thirty days of the completion of the review. Also send a copy of the report to the appropriate Field Manager in the Office of the Deputy Assistant Secretary for Single Family Housing.
- E. Compliance with Counseling Plan. The reviewer must assure that the agency's program design adequately reflects the counseling plan submitted by the agency as part of its application for approval. **Appendix 1B** describes the contents of that submission for local agencies, and **Appendix 2, Part C**, describes it for national, regional, and multi-State agencies.
1. Failure to Implement the Counseling Plan. If the agency does not implement the plan fully or has modified its activities since HUD approved the plan, the reviewer must require the agency to do one of two things as appropriate:
- a. Commence full implementation of the plan within sixty days of the reviewer's written notice to the agency to that effect [The agency must notify HUD in writing that it has complied],

OR



- b. Prepare and deliver to HUD a Revised Plan no later than sixty days after the reviewer's written notice to the agency to that effect. HUD expects that over time, plans will be modified to accommodate changing housing market conditions within an agency's target area. The agency uses the appropriate appendix, 1B or 2, Part C, to prepare an amended plan.

**NOTE:** If the agency has failed to implement fully its counseling plan, you must, provided all other aspects of the review are acceptable, grant a conditional reapproval until the agency complies with either option above.

2. Lack of a Counseling Plan. The Field Office's files or Headquarter's file must contain a copy of the agency's counseling plan based on the appropriate appendix. If the office lacks a copy, they must obtain it from the agency **prior to the scheduled biennial performance review and prior to reviewing any future applications for HUD funding.**

**NOTE:** Agencies approved under early versions of this handbook might not have submitted housing counseling plans as part of their application. In such an instance, the agency must be notified in writing that it has sixty days to submit such a plan. If an agency does not submit plan, you must notify the chief staff person that the agency will no longer be eligible to apply for HUD funds.

#### **F. Confidentiality of Client Records**

1. HUD staff conducting the review will protect the confidentiality of all client records maintained by the agency. This means that HUD staff will not disclose any such information to any person or entity outside of HUD unless directed to do so by a duly constituted legal authority such as a court of law. If the reviewer identifies fraud, waste, or mismanagement by the agency, the reviewer must

report such findings to the appropriate Office of the Inspector General.

2. HUD-approved Housing Counseling Agencies

a. See paragraph 4-8 regarding confidentiality of client records.

b. File Review by HUD Staff. HUD staff assigned to review the housing counseling activities of a HUD-approved housing counseling agency will request from the agency specific client files for review. The reviewer decides which files and how many files she or he will review, and determines the method used to identify files.

- (1) Copies of Files for Review. The agency must deliver the files to the reviewer; however, the agency may, at its discretion, provide reproduced copies of the files from which the agency obliterates all information that specifically identifies the client. Specific information includes such items as the name, street address (**NOT** the city, State or ZIP code), social security number, and telephone number of the client from the file.

The agency must not remove any papers from the file or obliterate any information other than what specifically identifies the client. For example, the agency cannot remove the name of the client's employer or creditor or any notes made by the agency's staff, such as a counselor or receptionist.

- (2) File Identifiers for Reproduced Files. If the agency obliterates information that identifies the client, the agency must mark the original file and the reproduced copy so a match may occur if HUD seeks additional information about

services provided to the client during the review or at a later date.

- (3) Client Checklists. Part of the review requires HUD staff to send a checklist to a selected group of clients (See para. 5-3C.). The clients may respond anonymously. If the agency provides redacted files (those with obliterated client-identification entries), the agency must still provide HUD staff with a list of names and addresses of all clients who may opt, upon receipt of the survey form in the mail from HUD, to participate in HUD's survey to determine customer satisfaction with the services rendered. These clients may be all or some of those whose files HUD reviewed, a combination of reviewed and non-reviewed files, or totally other files.

5-4 Re-approval and Disapproval Based on BPR Findings. Using the findings of the BPR, the HUD Office determines whether to renew the approval unconditionally or conditionally, or cancel its approval of the agency.

A. Unconditional Re-approval. If the agency is in full compliance with the performance criteria of this handbook, HUD will re-approve the agency unconditionally for another two years. Notify the agency by letter (**Appendix 4**) and send a new two-year certificate (**Appendix 6**).

B. Conditional Re-approval

1. If the agency fails to meet the performance criteria but the failure does not seriously impair the agency's counseling capability as required in this handbook, HUD may extend the agency's approval for up to ninety days.
2. HUD may grant this conditional extension only if the agency agrees to attempt to correct its program deficiencies within the period of the extension.

3. Otherwise, HUD must withdraw its approval of the agency.
4. Notify the agency by letter and specify the deficiencies.

C. Withdrawal of HUD Approval

1. When HUD determines that the agency's program deficiencies seriously impair the agency's ability to comply with this handbook, the office must withdraw its approval of the agency immediately.
2. HUD sends a letter to the agency within thirty days of the determination to withdraw approval. **Appendix 13** contains a suggested format for the letter. If you use your own letter format it must include the following information:
  - a. Date of the BPR;
  - b. Statement of the deficiencies that must be corrected;
  - c. A period of time not to exceed ninety days during which the agency may correct the deficiencies;
  - d. Statement that, if the agency chooses to correct the deficiencies, the agency must send to HUD a letter indicating, for each deficiency, the specific corrective action accomplished to eliminate the deficiency and that the deficiency has been eliminated; and
  - e. Effective date of the approval withdrawal.

- D. Reinstatement of HUD Approval. If HUD receives what it considers an acceptable letter indicating the required corrections of deficiencies, HUD may reinstate the agency's approval and send a letter to that effect and a new certificate of approval to the agency; otherwise, HUD will take no further action other than inform the agency in writing of HUD's decision.

5-5 Report of Performance Reviews. This report consists of a copy of **Form HUD-9922**, HUD-approved Housing Counseling Agency Performance Review Annual Report, and all attachments required in the instructions to complete the form. The Field Offices must report to Headquarters the reviews those offices conduct for the housing counseling agencies approved by each office. Paragraphs 5-3 and 5-4 of this chapter set forth the requirements for these reviews.

A. Significance of the Reporting Requirement. The Department's housing counseling program continues to receive increasing attention from within as well as outside of HUD. It behooves the Department to assure that its approved housing counseling agencies deliver counseling services in a professional and effective manner.

Headquarters will use the Field Office Summary Reports to inform the Deputy Assistant Secretary for Single Family Housing of the quality of the counseling services, the extent to which the field fulfills its monitoring responsibilities, and to support budgetary and appropriations requests. Data from these reports will also be used in HUD's Annual Report to Congress.

B. Report Format. Use **Form HUD-9922**, HUD-Approved Housing Counseling Agency Performance Review Report. The form contains instructions for its completion. See **Appendix 16**.

C. Report Submission. Field Offices submit their reports to the appropriate Field Manager in the office of the Deputy Assistant Secretary for Single Family Housing no later than January 31 for the previous calendar year.

## CHAPTER 6. FUNDING

6-1 Funding Sources. HUD will fund two types of HUD-approved housing counseling agencies: those agencies that choose to be approved and funded by HUD through a HUD-approved intermediary national, regional, or multi-State entity, and those agencies that seek HUD approval and funding directly from HUD rather than through an intermediary organization.

A. HUD As a Funding Source

1. Approval of an agency by HUD does NOT guarantee funding from the Department. Funding depends upon appropriations by Congress and is awarded **competitively** under federal and HUD regulations and policies governing assistance programs, and HUD's regulations implementing the Department of Housing and Urban Development Reform Act of 1989.
2. Notice of Funding Availability (NOFA). If the Congress appropriates funds for housing counseling, HUD will publish a **Notice of Funding Availability (NOFA)** in the Federal Register. The Notice will set forth in somewhat general terms the application for funds and how HUD will allocate the funds. HUD will also publish an "application kit" based on the Notice. The kit contains more detailed application information. Publication generally occurs between January 1 and May 1 of the year following the appropriation by the Congress. It is the housing counseling agency's responsibility to ascertain when publication of the Notice occurs.

***HUD funding awarded under a NOFA does NOT cover all expenses incurred by an agency to deliver housing counseling as defined in this handbook. Agencies must seek additional funds from other sources.***

As a courtesy to HUD-approved housing counseling agencies, HUD will, if time permits, mail to each approved agency a copy of the current application kit; however, if HUD does not mail the kit or the agency does not receive it, this does not relieve the housing counseling agency of its responsibility to ascertain from the Federal Register the availability of funds and the kit.

Counseling agencies should take the following steps to help assure receipt of the kit.

- a. Make certain that the HUD office that approved the counseling agency has the agency's correct name and mailing address at all times, and
- b. that the HUD office includes the agency's correct name and mailing address on HUD's list of approved agencies. This is also critical to ensure appropriate client referral from HUD's toll-free 800 number (569-4287).

**NOTE:** While an agency may check these items with the HUD office at any time, it is most appropriate to do so during the first week of January each year. This check is especially important if the agency changed its name, address, or the telephone number during the preceding year, even if the agency notified the HUD office of the change previously.

**See paragraph 2-9, AGENCY INFORMATION CHANGES, and Appendix 7.**

- B. Local Funding Sources. HUD recommends that approved agencies seek funding from local sources such as community lending or realtor organizations in addition to the unit of local government. *Agencies must assure that such arrangements do not violate the provisions regarding conflict of interest in paragraph 5-1E., Conflict of Interest, in chapter 5.*

Funding from multiple sources provides the best insurance that a counseling agency can have of continued operation. Multiple funding sources also help to preserve the public perception of objectivity in the services being provided. Agencies must intentionally guard against becoming beholden to funding sources that compromise this objectivity in relation to clients.

- C. Community Development Funds. See para. 1-1J and 6-3.

- D. SEE PARAGRAPH 5-1E REGARDING CONFLICTS OF INTEREST CAUSED BY AN AGENCY'S RECEIPT OF FUNDS FROM SOME SOURCES.

- 6-2 Counseling Fees. HUD does NOT authorize a HUD-approved counseling agency to charge counseling fees for **HUD-related clients** as defined in paragraph 1-6A2 of this

handbook **EXCEPT** in fiscal years where the Department does not receive an appropriation designated for this purpose. In that instance, the basis for any fees charged to a HUD-related client must be consistent with local practice and not duplicate other sources of HUD funding. Clients affected must be informed of the agency's fee structure in advance of services being provided.

**Debt Management Service.** HUD considers debt management service as an activity related to, but apart from, the counseling process. It involves the client turning funds over to the agency which then distributes it to creditors via agency checks. It also involves the agency in the maintenance of records regarding this service. Paragraph A below applies to charges for debt management service.

HUD does not involve itself in the details relating to counseling fees charged by a HUD-approved agency for non HUD-related clients; however, if the agency charges such fees, HUD expects the agency to conform to the following guidelines.

- A. Provides counseling without charge to persons who cannot afford the fees
- B. Charges nominal fees in keeping with those of similar agencies for similar services
- C. Bases approved fees on a sliding scale in relation to the client's income and uses that scale for all fee clients.

6-3 Community Development Block Grants (CDBG). The following information applies only to CDBG grants.

- A. Local Discretion. The responsibility for selecting the activities to be funded under a particular CDBG program rests with local community officials.
- B. Eligibility of Counseling Services as a Public Service Activity. Counseling services are eligible for block grant funding under the Entitlement, State administered, and HUD-run Small Cities program as a public service. The Community Planning and Development Division of the local HUD office can provide information on requirements and the names of local contact persons.
- C. Eligibility of Counseling Services as a Reasonable Administrative Cost. Counseling services may also be eligible for block grant funding if they relate to



housing counseling and other activities designed to further fair housing practices.

- D. Requirements Applicable to CDBG Funded Counseling Services. Counseling services funded solely with CDBG funds must meet only the applicable CDBG requirements.

6-4 Fair Housing Initiatives Program (FHIP). The Office of the Assistant Secretary for Fair Housing and Equal Opportunity published Regulations in 24 CFR Part 125 on February 10, 1989, in the Federal Register, covering the Fair Housing Initiatives Program. That Office also publishes Notices of Funding Availability (NOFA) when appropriated funds are available. For further information, contact the Director, Fair Housing Initiatives Program Division, Room 5240, HUD, Washington, D.C. 20410.

## CHAPTER 7. GRANT PROGRAM

- 7-1 Vouchering HUD Under A Grant. Throughout this chapter, references to "counseling unit" apply only to housing counseling grants for Fiscal Year 1994 and earlier. HUD will not use counseling units as the basis for reimbursement for grants awarded in Fiscal Year 1995 and future years.
- A. On March 6, 1995, HUD discontinued the use of SF 270 (Request for Advancement or Reimbursement) for housing counseling grants and initiated the Line of Credit Control System/Voice Response System (LOCCS/VRS). HUD now requires all housing counseling grantees to use VRS as the sole means of billing HUD under the grants. See **Appendices 14A, 14B, and 14C** for LOCCS Forms. Each form contains instructions for its completion. Also see **Appendix 14D**, Instructions for Requesting Payment of FY 1995 Housing Counseling Program Funds.
- B. GTR and GTM Approval of Vouchers. The GTR or GTM must approve all vouchers submitted by grantees in LOCCS.
1. Related Reports. The GTR or GTM may approve the grant mid-term period billings and the final billings **ONLY UPON RECEIPT OF THE RELEVANT REPORTS FOR THOSE GRANT PERIODS.**
  2. Nonapproval. The GTM or GTR will not approve an incorrect voucher. LOCCS will not approve a voucher that would make total payments to the grantee exceed the grant amount. This check includes the required proper Program Accounting System (PAS) code and appropriation fund code.
- C. The grantee must NOT voucher HUD for counseling service costs funded under any source other than a housing counseling grant from HUD.

EXAMPLES

1. An agency receives both a HUD housing counseling grant and a HUD community development block grant to provide counseling. The agency may voucher HUD under one grant or the other, but NOT both for the same counseling service to the same client.
2. An agency receives a HUD housing counseling grant and funds from a local organization. If the agency charges the service to the local organization, funds or bills the local

organization for counseling a client, the agency **MUST NOT** also voucher HUD for the same service to the same client.

- D. Grantees seeking information about the status of a voucher must call the GTR or GTM.
- E. Payments by HUD to Grantees. HUD makes direct-deposit payments to the grantees' financial institutions. Part of the grant-award process includes the grantee's completion of Standard Form 1199A, *Direct Deposit Sign-up Form*.
- F. Draw-downs of Grant Funds. The Grant Document for a particular grant sets forth the schedule for vouchering under LOCCS as indicated above. Grantees must consult that document to assure the timely submission of vouchers. See paragraph 7-2 below regarding vouchers and reports.

## 7-2 Reports

- A. Grantee Requirements. The grant document for each grant sets forth the grantee's reporting requirements. These requirements might change with each grant award; therefore, grantees must consult their grant documents to determine the applicable reporting requirements.
- B. Report Processing by HUD
  - 1. The GTR/GTM reviews the mid-term and final reports to assure that they comply with the report requirements of the grant document. If the report does not comply, the GTR/GTM returns the report to the grantee who must resubmit an acceptable report.
  - 2. If a mid-term report is acceptable and has been reviewed by a GTM, the GTM sends the report to the GTR. Either the GTM or the GTR will then process the related voucher.
  - 3. If the final report is acceptable and has been reviewed by the GTM, the GTM sends the report to the GTR. Either the GTM or the GTR will then process the related voucher.

7-3 Appointment of Government Technical Representatives and Government Technical Monitors

A. Government Technical Representative (GTR). The Single Family Director in the appropriate HUD office appoints the GTR by means of a memorandum.

1. Provide a signature space on the appointment memorandum where the newly appointed GTR signs his or her name to acknowledge the appointment. The signature entry space must read as follows:

(GTR signs on this line and enters date)

\_\_\_\_\_  
(Enter GTR's Name)

Government Technical Representative

2. Deliver a copy of the signed appointment memorandum to:

- a. Newly appointed GTR after he or she signs the memorandum as indicated above
- b. Supervisor of the Housing Counseling staff in Headquarters

B. Government Technical Monitor (GTM). The appointment process, including the distribution of the appointment memorandum for the GTM, is the same as the GTR. Appointment of a GTM is at the option of the Single Family Director.

C. Duties of the GTR and GTM. HUD Handbook 2210.17, Discretionary Grant and Cooperative Agreement Policies and Procedures, Chapter 4, sets forth the duties of these two functions.

7-4 Disallowance of Payments for Counseling Units and Recovery of Payments Made for Disallowed Counseling Units. This paragraph applies only to HUD counseling grants for 1994 and prior years. For a definition of **counseling unit** and an explanation of how HUD computes the units, see the applicable Request for Grant Application (RFGA) or the applicable Assistance Award/Amendment, **Form HUD-1044**, and the latter's related documents. Grantees may obtain copies of these items from the GTR or GTM.

- A. If the GTR or GTM identify disallowable counseling units, he or she must notify the Grant Officer in writing. The Grant Officer will notify the grantee in writing and take whatever actions, including those listed below, that are appropriate to the disallowances. The notice to the grantee must specify the units and state why HUD disallows them.
- B. Disallowed Units Covered by an Unpaid Voucher or Invoice. The Grant Officer will coordinate with, and seek advice from, the GTR/GTM prior to doing the following:
1. Request a grantee to submit a revised billing based on the reduced number of allowable units
  2. Retain a copy of the affected billing that covers the disallowed units
- C. Disallowed Units Covered by a Paid Voucher. The Grant Officer may exercise one of three options, depending upon the ability of the grantee to reimburse HUD for the payment covering the disallowed units.
1. Option 1. Request the grantee to submit a lump-sum payment to HUD within thirty days. The Grant Officer, GTR or GTM *MAY NOT* process any billings received after the disallowed units were identified until the lump-sum check is processed by the HUD depository.
  2. Option 2. If, in the judgment of the Grant Officer, Option 1 would work a hardship on the grantee, the Grant Officer may work out an installment cash payment plan for repayment over a period of ninety days. Until the pay-back is completed, the Grant Officer, GTR and GTM *MAY NOT* process any billings received from the grantee.
  3. Option 3. If the grantee has billed HUD for the entire grant amount, the Grant Officer may work out a method whereby the grantee can "repay" HUD by delivering an identical number of eligible units on its billing without reimbursement. The Field Office may use this method *ONLY* if all grant funds have been expended. If this method is used, the grantee must prepare and submit to the GTM performance reports covering the performance of "repaid" units.
  4. The GTR or GTM must document all collection efforts.

5. If repayment is made by check, follow the procedures set forth in HUD Handbook 1911.1 REV-3, Handling and Protecting Cash and Other Negotiable Instruments.'

7-5 Grant Applications. Unless specified otherwise in the Notice of Funding Availability or its related Request for Grant Application, applicants follow the instructions set forth below.

- A. National, regional, and multi-State HUD-approved housing counseling agencies submit their applications to:

Deputy Assistant Secretary  
for Single Family Housing  
U.S. Department of Housing  
and Urban Development  
451 7th Street, S.W.  
Washington, D.C. 20410

- B. Local housing counseling agencies approved by HUD Field Offices submit applications to those approving offices.

**NOTE:** Applicants that choose to receive funding under a parent national, regional, or multi-State HUD-approved housing counseling agency **DO NOT** submit funding applications to HUD. The parent organization submits one funding application that covers all of its affiliates or branches that choose to receive funds from HUD through the parent organization.

*HUD will not fund a local agency directly AND through a parent organization. Local agencies that apply directly to HUD and through a parent organization will be denied funding by HUD through both funding channels.*

## CHAPTER 8. APPEALS

- 8-1 Types of Appeals. An applicant or a HUD-approved counseling agency may appeal such matters as HUD's unwillingness initially to approve an applicant or subsequently to reapprove an agency, or any other matter that prohibits or inhibits an applicant or an agency from functioning fully as a HUD-approved housing counseling agency.
- 8-2 Informal Appeal. An applicant or an approved agency may make an informal appeal by telephoning the Field Office that disapproved the agency or the Office of the Deputy Assistant Secretary for Single Family Housing in HUD Headquarters that disapproved the agency and talking with the staff person responsible for the counseling program.
- 8-3 Formal Appeal. An applicant or an approved agency may make a formal appeal by writing to the Director of the Single Family Division in the HUD Field Office or the Deputy Assistant Secretary for Single Family Housing in Headquarters. The appeal may include a request for a face-to-face meeting with the appropriate HUD office staff person.
- 8-4 Timeliness of Appeals. An appeal should be received by the HUD office within forty-five days of the date of the HUD decision letter to the applicant or the agency. The HUD office is not bound to review appeals received after this 45-day period.

# Preliminary Application for Approval as a Housing Counseling Agency

## Housing Counseling Program - Local Agencies

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 1A

OMB Approval No. 2502-0261 (Exp. 4/30/98)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

For Organizations with one location or a Main Office with one or more Branch Offices within the same State or no more than two States. The purpose of the Preliminary Application is to determine if the applicant agency meets the basic eligibility requirements and should, therefore, prepare a Final Application.

### Instructions

1. Send the signed original and one **signed** copy of form HUD-9900-A, Preliminary Application, to the HUD office that services the area in which your organization is located. Attach the submissions required by these instructions. Retain these instructions and a copy of form HUD-9900-A.
2. **Do not** complete or send the Final Application until HUD requests it after a satisfactory conference with your organization.
3. For all requested attachments, send reproduced copies, **not** originals.
4. **Legal Status.** Attach a copy of the document that supports your claim to be a nonprofit organization. The attachment must include, among other facts, the official name, address, and telephone number of the legal authority that granted nonprofit status.
5. **Charter.** Attach a copy of the document (charter, by-laws, etc.) that authorizes your organization to provide housing counseling.
6. **Local Government.** Attach a copy of the document that authorizes you to provide housing counseling if you are a unit of local, county, or State government.

**Assurances:** The applicant assures HUD that the applicant complies with the following items and will, as a HUD-approved housing counseling agency:

1. Administer its housing counseling in accordance with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
2. Provide its housing counseling services without subagreements with other agencies for the delivery of all or any part of the services in the applicant's counseling plan as approved by HUD.

**Exception:** A HUD-approved housing counseling agency may subcontract with an entity in a geographical location not served by a HUD-approved counseling agency as long as that entity meets the require-

### 7. Community Base

a. Attach a description of your organization's experience and record of achievement in providing housing counseling or other similar services to the community in which you plan to provide housing counseling services.

#### b. ZIP Codes and Map:

(1) List the U.S. Postal Service ZIP code areas served by your agency. Include only those ZIP code areas from which your agency received "clients" during the 12-month period immediately prior to the date of your application for HUD approval.

(2) On a map, indicate the location of your counseling facility(ies). On the map, outline and identify by number each of the individual ZIP code areas you now serve as you indicated under subparagraph (1) above. Indicate the locations and give the names of all other housing counseling agencies within the ZIP code areas you serve. Attach the map to Section B.

c. Attach evidence that you have staff who fluently speak your clients' native language if you plan to provide housing counseling to nonEnglish-speaking persons.

8. **Audit Report.** Attach a copy of your audit report for an audit conducted within the 12-month period prior to the date of your application. See paragraph 2-1 of Handbook 7610.1.

ments of Handbook 7610.1. Attach a copy of any such subcontracts and an affirmation that the subcontractor meets this requirement.

3. Represent its clients without any conflict of interest on the part of the applicant, including its staff, that might compromise the agency's ability to represent fully the best interests of the client in accordance with HUD Handbook 7610.1.

4. Meet all local, State, and Federal requirements necessary to provide the applicant's housing counseling services, including debt management and liquidation services if the applicant provides such services.

5. Comply with the fee guidelines set forth in Handbook 7610.1 if the applicant plans to charge counseling fees.

1. Official Name of Applicant Organization:	3. Address of Main Office (If the applicant plans to use locations other than the main office, list them on a separate sheet and attach it to this sheet.)
2. Acronym, if any, for Official Name:	
4. Main Office Telephone Number	5. Executive Director's Name & Title:
6. Counseling Program Administrator's Name & Title:	7. Name, Title, Date, & Signature of Person Authorized by the Applicant's Governing Body to Submit this Application:



# Final Application for Approval as a Housing Counseling Agency

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 1B

## Housing Counseling Program - Local Agencies

OMB Approval No. 2502-0261 (Exp. 4/30/98)

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

For Organizations with one location or a Main Office with one or more Branch Offices within the same State or no more than two States.

### Instructions

1. You may, at your option, submit your completed Final Application at the same time you submit your Preliminary Application; otherwise, submit the final only when HUD requests you to do so. If you submit only the preliminary, HUD will request the final after HUD approves your Preliminary Application and you complete a satisfactory conference with HUD.
2. This Final Application consists of four related sections: (1) the target area and population you propose to serve, (2) the housing needs and housing problems you have documented and propose to address, (3) the resources you possess or will obtain to carry out your counseling plan, and (4) your housing counseling plan.
3. Your counseling plan must be reasonable in relation to the target population and their housing needs/problems and the resources you have to implement the plan. HUD seeks to approve counseling plans that an applicant can carry out with available resources. HUD will not approve a well-meaning but ill-conceived plan that lacks the necessary resources. It behooves every applicant to write a counseling plan that meshes the needs/problems with the resources. A small, workable plan is acceptable, but a large plan that exceeds the resources to implement it is bound not to be approved by HUD. You may limit your plan to a specialized area of housing counseling such as default counseling.

4. Please prepare your plan in a logical and orderly manner, using the outline of sections set forth below in the Final Application section. Your submission should also meet these requirements.

- a. Typewritten or other form of word processing with letter-quality or near-letter-quality printing
- b. Letter-size 8 1/2 x 11" paper (For identification purposes, place your organization's name or acronym and city and State on the top of each page.)
- c. Outline format, as below
- d. Detailed but concise
- e. One copy
- f. Use short paragraphs in narrative sections.

5. After you complete the parts of the Final Application, prepare a **one-page single-spaced** summary cover sheet on your letterhead. Entitle the sheet "Final Application for HUD Approval as a Housing Counseling Agency—Summary Sheet."

The summary must tell HUD how your housing counseling plan meets the housing needs and problems of the target population and how your resources and the community's resources will enable you to implement the plan. Include the name and telephone number of the person whom HUD may contact regarding the application.

This summary should serve the HUD reviewer as an introduction to your Final Application. The person authorized to submit the application must sign the summary and enter the date of the signing.

A transmittal letter to HUD is not necessary.

### I. Target Area.

Consists of the ZIP code areas you entered on the map as part of your Preliminary Application. Submit the following items:

A. **A concise but detailed description of the target area** you propose to service with housing counseling. The description must include but is not limited to such items as: size of the population, racial and ethnic make-up of the population, socio-economic factors, age and condition of housing. Please do not exceed two single-spaced typewritten letter-size pages.

B. **A brief statement of your reason for selecting the target area.** Include a statement regarding why you believe your organization can service the area. Please do not exceed one single-spaced letter-size page.

D. **A justification for selecting the target area** if other housing counseling agencies exist in or near your target area.

4. **A revised map** that locates your offices, the target area, and the location of other housing counseling agencies, **only** if the HUD office requests it after review of your Preliminary Application.

### II. Housing Needs and Problems. Submit the following.

A. **A narrative description of the housing needs and problems** of the target population. Before writing this item, see HUD Handbook 7610.1 for a definition of "housing need" and "housing problem."

B. **Be specific! Cite sources from which you obtained your data.** Include special needs and problems, such as those related to low income or poverty, homelessness, language, ethnic, minority, and racial factors.

### III. Resources.

For the purpose of this Final Application, HUD considers two major types of resources.

A. **Applicant.** These are "on-hand" resources of **staff, facilities, and funding** possessed by the applicant, regardless of their source, that the applicant can use to deliver housing counseling. Funds the applicant has on hand or has a **written commitment** to receive from any source fall into this category. Submit a detailed narrative statement of these resources that are "on hand" as of the date of your Final Application. Break the statement out into the above three categories—staff, facilities, and funding. **Do not** include unsupported projections of what you **hope** to receive or **plan** to seek.

### 1. Staff

- a. Include a brief dossier for each person who will supervise or perform counseling, or support counseling with clerical work.
- b. Indicate each staff person's position title, duties, and whether the position is full-time or part-time, is paid or volunteer.
- c. Indicate the extent of each counselor's knowledge of HUD housing programs and other programs available in the applicant's community.

### 2. Facilities

- a. Describe the facilities available for counseling, including privacy and access by handicapped persons. If access by handicapped persons is not present, indicate its absence and how, if at all, you would provide counseling to handicapped persons.
- b. Indicate what public transportation, if any, is within a 10 to 15-minute walk of the facility.
- c. Indicate if the applicant owns or rents the facility.

### 3. Funding

- a. List the sources and amounts of funds from those sources that you have "on hand." "On hand" means you possess the cash or **written commitments** for receipt of the funds within the initial 12-month period of your work as a HUD-approved housing counseling agency.
- b. Submit a copy of your current housing counseling budget and indicate the sources of the funds for the budget.
- c. If you plan to charge counseling fees, see **Counseling Fees**, in HUD Handbook 7610.1. Submit a statement that you are in compliance with the requirements for charging Counseling Fees and include copies of all items required.

### B. Community Resources

### Appendix 1B

1. These consist of local, State, and Federal public and private agencies with whom the applicant has firm working relations for the provision of various kinds of assistance to the applicant's clients.

2. List name, address, telephone number, and major purpose of all community resources from which you receive services or other forms of assistance for clients either at your facilities or those of the resource.

3. List the specific types of services and assistance and the extent of each.

### IV. Housing Counseling Plan.

HUD considers an acceptable housing counseling plan to be a reasonable interlocking of the needs and housing problems of the target population with the resources available to the applicant to address those needs and problems successfully on behalf of individual clients.

Using the facts about your previously identified target population, its housing needs and problems, and the resources on-hand or available to you, describe in detail the housing counseling you will provide as a HUD-approved housing counseling agency. You may limit your counseling to an area such as default counseling.

Your plan must reflect an understanding of HUD's concept of housing counseling as set forth in HUD Handbook 7610.1. Examples: HUD uses the term "client" in a specific manner throughout the Handbook. Also, in the Handbook, HUD sets specific parameters for "housing counseling."

When HUD reviews a Final Application, it does so against the provisions of the Handbook. While HUD urges applicants to be resourceful and innovative in developing their counseling plans, it places equal stress upon the plan's compliance with HUD's concept of housing counseling.

# Application for Approval as a Housing Counseling Agency

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Appendix 2

Housing Counseling Program - Multi-State, Regional, and National Organizations

OMB Approval No. 2502-0261 (Exp. 4/30/98)

Public Reporting Burden for this collection of information is estimated to average 8.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

### For use by:

#### Multi-State, Regional, and National Organizations

This application format consists of Sections A, B and C.

**Instructions.** Additional instructions for Section C are at the beginning of that section.

1. Attach to Section B the submissions required under Section A. Retain Section A and a copy of Section B in your file.
2. For all requested attachments, send reproduced copies, **not** originals.

3. Send one **signed** copy of Section B and one copy of Section C of this application to:

Deputy Assistant Secretary for Single Family Housing  
Room 9282  
U.S. Department of Housing and Urban Development  
Washington, D.C. 20410

### Section A - Applicant Information

1. **Type of Organization.** Check and complete one of the items below. Be sure to fill in applicable blanks.

a. ☐ national organization (A national organization need not function in all 50 States but should have branches or affiliates that cover more than one regional area of the country.)

(1) enter the number of States in which your organization will provide housing counseling: \_\_\_\_\_

(2) enter the number of offices (main, branch or affiliate) where your organization will provide housing counseling: \_\_\_\_\_

b. ☐ regional organization (A regional organization serves a regional area such as the Southwest or the Northeast. The organization's operational boundaries need not conform precisely to what might be accepted as a definition, for example, of the Southwest of the United States. A reasonable approximation of boundaries suffices.)

(1) enter the regional name of the area where your organization will provide housing counseling: \_\_\_\_\_

(2) enter the number of States included in the region you will serve: \_\_\_\_\_

(3) enter the number of offices (mail, branch, or affiliate) where your organization will provide housing counseling: \_\_\_\_\_

c. ☐ multi-State organization (A multi-State organization serves three or more States. The States may be contiguous or noncontiguous. The organization's operational boundaries need not conform precisely to the State boundaries to satisfy this definition. A reasonable approximation of boundaries suffices.)

(1) enter the names of the States where your organization will provide housing counseling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) enter under each State name the number of offices (mail, branch or affiliate) where your organization will provide housing counseling:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Legal Status.** Attach to Section B a copy of the document that supports your claim to be a nonprofit organization. The attachment must include, among other facts, the official name, address, and telephone number of the legal authority that granted nonprofit status. HUD assumes and the applicant assures that its branches or affiliate are also nonprofit entities.

3. **Charter.** Attach to Section B a copy of the document (charter, by-laws, governing body meeting minutes, etc.) that authorizes your organization to provide housing counseling.

4. **Local Government.** If you are a unit of local, county, or state government, attach to Section B a copy of the document that authorizes you to provide housing counseling.

#### 5. Community Base

a. Attach to Section B a description of your organization's experience and record of achievement during the past three years in providing housing counseling or other similar services to the communities in which you plan to provide housing counseling services.

b. **Branches or Affiliates.** Provide a list of your organization's main office and branch offices or affiliates. Include the following information for your main office and each branch or affiliate.

(1) Official name

(2) Address, including ZIP Code

(3) Mailing address if different from address on line 2 above

(4) Telephone Number(s): include toll-free number, if available

(5) Name, title, and telephone number of the person in charge of the housing counseling program

c. If you plan to provide housing counseling to non-English-speaking persons, attach to Section B evidence that you have staff who are fluent in your clients' native language.

6. **Audit Report.** Attach to Section B a copy of your audit report for an audit conducted within the 12-month period prior to the date of your application. See paragraph 2-1 of this handbook. HUD assumes and the applicant assures that its branches or affiliates have had an audit conducted within the 12-month period prior to the date of this application.

The applicant assures HUD that it complies with the following items and will, as a HUD-approved housing counseling agency:

1. Administer its housing counseling in accordance with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
2. [With the exception stated below in this subparagraph] Provides its housing counseling services without subagreements with agencies other than the applicant's branches or affiliates or HUD-approved housing counseling agencies for the delivery of all or any part of the services in the applicant's counseling plan as approved by HUD.

**Exception.** The agency may subcontract with another entity to serve a geographical area not served by a HUD-approved housing counseling agency, but that entity must comply with the provisions of this handbook. Attach to this application a copy of all such subcontracts and an affirmation that the entity complies with the provisions of this handbook.

3. Represent its clients without any conflict of interest on the part of the applicant, including its staff, that might compromise the agency's ability to represent fully the best interests of the client in accordance with HUD Handbook 7610.1 REV-3, para. 5-1.

4. Meet all local, State, and Federal requirements necessary to provide the applicant's housing counseling services, including debt management and liquidation services if the applicant provides such services.

5. Comply with the fee guidelines set forth in chapter 6 of Handbook 7610.1 REV-3 if the applicant plans to charge counseling fees as described in that chapter.

1. Official Name of Applicant Organization:	3. Address of Main Office (If the applicant plans to use locations other than the main office, list them on a separate sheet and attach it to this sheet.):
2. Acronym, if any, for Official Name:	
4. Main Office Telephone Number:	5. Executive Director's Name and Title:
6. Counseling Program Administrator's Name and Title:	7. Name, Title, Date, and Signature of Person Authorized by the Applicant's Governing Body to Submit this Application:

**Instructions:****General.**

I. Submit Parts A, B, and C as a single application.

II. This section consists of four related parts:

1. the **target area** and population you propose to serve,
2. the **housing needs and problems** you have documented and propose to address,
3. the **resources** you possess or will obtain to carry out your counseling plan, and
4. your **housing counseling plan**.

III. Your counseling plan must be reasonable in relation to the target population and their housing needs/problems and the resources you have to implement the plan. HUD seeks to approve counseling plans that an applicant can carry out with available resources. HUD will not approve a well-meaning but ill-conceived plan that lacks the necessary resources. It behooves every applicant to write a counseling plan that meshes the needs/problems with the resources. A small, workable plan is acceptable, but large plan that exceeds the resources to implement it is bound not to be approved by HUD.

IV. Please prepare your plan in a logical and orderly manner, using the outline of sections set forth below in the Final Application section. Your submission should also meet these requirements.

A. Typewritten or other form of word processing with letter-quality or near-letter-quality printing

B. Letter-size 8 1/2 X 11" paper (For identification purposes, place your organization's name or acronym and city and state on the top or bottom of each page.)

C. Outline format, as below

D. Detailed but concise

E. One copy

F. Use short paragraphs in narrative sections.

V. After you complete all three sections of the application, prepare a **one-page single-spaced** summary cover sheet on your letterhead. Entitle the sheet "Final Application for HUD Approval as a Housing Counseling Agency--Summary Sheet."

The summary should tell HUD how your housing counseling plan meets the housing needs and problems of the target population and how your resources and the community's resources will enable you to implement the plan. Include the name and telephone number of the person whom HUD may contact regarding the application.

This summary should serve the HUD reviewer as an introduction to your Final Application. The person authorized to submit the application must sign the summary and enter the date of the signing.

A transmittal letter to HUD is not necessary.

1. **Target Area.** Submit the following items.

A. A **concise but detailed description of the type of target area(s)** you propose to service with housing counseling. **The description must include but is not limited to such items as:** size of the population, racial and ethnic make-up of the population, socio-economic factors, age and condition of housing. Please do not exceed two single-spaced typewritten letter-size pages.

B. A **brief statement of your reason for selecting the type of target area(s).** Include a statement regarding why you believe your organization can service the area(s). Please do not exceed one single-spaced letter-size page.

C. A **justification for selecting the type of target area(s)** if other housing counseling agencies exist in or near your target area(s).

D. A **list of U.S. Postal Service ZIP code areas.** HUD operates a toll-free telephone number that persons may call to obtain information about the HUD-approved housing counseling agency nearest to the caller's residence. For this reason, an applicant's final application must include a list of the main, branch and/or affiliate offices and the ZIP codes serviced by each office. Include only ZIP code areas from which the office(s) received clients during the 12-month period immediately prior to the date of your application for approval.

2. **Housing Needs and Problems.** Submit the following.

A **Narrative Description of the Housing Needs and Problems of the type of target area(s)** your organization will serve. Before writing this item, see para. 1-7A of HUD Handbook 7610.1 REV-3, for a definition of "housing need" and "housing problem."

Be specific!

Include special needs and problems, such as those related to available housing stock, low income or poverty, homelessness, language, ethnic, minority, and racial factors.

3. **Resources.** For the purpose of this Final Application, HUD considers two major types of resources.

A. **Applicant.** These are "on-hand" resources of Staff, Facilities, and Funding possessed by the applicant, regardless of their source, that the applicant can use to deliver housing counseling. Funds the applicant has on hand or has a **written commitment** to receive from any source fall into this category.

Submit a detailed narrative statement of these resources that are "on hand" as of the date of your Final Application. Break the statement out into the above three categories--staff, facilities, and funding.

Do Not include unsupported projections of what you **hope** to receive or **plan** to seek.

1. **Staff**

a. Include a brief resume for each person who will oversee the housing counseling program at the headquarters of the applicant organization.

b. For each resume under para. a. immediately above, indicate each staff person's position title and duties.

2. **Facilities.** Do Not provide information for each branch or affiliate. Instead, provide a general description of the facilities, but Do address the matters of **Privacy and Access By Handicapped Persons** by including a statement to the effect that these needs are or are not met at each counseling location. Privacy and handicap access are required at each location.

a. Describe the facilities available for counseling, including privacy and access by handicapped persons. If access by handicapped persons is not present, indicate its absence and how, if at all, you would provide counseling to handicapped persons.

b. Indicate whether public transportation is within a 15-minute walk of the each counseling location.

### 3. **Funding.**

a. List the sources and amounts of funds from those sources that you have "on hand." "On hand" means you possess the cash or **written commitments** for receipt of the funds within the initial 12-month period of your work as a HUD-approved housing counseling agency.

b. Submit a copy of your current housing counseling budget and indicate the sources of the funds for the budget.

c. If you plan to charge counseling fees, see para. 6-2, **Counseling Fees**, in chapter 6 of HUD Handbook 7610.1 REV-4. Submit a statement that you are in compliance with para. 6-2, and include copies of all items required under that paragraph.

### B. **Community Resources**

1. These consist of the **types** of local, state, and federal public and private agencies with whom the applicant expects its branch or affiliates to have firm working relations for the provision of various kinds of assistance to the applicant's clients.

2. List the names of the **types** of community resources from which you expect your branches or affiliates to receive services or other forms of assistance for clients either at your facilities or those of the resource.

3. Community resources include HUD-approved counseling agencies with which the applicant and its branches or affiliates will work cooperatively.

4. **Housing Counseling Plan.** HUD considers an acceptable housing counseling plan to be a reasonable interlocking of the needs and housing problems of the target areas with the resources available to the applicant to address those needs and problems successfully on behalf of clients.

Using the facts about your previously identified **types** of target areas, their housing needs and problems, and the resources on-hand or available to you, describe in detail the comprehensive housing counseling you, through your branches or affiliates, will provide as a HUD-approved housing counseling agency.

Your plan must reflect an understanding of HUD's concept of housing counseling as set forth in HUD Handbook 7610.1 REV-3. Examples: HUD uses the term "client" in a specific manner throughout the handbook. Also, in the handbook HUD sets specific parameters for "housing counseling."

When HUD reviews a Final Application, it does so against the provisions of the handbook. While HUD urges applicants to be resourceful and innovative in developing their counseling plans, equal stress is placed upon the plan's compliance with HUD's concept of comprehensive housing counseling.

CHECKLIST TO REVIEW AN APPLICATION FOR  
APPROVAL AS A HOUSING COUNSELING AGENCY

U.S. Department of Housing  
and Urban Development

1. Applicant's Name and Address

2. Date Rec'd by HUD: 199\_\_

INSTRUCTIONS. The HUD Field Office uses this form to determine the acceptability of the Preliminary Application and the Final Application required by **HUD Handbook 7610.1 REV-4**. Circle the appropriate Yes or No entry for each item. Most "No"-checked items require correction by the applicant before HUD can approve the preliminary or final application. HUD may make exceptions to "No" items if the data is provided although it is not provided in the format requested by the application form. HUD will not make exceptions for items marked "No" if the required information or submission is missing from the application. Prepare review comments on separate sheets and attach them to this form. Document any corrective action that removes an application deficiency.

An applicant may use the checklist to check its submissions prior to sending them to HUD but does NOT send a copy of the checklist to HUD. The Field Office may discard any of these forms received from an applicant.

PRELIMINARY APPLICATION - HUD Review

1. Is the applicant located in your Office's jurisdiction? Yes No

If "No," do not review the application. Return it to the applicant and inform them of the correct HUD Office.

2. Did you receive an original and one copy? Yes No

3. Does at least one copy contain an original signature? Yes No

4. Did the applicant also submit the Final Application along with the Preliminary Application? Yes No

If "Yes," do not review it. Return it to the applicant

5. Did the applicant send items not required by **HUD Handbook 7610.1 REV 4**? Yes No

If "Yes," you may discard those items.

## Appendix 3

6. Did the applicant submit a document that supports its claim to be a nonprofit entity? Yes No
- Does the document include the name, address, and telephone number of the legal authority that granted nonprofit status? Yes No
7. Did the applicant attach a copy of its charter, by-laws or similar document that authorizes the organization to provide housing counseling? Yes No
8. If the applicant is a unit of local, county, or state government, did the applicant submit a copy of a document that authorizes it to provide housing counseling? Yes No
- If applicant is not governmental, circle NA. NA
9. Did the applicant submit a description of its experience and record of achievement in providing housing counseling or similar services to the target community? Yes No
- Is the statement acceptable? Yes No
10. Did applicant submit a list of ZIP Code areas and a map outlining those areas and indicating its location(s)? Yes N
11. If the applicant plans to serve people who do not speak English fluently, did the applicant submit evidence that it has staff or interpreters who fluently speak the clients' native languages? Yes No
- If the applicant does not plan to serve nonEnglish-speaking clients, circle NA. NA
12. Did the applicant submit Section B, Assurances and Signatures with an original signature? Yes No
- Pay close attention to any information or indication that the applicant cannot comply with these assurances--especially those relating to civil rights and discrimination as well as conflict of interest. If any doubt arises in your mind, obtain additional information from the applicant.
13. Are all required information items completed on Section B? Yes No



## Appendix 3

14. The mere presence of each required document or entry is not sufficient evidence to approve a Preliminary Application. Items must be complete, accurate, readable, and of a quality that leaves no doubt in the mind of the reviewer.

Circle your review decision: APPROVE DISAPPROVE

Whether you APPROVE or DISAPPROVE, see Chapter 5 of Handbook 7610.1 REV-4 for further instructions.

Signature of HUD Reviewer

Date of the Review

Supervisor's Concurrence Signature

Date of Concurrence

\*\*\*\*\*

FINAL APPLICATION - HUD Review - Date Rec'd by HUD:

199\_\_

1. Did your office approval approve the applicant's Preliminary Application? Yes No

2. Did you conduct an application conference with the applicant after approving their preliminary application? Yes No

If "No," and the lack of the conference was HUD's fault, immediately arrange for the conference. DO NOT review this final application until an acceptable conference is held.

If "No," and the lack of the conference was the applicant's fault, do not review this final application until the applicant participates in a conference. Notify the applicant in writing if you have not already done so.

3. Does the final application contain information regarding all four components--target area, housing needs and problems, resources, and housing counseling plan? Yes No

If "No," proceed with the review of this Final Application, but do not approve it until the required information is

## Appendix 3

submitted by the applicant.

4. Does the summary cover sheet indicate in general terms how the counseling plan meshes the target population's housing needs and problems with the resources available to the applicant? Yes No

As you review the detailed information provided by the applicant, assure yourself that the unity of these factors as expressed on the summary sheet appear reasonable in the counseling plan.

5. Does the application meet the following criteria?
- a. typewritten or letter-quality printing Yes No
  - b. letter-size paper 8 1/2 X 11" (except for copies of documents on legal-size paper) Yes No
  - c. Outline format rather than long narrative paragraphs? Yes No
  - d. Detailed but concise Yes No
  - e. One copy Yes No
6. Did the applicant submit a concise but complete narrative description of the target area? Yes No
- Does it include such items as size of the population, socio-economic factors, racial and ethnic make-up of the population, condition of housing? Yes No
- Do you feel you have a good idea of the nature of the target area after reading the applicant's description of it? Yes No
7. Did the applicant provide a statement of its reasons for selecting the target area, AND is it a convincing statement? Yes No
8. Does the applicant's proposed target area overlap with other counseling agency areas? Yes No
- If "Yes," did the applicant submit an acceptable justification for overlapping other agency areas? Yes No

## Appendix 3

9. If you requested a revised map from the applicant, did they submit an acceptable one? Yes No
- If you did not request a revised map, circle NA. NA
10. Did the applicant submit an acceptable statement of the housing needs and problems of the target population? An acceptable submission must comply with Handbook 7610.1 REV-4's definition of "housing need" and "housing problem." Is the statement specific and does it cite the sources upon which the statement is based? Yes No
11. Does the applicant separate resources into "Applicant" resources and "community" resources? Yes No
12. Is there also a breakout by staff, facilities, and funding? Yes No
13. Is a dossier included for the counseling supervisor, each counselor, and each support clerical staff? Yes No
14. Is each staff person's position title, duties, and paid-or-volunteer status indicated? Yes No
15. Is each counselor's knowledge of HUD and community housing programs indicated? Yes No
16. Is a description of the counseling facility included? Yes No
17. Does the facility description indicate privacy provisions? Yes No
18. Does the facility provide for handicapped person access? Yes No
19. Is it indicated whether public transportation is within not more than a 15 minute walk from the facility or that the applicant is located in a rural or distant suburb? Yes No

NOTE TO THE REVIEWER. If public transportation is not readily available and its absence would pose a hardship on potential clients within the target area, this might constitute a reason for disapproving the application; however, take into consideration the applicant's proposed method, if any, for overcoming this problem. For example, in an area where transportation by private automobile is a generally accepted or essential mode of transportation, but

## Appendix 3

a client lacks an automobile, the agency might propose to overcome this hurdle by providing counseling over the telephone--provided it is done at no cost to the client.

20. Did the applicant indicate whether it owns or rents its facility? Yes No

NOTE TO THE REVIEWER. If the applicant rents its facility, that might not be important unless other factors in the application indicate instability in the applicant's location in the target area. Discount a rental answer unless other factors contribute to an unstable position for the applicant.

21. Did the applicant list the sources and amounts of funding from each source? Yes No

22. Did the applicant include only "on-hand" funding--that is, funds actually on hand with the applicant or available in the near future based on WRITTEN COMMITMENTS from the sources? Yes No

If the applicant has mingled "on-hand" funding with those they hope or will seek, ignore that aspect of the submission. Request the applicant to resubmit this information. Under no circumstance is a reviewer to consider hoped for or sought but not received funding.

23. Did the applicant submit a copy of its current housing counseling budget and a list of the sources that underwrite that budget? Yes No

24. If the applicant plans to charge counseling fees, did it submit a statement that it is in compliance with para. 6-2, COUNSELING FEES, of Handbook 7610.1 REV-4.? Yes No

25. Did the applicant submit a list of the names, addresses, and major purposes of the community resources the applicant uses in its counseling program? Does this include the specific types of services and assistance and the extent of those resources? Yes No

26. The review of the applicant's housing counseling plan is usually the critical aspect of the review. The plan should bring together into a workable and cohesive counseling program the information regarding (a) the target area, (b) the housing needs and housing problems of the target population, and (c) the resources actually available to the applicant for meeting the needs of its clients. The reviewer MUST be able to answer the following questions in the affirmative without any reservation about the applicant's ability to deliver the counseling services it proposes.

- |    |                                                                                                                                                                                                                                        |     |    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a. | Does the applicant's housing counseling plan represent a workable balance between the scope of what it proposes and the resources it possesses to implement its proposal?                                                              | Yes | No |
| b. | If "Yes," proceed to item c. below. If "No," you must disapprove the application. The applicant may appeal your decision to disapprove or may submit a revised application.                                                            |     |    |
| c. | Does the counseling plan reflect a working knowledge of HUD's concept of housing counseling as set forth in Handbook 7610.1 REV-4?                                                                                                     | Yes | No |
| d. | If "Yes," proceed to item e. below. If "No," you must disapprove the application. The applicant may appeal your decision to disapprove or may submit a revised application.                                                            |     |    |
| e. | Does the counseling plan reflect a working knowledge of HUD housing programs applicable to the target area and population?                                                                                                             | Yes | No |
| f. | If "Yes" to question e., as well as a. and c., you may approve the application. If "No" to question e., you must disapprove the application. The applicant may appeal your decision to disapprove or may submit a revised application. |     |    |
| g. | Does the counseling plan reflect a working knowledge of Federal, State, and local fair housing laws and authorities?                                                                                                                   | Yes | No |

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27. Circle your review decision:      APPROVED                      DISAPPROVED

If you disapprove the application, attach a separate sheet or sheets setting forth your reasons for this decision.

\_\_\_\_\_  
Signature of HUD Reviewer

\_\_\_\_\_  
Date of the Review

\_\_\_\_\_  
Supervisor's Concurrence Signature

\_\_\_\_\_  
Date of Concurrence

Sample Letter of Approval as a HUD-approved  
Housing Counseling Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dear \_\_\_\_\_:

I am pleased to advise you that your final application for HUD approval as a Housing Counseling Agency has been approved. This approval is effective as of the date of this letter and covers a two-year period.

Your continued participation in the Department's housing counseling program is contingent upon your willingness and ability to comply with the provisions of two documents--the housing counseling plan you submitted to HUD as part of your final application and the provisions of HUD Handbook 7610.1 REV-4.

Please acknowledge your acceptance of this approval by signing on the "Approval Accepted" line below. Return the letter to this office at your earliest convenience. We will then issue a Certificate of Approval for your agency. After you sign below you should reproduce a copy of this letter for your records.

The name and address of your agency will appear on the next edition of our list of HUD-approved housing counseling agencies and be included in the toll-free 800 number referral service provided by HUD. Please be certain to advise this office promptly of any future change in your address or telephone number.

Sincerely yours,

Single Family Director

Approval Accepted \_\_\_\_\_

\_\_\_\_\_  
Name Agency's Authorized Signatory

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Sample Letter Disapproving an Application  
for Approval as a Housing Counseling Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dear \_\_\_\_\_:

After a careful review of your application for HUD approval as a housing counseling agency, I am unable, at this time, to grant approval to your organization.

I found your application does not meet the requirements of HUD Handbook 7610.1 REV-4 with respect to the following provisions.

(List each criterion not met and indicate why it was not met. If the unacceptable aspects of the application are numerous, consider stating them on attached sheets rather than in the body of this letter.)

You may appeal this decision by writing to this office and/or requesting an appointment. However, instead of an appeal, the Department encourages you to submit a revised application in which you address the deficiencies noted above.

If you wish to discuss this matter, please call (enter name of reviewer) \_\_\_\_\_ (office telephone number) who is available to provide any assistance you might need.

Thank you for your interest in HUD's housing counseling program.

Sincerely,

Single Family Director





## HUD APPROVAL AS A HOUSING COUNSELING AGENCY

The U.S. Department of Housing and Urban Development approves the following named entity as a Housing Counseling Agency. The entity has (1) met the Department's initial approval criteria and (2) submitted an acceptable housing counseling plan to serve its target community.

The Department approved this housing counseling agency to provide the following types of housing counseling in accordance with their counseling plan.

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
Date Approval Expires

\_\_\_\_\_  
Name and Title of HUD Official

MEMORANDUM FOR: Housing Counseling Clearinghouse

FROM: (Enter HUD Field Office information, including the name and title of the official who signs this memorandum.)

SUBJECT: Housing Counseling Agency Information

1. Agency Identification. Enter in item a. the current information for the **ONLY** or **MAIN** location (An agency may list only **ONE** main office.). If any part of that entry is an information change, enter the former information in item b. Please **DO NOT** include agency staff names, geographical service areas, etc.

[ ] Check this box if this agency has **MORE THAN ONE** location. For **BRANCH** offices, complete section 4.

a. Current Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (    )    -                      Ex: \_\_\_\_\_

Toll-Free Number:    800    -                      Ex: \_\_\_\_\_

FAX Number:            (    )    -

b. Former Name: \_\_\_\_\_

Former Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Former Telephone Number: (    )    -                      Ex: \_\_\_\_\_

Former Toll-Free Number:    800    -                      Ex: \_\_\_\_\_

Former FAX Number:            (    )    -

## Appendix 7

2. Action Regarding the Above Agency. Check appropriate box(es). Enter the action date on the line opposite each checked box.
- a. ☐ Initial Approval \_\_\_\_\_
  - b. ☐ Approval withdrawal \_\_\_\_\_
  - c. ☐ Change in agency information \_\_\_\_\_
3. Type of Counseling Service Offered by the Agency. If this represents a change in the services you previously reported the agency offers, check this box ☐.
- a. ☐ If the agency provides comprehensive housing counseling, check this box. If you checked this box, skip item b. and go to item c.
  - b. Check the box or boxes that indicate the type or types of counseling the agency provides.
    - ☐ Homeowner (other than default counseling)
    - ☐ Pre-purchase
    - ☐ Mortgage Default
    - ☐ Renter (including homeless)
    - ☐ Rent Delinquency
  - c. ☐ Check this box if the agency provides HECM - Home Equity Conversion Mortgage counseling.
4. Branch Office Information. If this is your INITIAL submission of branch office information for this agency, list all branches on extra sheets. Use the format in section 1, item a.
- If you are submitting change information about a branch office, enter the change information below. Use the format in section 1, lines a and b.

Use additional sheets if necessary. **ALWAYS** attach pages 1 and 2 when you submit this page 3.

5. U.S. Postal Service ZIP Code Areas

- a. For a Newly Approved Agency, enter the ZIP Code areas indicated by the applicant agency on its Preliminary Application and approved by your office.

\_\_\_\_\_  
\_\_\_\_\_

- b. For a Previously Approved Agency, enter ZIP Codes to:

Delete: \_\_\_\_\_

Add: \_\_\_\_\_

6. FAX this information to the Housing Counseling Clearinghouse: 301-251-5767.

Name and other information for person whom the Clearinghouse may call regarding this submission.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name FTS No. Office Date

file:hcainfo.x7

## Sample of Reporting Requirements

for

## Housing Counseling Grant Recipients

This **SAMPLE** is an excerpt from a previous grant award document and will be changed for grants awarded in 1995 and subsequent years. Grantee reporting requirements are set forth in the Grant Document for each grant. Grantees must comply with Grant Document reporting requirements. DO NOT use this sample as a guide. Also, references to "counseling units" in this sample apply only to HUD counseling grants for 1994 and earlier years.

ARTICLE VIII - REPORTS OF WORK IN SUPPORT OF PAYMENTS

- A. Quarterly Performance Reports. A grantee must submit a quarterly performance report in an original and two copies to the Government Technical Monitor (GTM). The report is due no later than the 30th of the month following the end of each quarter of the term of the grant. The report must accompany the invoice, Standard Form 270, Request for Advance or Reimbursement, for the third month of the quarter. The quarterly performance report must also accompany the final invoice and final report. The quarterly performance report must contain the following:

1. Six digit identification number for each client counseled during the quarter
2. Total number of counseling units, opposite the client identification number, delivered for the quarter and the type of counseling (homebuyer, default, etc.)
3. Total number of counseling units for each client. The total must agree with the total units of the three invoices for the quarter.

The Grantee agrees to provide HUD with a quarterly report for each quarter of the term of the grant and for the final invoice. If events occur during the performance of the grant that could affect the grant, the Grantee must include a narrative statement of these events with the monthly invoice.

- B. Final Report. The Grantee shall submit a Final Narrative Report which describes and evaluates the Grantee's counseling activities. The report should address program problems and recommend courses of action for improvement. The narrative need not exceed five double-spaced typewritten letter-size pages.

The Grantee is required to submit the final invoice (clearly identified "FINAL") and quarterly performance report together with the final report to the GTM no later than thirty days after the expiration date of the grant or when all funds are expended.

1. The grantee must submit three originals to the GTM.
2. The GTM will process the final invoice only after receiving a quarterly performance report and complete final report.

3. The final invoice, quarterly performance report and final report must also contain the name, address, and grant number of the Grantee as shown on the face of the grant document.
4. After review of these documents, the GTM must forward the final invoice, quarterly performance report, and final report to the GTR and Grant Officer for final payment approval and closeout of the grant.
5. The Grant Officer must forward the final invoice to the Office of Finance and Accounting for payment.

Client Authorization for a HUD-approved Housing Counseling Agency  
to Receive a Copy of the Client's Credit Report

I hereby authorize \_\_\_\_\_

Name of Client's Mortgagee or Creditor

located in \_\_\_\_\_

City

State

to send a copy of my credit report to: (Enter the official name  
and address of the HUD-approved housing counseling agency.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-mentioned counseling agency is a party to a home mortgage transaction involving the client whose signature appears below, which transaction is insured or to be insured by the United States Department of Housing and Urban Development (HUD).

I understand that HUD has apprised this counseling agency of its responsibilities regarding confidentiality of the credit report.

\_\_\_\_\_  
Client's name as it appears on the mortgage

\_\_\_\_\_  
Client's signature

Date

Note: Give a copy of the signed form to the client.  
Retain a copy of the signed form in the agency's file.  
Send the original to the mortgagee.

# Housing Counseling Agency Fiscal Year Activity Report

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 10

OMB Approval No. 2502-0261 (exp. 4/30/98)

Read the instructions on the back of this form.

Counseling agency name & address:

2. Reporting Year:

from Oct 1, 199

to Sep 30, 199

☐ Check here  
if this is a  
new address

3. Number of Clients Counseled this Report Period		All Counseling Activities	HUD Grant Activities	Potential Mortgagors	22. Purchased housing	All Counseling Activities	HUD Grant Activities
1. Homeowners (mortgage paid off)					23. Decided not to purchase		
2. Mortgagors (own property covered by mortgage)					24. Other		
3. Potential Mortgagors (want to purchase housing)					25. Total		
4. Renters (occupy rental property)					26. Purchased housing		
5. Potential Renters (want to rent housing)				Renters	27. Rented alt. housing		
6. Homeless					28. Other		
7. Other					29. Total		
8. Total					30. Purchased housing		
Race/Ethnicity:	a. American Indian / Alaskan Native			Potential Renters	31. Rented alt. housing		
	b. Asian / Pacific Islander				32. Other		
	c. Black Non-Hispanic				33. Total		
	d. Hispanic				34. Occupied "transitional" housing		
	e. White Non-Hispanic			Homeless	35. Occupied "emergency shelter"		
4. Results of Counseling	9. Obtained a Home Equity Conversion Mort.(HECM)				36. Occupied permanent hsg. for handicapped		
Homeowners	10. Other				37. Entered public or prvt. section traditional hsg.		
	11. Total				38. Other		
Mortgagors	12. Obtained a HECM				39. Total		
	13. Brought mortgage current			5. HUD Grant Activity - Summary Data			
	14. Forbearance agreement			HUD Grant No. From Block 3, Form HUD-1044	HUD Grant Amount From Block 14, Form HUD-1044	Number of Clients	Amount Invoiced
	15. Mortgage assigned to HUD						
	16. Executed a deed-in-lieu						
	17. Sold their property						
	18. Mortgage foreclosed						
	19. Rented alternative housing						
	20. Other						
	21.Total						
				Total:			
				6. Name, Title, & Signature of Person Authorized to Sign this Report :			
				Date :			



## Instructions for Form HUD-9902

### Housing Counseling Agency Fiscal Year Activity Report

This **HUD Fiscal Year Activity Report** enables a HUD-approved housing counseling agency to report all of its housing counseling activity for clients with housing needs and problems. Paragraph 1-7A of the HUD Housing Counseling Program Handbook 7610.1 provides the definition of "client," "housing need," and "housing problem."

1. **Counseling Agency Name & Address** - Enter the official name of your agency in the format you submitted to HUD. If the address you enter is a new address, check the box indicating this change.
2. **Enter Report HUD Fiscal Year** - This is an annual report covering the HUD Fiscal Year. Indicate the HUD Fiscal Year covered by the report. Even if your agency was approved by HUD for less than the full year report period, include clients counseling during the full report year.

#### General

**Clients** - Please remember that you report *clients* as defined in paragraph 1-7A of HUD's Housing Counseling Program Handbook 7610.1. You are *not* reporting the number of individual persons you counseled.

#### Examples:

- a. A husband and wife or a brother and sister or three friends who are mortgagors under the same note count as *one client*.
- b. Three renting families who experience the same problem with the same landlord and come to your agency together for assistance count as *one client*.

**Columnar Entries** - The report contains two data columns.

- a. **All Counseling Activities** - Enter data covering *all* housing counseling activities, including those performed under one or more HUD housing counseling grants.
  - b. **HUD Grant Activities** - Enter data covering *only* counseling provided under one or more HUD counseling grants during the report period. Include this data in the "All Counseling Activities" column.
3. **Clients Counseled This Report Period** - Enter the number of clients to whom you provided counseling during the report period. This might include clients who entered your workload the previous report period but you carried over into and counseled during the current report period.  
Enter the client count in the box that best describes the status of the clients when they first entered your workload.

**Homeless** - A client reported on this line must meet the definition for "homeless" or "homeless individual" set forth in Section 103., General Definition of Homeless Individual, of the Stewart B. McKinney Homeless Assistance Act (Public Law 100-77).

**Racial/Ethnic Categories** - Enter number of clients to whom you provided counseling during this period.

- a. **White (Non Hispanic)** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- b. **Black (Non Hispanic)** - A person having origins in any of the black racial groups of Africa.
- c. **Hispanic** - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
- d. **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America, and who maintains, cultural identification through tribal affiliation or community recognition.
- e. **Asian or Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

**Other** - Throughout the form, "other" provides a general category into which you place clients who do not fall under any specific category on the form.

4. **Results of Counseling** - You might achieve more than one result for the same client during the report year.

**Example:** A mortgagor in default enters into a **forbearance agreement** and later **sells the property**. Report both results on the appropriate lines.

5. **HUD Grant Activity - Summary Data** - Enter summary data from the "HUD Grant Activities" column for each grant under which you provided counseling during the report period. In the "Total" row, enter totals for the "No. of Clients" and the "Amount Invoiced" columns.
6. An authorized staff person must sign and date the report.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## Biennial Performance Review

of a

## HUD-Approved Housing Counseling Agency

Agency Name  
and Address

Reviewer

Review Date

INSTRUCTIONS TO REVIEWER. See HUD Handbook 7610.1 REV-4 for instructions regarding the Biennial Performance Review (BPR). Use this form to record the results of the BPR. Circle each item's "Yes" or "No" as appropriate. Document on separate sheets each of your negative determinations (A negative determination may be a "Yes" as well as a "No.").

Before you conduct the Biennial Performance Review, monitor the agency by means of a desk audit in accordance with para. 5-2 of 7610.1 REV-4. Prepare a list of items for your special attention during the BPR.

Of basic importance throughout the review is the reviewer's determination about whether the agency implements fully the counseling plan HUD approved as part of the agency's application for approval. See paragraph 5-3 of Handbook 7610.1 REV-4 and question 34 of this checklist. The reviewer must also make a judgment as to whether the plan is appropriate to current housing market conditions (See question 34.).

- |    |                                                                                                                                                                                                                                                                                       |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Is the agency still a NONPROFIT entity?                                                                                                                                                                                                                                               | Yes | No |
| 2. | During the past year, did the agency counsel at least 50 HUD-related clients as defined in 1-7A? (This and all of the following similar references cite Handbook 7610.1 REV-4. Also, on this form the term "client" falls under the handbook definition of the term.) See para. 5-1A. | Yes | No |
| 3. | Did the agency conduct a screening interview prior to accepting each client into the agency's workload?                                                                                                                                                                               | Yes | No |

## Appendix 11

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- |     |                                                                                                                                         |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 4.  | Did a <u>COUNSELOR</u> conduct the screening interview?                                                                                 | Yes | No |
| 5.  | Following the screening interview, did the counselor design a counseling plan for the client?                                           | Yes | No |
| 6.  | Did the counselor explain the plan to the client?                                                                                       | Yes | No |
| 7.  | On an as-needed basis, did the counselor refer the client to community resources?                                                       | Yes | No |
| 8.  | On an as-needed basis, did the counselor recommend additional private or group counseling sessions?                                     | Yes | No |
| 9.  | Did the counselor monitor the client's progress in meeting the housing need or correcting the housing problem?                          | Yes | No |
| 10. | Did the counselor work out with the client the client's housing goal and was it potentially realizable?                                 | Yes | No |
| 11. | Are the agency's counseling facilities still located within the area of the target population?                                          | Yes | No |
| 12. | Has the agency had an audit of its financial records completed within the past year?                                                    | Yes | No |
|     | Does the audit comply with OMB Circular A-110?                                                                                          | Yes | No |
| 13. | Does the agency maintain complete and accurate records of its client roll and related counseling activities?                            | Yes | No |
| 14. | Does the agency use its counseling documentation to complete its reports to HUD?                                                        | Yes | No |
| 15. | Did the agency cooperate with your review by making available to you, at your request, client files?                                    | Yes | No |
|     | Do the client's files comply with 4-3?                                                                                                  | Yes | No |
|     | Do the group files comply with 4-4?                                                                                                     | Yes | No |
| 16. | Does the agency have on hand or through <u>written commitments</u> sufficient funds to carry out its counseling plan for the next year? | Yes | No |
| 17. | Is staff trained and experienced in housing counseling?                                                                                 | Yes | No |
-

## Appendix 11

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18. Does the agency counsel clients whose native language is not English? Yes No
- If "Yes," does the agency hire multi-lingual counselors or interpreters? Yes No
19. Does staff possess a working knowledge of HUD housing programs? Yes No
20. Does staff possess a working knowledge of non-HUD housing programs available and applicable to the target population? Yes No
21. Has the agency entered into any subagreements with other community entities to deliver any part or all of the agency's counseling plan submitted to HUD as part of the application for approval? Yes No
22. Has the agency maintained its working relationship with community resources? Yes No
23. Is the agency still in compliance with local and state requirements, if any, that relate to its counseling program? Yes No
- Do the facilities provide privacy for one-to-one counseling? Yes No
25. Is public transportation within easy walking distance of the agency? Yes No
26. Does the agency function during hours that are conducive to working clients? Yes No
27. Is the facility easily accessible to the handicapped? Yes No
28. Does the agency still conform to the assurances it signed as part of its application for approval? Yes No
29. Did a need arise for staff training? Yes No
30. Did the agency provide the needed training? Yes No
31. Has the agency changed its name, address, or telephone number? Yes No
-

32. Did the agency change the staff person responsible for directing the counseling program? Yes No
33. Did the agency report these changes, if any, to your office? Yes No
34. Does the counseling activity of the agency conform to the counseling plan set forth in the agency's application for approval and HUD Handbook 7610.1 REV-4? Yes No
- Is the plan still appropriate in relation to current housing market conditions in the agency's target area? Yes No
35. Does the agency possess HUD housing program handbooks and are these used by the counseling staff? Yes No
36. Does termination of counseling comply with 3-5? Yes No
37. Does the agency use credit reports as a tool for counseling? Yes No
- If "Yes," does the agency maintain the confidentiality of the reports? Yes No
38. Does the agency maintain the confidentiality of all other information it obtains about or from the client? Yes No
39. Did you discover any apparent or seeming conflicts of interest? Yes No
40. Does the agency charge fees for its counseling services? Yes No
- If "Yes," answer the following.
- a. Does the agency charge the same fees to non-HUD clients? Yes No
- b. Does the agency provide counseling without charge to clients who cannot afford the fees? Yes No
- c. Are the fees in keeping with those of similar agencies in the target area? Yes No
- d. Does the agency still use the fee structure submitted to and approved by HUD? Yes No

## Appendix 11

- e. Are the fees based on a sliding scale in relation to the income of the client? Yes No
- f. Does the agency charge a fee for clients for whom it also bills HUD under a grant agreement or other contractual arrangement? Yes No
41. In accordance with 5-3C, randomly select 12 clients for the client survey. Select 2 from each of these categories:
- a. Potential Mortgagors
  - b. Current Mortgagors
  - c. Delinquent Mortgagors
  - d. Potential Renters
  - e. Current Renters
  - f. Delinquent Renters
42. Have the ZIP Code Areas served by the agency changed? Yes No  
(See para. 4b on Form HUD-9900A and para. I. TARGET AREA on Form HUD-9900B.)
- If "Yes," did the agency submit the changes to your office? Yes No
- If "No," did you request the agency to give you the changes? Yes No
- If "Yes," did you receive the changes? Yes No
- Did you submit the changes to the S-F Servicing Division? Yes No  
(See report format in Appendix 7 of 7610.1 REV-4.)

## RECOMMENDATION

- ☐ Unconditional Reapproval
- ☐ Conditional Reapproval: attach a sheet that sets forth the conditions of the reapproval
- ☐ Disapproval: attach a sheet that sets forth the reasons for disapproval

Signature of Reviewer

Date

## Sample Client Survey Letter

OMB Approval No. 2502-0261 Exp. 04/30/98

Dear \_\_\_\_\_:

The records of the following HUD-approved housing counseling agency indicate that their staff provided housing counseling services to you during the past year.

(Enter name and address of the agency)

I am writing you because we would appreciate your opinion regarding the quality of the counseling you received. If you are willing to answer the questions on the attached sheet, you may do so without including your name on the sheet.

Please use the enclosed government envelope to return your response. Thank you for your assistance.

Sincerely,

Single Family Director

# Housing Counseling Client Survey

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 12  
OMB Approval No. 2502-0261 (Exp. 4/30/98)

Public Reporting Burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Counseling Agency Name & Address: (completed by HUD office)

1. When you first went to the counseling agency, what kind of client were you? Check as many boxes as apply to you.

- |                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> was renting housing    | <input type="checkbox"/> behind on rent payments       |
| <input type="checkbox"/> wanted to rent housing | <input type="checkbox"/> current on rent payments      |
| <input type="checkbox"/> landlord problem       | <input type="checkbox"/> being evicted                 |
| <input type="checkbox"/> employed               | <input type="checkbox"/> unemployed                    |
| <input type="checkbox"/> wanted to buy housing  | <input type="checkbox"/> buying a house or condominium |
| <input type="checkbox"/> mortgage was current   | <input type="checkbox"/> mortgage payments delinquent  |

2. Who interviewed you when you first went to the agency?

- ☐ a receptionist      ☐ a counselor

3. Did the person who counseled you do any of the following to help you. Check as many boxes as apply to you.

- ☐ told you how they could help you
- ☐ suggested that you join a group counseling session
- ☐ referred you to other community agencies who could help you
- ☐ made recommendations to you about what you could do to solve your housing problem
- ☐ got in touch with your landlord or mortgage company to work out a plan for you to pay your back rent or past due mortgage payment
- ☐ got in touch with your creditors to work out a plan for you to pay your debts

4. If you own your house and are delinquent on your mortgage payments, did the agency do or recommend any of the following actions?

- ☐ a forbearance agreement with your mortgage company
- ☐ a deed-in-lieu of a foreclosure of your mortgage
- ☐ that you sell your house and obtain rental housing
- ☐ have you apply to your mortgage company for the assignment of your mortgage to HUD

5. Did your counselor impress you as a person who knew what he or she was doing?

- ☐ Yes      ☐ No

6. Was the setting in which the counseling was conducted a private one so that other persons could not hear your conversation?

- ☐ Yes      ☐ No

7. If you wanted rental housing, did the counselor discuss HUD rental housing programs for which you might be eligible?

- ☐ Yes      ☐ No

8. Did the agency charge you for their services?

- ☐ Yes      ☐ No

If "Yes," did the counselor explain that the charge would be based on a sliding scale and determined by your income?

- ☐ Yes      ☐ No

If "Yes," did you consider the charge to be:

- ☐ reasonable      ☐ too high

9. Did you participate in any group counseling sessions?

- ☐ Yes      ☐ No

If "Yes," did you find the sessions helpful?

- ☐ Yes      ☐ No

10. Was the counseling agency open during hours when it was convenient for you to obtain counseling?

- ☐ Yes      ☐ No

If you answered "No," please indicate the hours when the agency was open to assist you.

Opened:

Closed:

11. If you want further counseling, will you:

- ☐ go back to the same agency      ☐ go to another agency

If you checked "go to another agency," please tell us why.



---

Sample Letter Disapproving an Agency Based on BPR Findings

Dear \_\_\_\_\_:

(Name of HUD Staff Person) conducted the Biennial Performance Review for your agency on \_\_\_\_\_, 19\_\_\_. Unfortunately, he/she found major deficiencies in your performance as a HUD-approved housing counseling agency and cannot, at this time, reapprove your organization.

The deficiencies found in relation to performance under your HUD-approved housing counseling plan and HUD Handbook 7610.1 are as follows:

(List each deficiency separately. Be specific! Cite the aspect(s) of the agency's counseling plan and/or the handbook in relation to which the deficiency exists. If the deficiencies are numerous, consider setting them forth on sheets attached to this letter.)

You have thirty days from the date of this letter to submit your response to the deficiencies. My staff is available to discuss these with you if you need clarification of the citations. Please feel free to call (name of HUD staff person and telephone number) for assistance.

If your response is not received within sixty days, or you have not corrected the deficiencies within that time, this office will terminate our approval of your agency. If this action is taken, your agency may seek reapproval through the regular process set forth in HUD Handbook 7610.1.

Thank you for your participation in the housing counseling program. The Department hopes that you can correct the deficiencies cited and continue in the program.

Sincerely,

Single Family Director

# LOCCS VRS Request Voucher or Grant Payment

U.S. Department of Housing  
and Urban Development  
Office of Administration

Appendix 14A

Page 1 of 2

OMB Approval No. 2535-0102 ( )

Public reporting burden for this collection of information is estimated to average 0.16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2535-0102), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy): from: to:	
4. Recipient Organization's Name :		4b. Recipient Organization's Address:	
4a. Recipient Organization's Employer Identification Number :			

			5. Balance on Hand :
			\$
6. Voice Response No. (5 digits, hyphen, 5 digits) :	Grant or Project No:	Amount :	(dollars) (cents)
(1)           -		\$	*
(2)           -			*
(3)           -			*
(4)           -			*
(5)           -			*
(6)           -			*
(7)           -			*
(8)           -			*
(9)           -			*
(10)           -			*
Voucher Total: →		\$	*

7. Name & Title of Authorized Signatory (type or print clearly) :

Signature & Date of Request :

X

**Privacy Act Statement:** Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**Instructions for the Preparation and Submission of form HUD-27053, Request Voucher for Grant Payment**

1. Enter a (9) digit two part number. Part 1 is the (3) digit prefix to your program. (If you do not know your (3) digit program prefix, contact your Program/Grant Officer). Part 2, the remaining (6) digits, will be assigned by LOCCS/VRS during the telephone call. The entire (9) digit number will have to be entered prior to ending the call.

2. This block contains a maximum of 4-digit (xxxx) alpha/numeric program area identifier as stated in block 5a of the HUD-27054, LOCCS Voice Response Access Authorization Form.

3. Enter the period covered by this request.

4. Enter the recipient organization's name as stated on the grant agreement.

4a. Recipient Organization's Employer Identification Number (EIN) is the nine(9) digit number that is also known as the Tax Identification Number (TIN) in LOCCS-VRS and the Claim or Payroll ID Number on the SF-1199A.

4b. Enter recipient organization's mailing address.

5. Enter the current balance of cash on hand.

6. Line 1: Enter the 10-digit VRS Number of the first project/grant for which funds are being requested. The first five digits of this number identify the grantee/recipient; the second five identify the specific project/grant. The first five digits should always be the same for a grantee/recipient. The second five digits should run consecutively for succeeding projects/grants within the program.

Next, enter the HUD project/grant number for the project. This entry is for confirmation purposes only and will not be entered into LOCCS-VRS through the touch-tone pad. Instead, when the VRS number is keyed in, the VRS simulated voice will speak the HUD project/grant number for the caller to ensure the correct VRS number was keyed. Finally, enter the amount requested for that particular project/grant. Dollars should be entered to the left of the asterisk (\*) and cents to its right.

Lines 2 through 10: List any other project grants in the same HUD Program Area for which funds are to be requested. The total amount requested is entered in the lower right hand corner of Block 6.

7. Enter the authorizing signature and date of signature. The authorizing signatory in Block 7 can not be the same person(s) designated in Block 3 of the HUD-27054, LOCCS Voice Response Access Authorization Form.

## Access Authorization

Line of Credit Control System (LOCCS)

page 1 of 2

**Public reporting burden** for this collection of information is estimated to average 0.16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2535-0102), Washington, D.C. 20503. Do not send this form to either of the above addressees.

U.S. Department of Housing and Urban Development  
Office of Information Policies & Systems, AISAO  
PO Box 23774  
Washington, DC 20026-3774

**Privacy Act Statement:** Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information which will be used by HUD to protect disbursement data from fraudulent actions. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the SSN. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS.

Office Address : (street, city, State & zip)

I authorize the person identified above to access LOCCS via the Voice Response System.		8. Notary (signature & date) :
7. Approved by: (name & title & SSN)	Office Phone No:  (       )	
Office Address : (street, city, State, zip code)		
Approving Official's Signature & Date :		

Previous editions are obsolete.

form HUD-27054 (8/92)

**Instructions for the  
LOCCS Voice Response Access Authorization  
Security Form**

Appendix 14B  
page 2 of 2

**1. Type of Function:**

- (1) **New User:** User does not currently have a LOCCS user ID.
- (2) **Add/Change:** User has a current user ID -- will be changing the user information or the access privileges currently granted.
- (3) **Reset Password:** will cause the user's password to be reset to a 6-digit random number. The security form will be mailed back to the user to inform him/her of the reset password's value. The user will be required to change the password on the next access to LOCCS.
- (4) **Terminate User:** will immediately terminate the user's access authorizations in LOCCS.

2 a. **User ID:** This block is required to be filled in if the form indicates function 2, 3, or 4 above. This block will be filled in by the LOCCS Security Officer for a "new" ID.

b. **Social Security Number:** Used to preclude duplicate issuance of authorization for the same person. See the Privacy Act Statement on the front of the form.

3. **User Information: All fields are mandatory.** Failure to enter any of these fields may cause the security request to be rejected.

Enter the user's last name, first name, and middle initial. Enter the user's office phone number. Include the area code or indicate FTS. Enter user's office street address, city, state and zip code.

4. **Recipient Organization** for which Authority is being requested. This will identify the organization the user will be representing. Enter the organization's Tax ID and organization name.

5. **Program Authority.** Identify the HUD program(s) this user will be authorized to access for the recipient organization and then enter the corresponding code(s)/name(s).

a./b. Contact your local HUD Field Office for the appropriate 4-character LOCCS Program Area / Name

c. Enter either "Q" for Query only access, "D" for Project Drawdown access, "S" for Project Set-Up access, or "A" for Administrative Drawdown access. Users who select Project Drawdown access, Project Set-Up access, or Administrative Drawdown access will automatically receive Query access. Persons who have Project Set-Up Authority for a given Tax ID cannot also have Project Drawdown Authority for the same Tax ID.

6. **Signature.** The signature for whom access is being requested and the date this authorization was signed.

7. **Approval.** Enter the name, title, social security number, office phone, office address, signature and date of the approving official representing the recipient organization. Approving officials cannot approve themselves for access to the system.

8. **Notary.** Seal, signature and date of the official who notarizes this form.

U.S. Department of Housing  
and Urban Development

### Line of Credit Control System (LOCCS)

This form is used to request terminal access to Line of Credit Control System (LOCCS). For users who require other than a data query access, a Limited Background Investigation form (SF 85P) must also be completed and submitted to your HUD Personnel Officer before completing this form.

This form is to be completed by the LOCCS user and signed by both the Personnel Official and a LOCCS Access Authorizing Official. All entries are mandatory unless specifically not applicable. Print all information clearly. Send the completed form to:

U.S. Department of Housing and Urban Development  
Office of Information and Policy Systems, AISAO  
451 Seventh St., SW  
Washington, DC 20410-3600

<b>1. Type of Action: (mark one)</b> <input type="checkbox"/> New User <input type="checkbox"/> Add/Change Authority <input type="checkbox"/> Reset Password <input type="checkbox"/> Terminate User		<b>2. Type of User: (mark one)</b> <div> <input type="checkbox"/> RAD      <input type="checkbox"/> RO  <input type="checkbox"/> FO      <input type="checkbox"/> OFA  <input type="checkbox"/> OSS      <input type="checkbox"/> CTR  <input type="checkbox"/> ACH  <input type="checkbox"/> HQ  <input type="checkbox"/> HAO         </div>		<b>Office of Information and Policy Systems, AISAO</b> 451 Seventh St., SW Washington, DC 20410-3600	
		<b>3. Region: (2 digits)</b>		<b>4. Field Office: (2 digits)</b>	
		<b>5. User ID: (unless you're a new user)</b>			
<b>6. User's Last Name:</b>		<b>User's First Name:</b>		<b>Middle Initial:</b>	
<b>8. User's Office Street Address:</b>				<b>9. Office Phone No: (include area code)</b>	
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>11. User's Signature:</b>					

**X**

12. Access Requested: (Skip this part if the Type of User code is "HAO," "ACH," "OSS," or "CTR".)

[illegible]

**13. Personnel Office Certification:**

**I certify that:**

- NACI Level 1 Clearance is on file as of (date): \_\_\_\_\_
- Limited Background Investigation form (SF 85P) and Fingerprint Form (SF 87) were submitted to the Inspector General's Office as of (date): \_\_\_\_\_

Personnel Official's Title:

Phone Number:

Personnel Official's Signature & Date:

14. LOCCS Access Authorizing Official:

I authorize the above LOCCS access privileges.

Name of Supervisor or Line Manager \_\_\_\_\_

**Social Security Number:**

**Title:**

Phone Number:

Supervisor or Line Manager's Signature & Date:

X

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

form HUD-27054-A (8/92)

## Appendix 14C

# Instructions for LOCCS Access Authorization Security Form for HUD Staff

**1. Type of Action:**

- New User:** User does not currently have a LOCCS User ID.  
**Add/Change Authority:** User has a current User ID – will be changing the user information or the access privileges currently assigned.  
**Reset Password:** will cause the user's password to be reset to a 6-digit random number. A letter will be mailed to the user to inform him/her of the reset password's value. The user will be required to change the password on their next access to LOCCS.  
**Terminate User:** will cause immediate termination of the user's access to LOCCS.

**2. Type of User:** Identify the user as follows:

- FO** = Field Office Personnel  
**OSS** = Office of Finance and Accounting Systems Staff (HQ only)  
**ACH** = Automated Clearing House team in the Office of Finance and Accounting (OFA) Cash & Credit Management Division (HQ only).  
**RAD** = Regional Accounting Division or OFA operational area – except for OFA's System Staff or the "ACH" team in OFA's Cash & Credit Management Division  
**HQ** = Headquarters Program Personnel  
**HAO** = LOCCS Access Approving Official - Line supervisors who authorize their staff to have access to LOCCS.  
**RO** = Regional Program Staff

**3-4. Region/Field Office:** Enter numeric region and field office code for the user.**5. User ID:** Enter your 6-digit LOCCS User ID if you are a current user.**6-11. Self explanatory / Mandatory.****12. Access Requested:** (If the User Type is "HAO," "OSS," or "ACH," skip to items 13-14.)

Enter the 4-character LOCCS Program Area in column 1. Headquarters program staff or OFA Systems Staff will provide you with the appropriate code(s).

Mark, in the appropriate column, the access privileges requested:

Mark "Query" only if no other classification is desired. This will allow the user to query all data for the HUD program within their Field Office, Regional, or Headquarters control.

Mark "Payment/ Banking Control Data Entry" if you are a "RAD" type of user, and your job function will be assigning a grant to a Tax ID Number or entering payment/banking data.

Mark "Voucher Entry" if you are a "RAD" type of user, and your job function will be to enter vouchers into LOCCS.

Mark "Verify" if you are a "RAD" type of user, and your job function is to confirm payment/banking data and/or vouchers entered by the RAD.

Mark "Field Office Administration" if you require authority to approve/reject a payment that has been sent by LOCCS to program staff for approval prior to payment. This option will also give the user the ability to record receipt of outstanding program documents/forms, enter program budget data for grants, and record receipt of Section 8 Financial Settlement Reviews.

Mark "Headquarters Administration" if you are an "HQ" type of user and you require access to screens for overall program management.

Request Additional Screen Options if you require screen functions not associated with any access category listed above.

**13. Personnel Office Certification:** Completing this box by the Office of Personnel is mandatory. It must be filled in only by a personnel official. The name, title, and phone number of the personnel officer are required. The personnel official must also record the dates that the NACI clearance was completed and the date the SF-85P was sent to the Inspector General's Office. Failure to obtain a personnel official's signature will result in access being denied.

The LOCCS user must have a "National Agency Check with Inquiry" (NACI) investigation completed before they will be granted any LOCCS access. The LOCCS user will not be able to receive other than "Query" authority, for any program, if they have not completed a SF-85P, Background Investigation form. To be valid at HUD, the clearance contained in the user's personnel file must have been issued by a Federal Agency not more than fifteen (15) years ago. NACI and Limited Background Investigations over 15 years old will not be accepted. If the NACI is over fifteen years old, the Office of Personnel must initiate and receive a new NACI before they can sign this form.

**14. LOCCS Access Authorizing Official:** Mandatory data. Printed name, social security number, title, phone number, and signature of the LOCCS Access Authorizing Official. The approving official should be the supervisor or higher level of manager of the person cited on line 6. The LOCCS Access Authorizing Official must have previously completed a separate LOCCS Access Authorization Security Form (form HUD-27054-A) and have indicated "HAO" as the user type and have filed an SF 85P.

**Privacy Act Statement:** Public Law 97-253, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information which will be used by HUD to protect disbursement data from fraudulent actions. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the SSN. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS.



U. S. Department of Housing and Urban Development  
Washington, D.C. 20410-8000

OFFICE OF THE ASSISTANT SECRETARY  
FOR HOUSING-FEDERAL HOUSING COMMISSIONER

JUL 17 1995

MEMORANDUM FOR: All Grantees in the Fiscal Year 1995  
Comprehensive Housing Counseling Grant Program

FROM: Emelda P. Johnson, Deputy Assistant Secretary for Single  
Family Housing, HS

SUBJECT: Instructions for Requesting Payment of FY 1995  
Housing Counseling Program Funds

The purpose of this letter is to provide all FY 1995 Comprehensive Housing Counseling Grantees with instructions for requesting payment from the Line of Credit Control System (LOCCS) for housing counseling program funds. This letter replaces HOUSING COUNSELING GRANT LETTER No. 1 -- Voice Response System (LOCCS/VRS) for Payment of Fiscal Year (FY) 1994 Comprehensive Housing Counseling (CHC) Vouchers, date January 23, 1994.

The Line of Credit Control System (LOCCS) is a computerized cash management and disbursement system that stores all of the financial information associated with the housing counseling grant program. The Voice Response System (VRS) is the touch-tone phone system through which requests for payment are made and entered into LOCCS. Following the approval of the voucher request by the appropriate field office, the LOCCS system disburses the funds to the grantees financial institution.

Access to the VRS

The following forms must be completed and submitted to HUD regarding the LOCCS system:

- o Direct Deposit Sign up Form - form HUD SF-1199A  
This form identifies the name of the financial institution, bank account number, type of account, and the American Banking Association (ABA) Transit Routing Number, that the Department of Treasury uses to wire funds to a grantee's account. If you are already receiving payments via direct deposit from HUD, you do not need to resubmit this form.

Note: It is crucial that you report any changes of ABA or bank account numbers to your respective GTR immediately to avoid rejection of funds requested due to inaccurate banking information.



## Appendix 14D

- o **LOCCS Voice Response Access Authorization form HUD-27054**  
The designation shown on this form must be validated by signature of an authorizing official of the grantee and must also be notarized. The official who executes the form may not be the person named on the form for security access. The completion of this form is necessary to receive a user ID for the LOCCS system, unless you were a HUD funded agency in FY '94. If you were funded in FY '94 your user ID will remain the same. Instructions are attached.
- o **LOCCS/VRS Request Voucher for Grant Payment, form HUD-27053**  
A completed HUD-27053 is required to document the telephone request for drawdown. This form is to be retained in your files and should be available to HUD upon request. Instructions attached.

Note: For local agencies, the direct deposit form HUD-SF1199A and the LOCCS Voice Response Authorization Access form HUD-27054 should both be mailed to your respective housing counseling Field Office Government Technical Representative (GTR).

National/regional organizations must submit these forms to:

U.S. Department of Housing and Urban Development  
Attention: Housing Counseling Staff, Room 9282  
451 7th Street, S.W.  
Washington, DC 20410

To access the VRS you will need the following information:

- o **User ID Number and Password**  
For newly funded agencies, the user ID and password will be sent to you in the mail by HUD following the updating of information you supply on the LOCCS Voice Response Access Authorization use form HUD-27054. For agencies funded in FY '94, no further action is needed. Use the same ID provided to you for drawdown on the '94 grant.
- o **Voice Response Number**  
This ten digit voice response number will be mailed to you in accordance with the tax identification number identified on the Direct Deposit Sign-up Form. This number will be sent out automatically by the LOCCS system.
- o **Program Area Name which is CHC**

- o **Voucher Number**  
The three digit prefix is 066, the other six digits will be provided by the VRS system when you call in. The entire 9 digit number must be recorded on your LOCCS VRS Request Voucher for Grant Payment form HUD-27053. (More explanation on this form will follow.)
- o **Budget Line Item Number's**  
9515 - Capacity Building (first draw, one time only)  
9500 - 95 Counseling Services
- o **VRS Telephone Number is (703) 391-1400**  
This telephone number must be used to request a drawdown from housing counseling funds.
- o **LOCCS Security is (202) 708-0764**  
Should the caller experience any difficulty accessing the VRS.

**IMPORTANT:** After the above information has been entered into VRS DO NOT HANG UP! You must verify the information that you entered to confirm the payment request.

#### Drawdowns

There will be five requests for drawdowns via VRS for FY 1995 funds:

1. The first drawdown will be for capacity building funds only and should be requested immediately. No back-up is required for this drawdown request.
2. The second drawdown should be requested when 25% of the housing counseling services which are connected to the grant have been delivered. Documentation that must be submitted to the GTR for this request is the proof of purchase for the capacity building component; e.g., computer equipment. No back-up is required for counseling services delivered with this draw.
3. The third drawdown should be requested when 50% of the housing counseling services connected to the grant have been delivered, and the Mid-Term Report must have been approved by the GTR for this third request to be approved.
4. The fourth drawdown request should be submitted when 75% of the housing counseling services connected to the grant have been delivered. No back-up is required for approval of this request.
5. The fifth drawdown request should be submitted when all services connected to this grant have been completed. The Final Report must have been submitted, and approved by the GTR, for this fifth and final request to be approved.

Appendix 14D

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Security Issues

It is crucial to the security of the system that each individual who has access to the VRS safeguard his/her security ID and password. Each grantee must ensure that the persons authorized to request payments do not share their security ID's and passwords with each other or with any other person.

A breach in the security system by the grantee that results in a loss to the Government will result in immediate expiration of security ID's and passwords. Depending on the circumstances, such a breach will be treated as an offense under applicable Federal laws which may result in prosecution, fine or other penalty as appropriate. In addition, the government may have cause for remedial action with respect to the Grant Agreement.

In some cases it may be necessary to cancel security ID's because of loss, theft, or change in personnel. A security ID may be immediately canceled by calling the LOCCS security officer at 202/708-0764. This cancellation must be followed up with a revised copy of form HUD-27054 indicating that the user's security access is to be terminated. New security ID's may be requested by resubmitting form HUD-27054 with the appropriate notarized signature of approval.

An initial password will be established for each Security ID by the LOCCS Security Officer at the time the form HUD-27054 is processed. This password should be changed immediately upon receipt by the authorized user to a password which will be known only to them. The new password will be entered by the user through the VRS.

The authorized user must continue to change the password at least every 60 days from the last time a password was established for his/her ID.

If a person has not accessed the VRS within (6) months, the security ID will automatically expire and access will be terminated. Termination of access due to password expiration will require resubmission of form HUD-27054 with the appropriate notarized approval signatures.

Reconciliation of Account Activity

The grantee should receive a monthly statement from its designated financial institution that includes any deposits and canceled checks written against its bank account. This statement should include both deposits made and checks written in connection with the CHC program for any activities performed under the Grant Agreement. This statement may include other deposits and/or checks.

The grantee must account for all CHC related deposits and checks included in the bank statement. Grantees must follow appropriate accounting and financial management procedures as required by OMB Circular A-110 (for non-profit organizations) in connection with grant funds.

#### Return of Funds to HUD

In some cases there will be a need to return funds to HUD for deposit in the Treasury account. This would be necessary if funds are drawn in error, or funds are not used within 15 days from the time they have been deposited into the grantee's account. If this occurs, then funds should be returned to HUD either by check or by electronic transfer. Your Field Office GTR must be notified of this action.

#### Returning Funds by Check

The grantee should indicate the grant number, tax ID number, and CHC voucher number on the check. The cover letter should state that funds are being returned to the Comprehensive Housing Counseling Grant Program and include the grant number and tax ID number. A copy of this letter should be sent to your Field Office GTR.

Checks should be mailed to the following address:

U.S. Department of Housing and Urban Development  
Cash and Credit Management Division  
Attention: Ms. Janice Edwards  
451 7th Street, S.W.  
Washington, D.C. 20410

#### Returning Funds by Electronic Transfer

Electronic transfer of funds to be returned to HUD should be sent to the Treasury under ABA number 021030004 with an Agency Location Code of BNF=/AC-86010300. Attached are instructions for completing a request to transfer funds by wire to HUD. A copy of this attachment should be provided to the financial institution that will be making the electronic transfer for your organization.

#### LOCCS User Guide

Attached to this letter is a copy of the LOCCS User Guide which will give you more information on LOCCS and VRS processing.

If you have any questions or need clarification regarding this memorandum, please contact Bonnie Adkins, 'on 202/708-0614 ext. 2034.

Attachments



U. S. Department of Housing and Urban Development  
Washington, D.C. 20410-8000

JUL 21 1995

OFFICE OF THE ASSISTANT SECRETARY  
FOR HOUSING-FEDERAL HOUSING COMMISSIONER

MEMORANDUM FOR: All Field Office Housing Counseling Grant  
GTRs/GTMs

FROM: *Emelda P. Johnson*  
Emelda P. Johnson, Deputy Assistant Secretary for  
Single Family Housing, HS

SUBJECT: Guidelines for Monitoring Housing Counseling Grant  
Payment Requests and Obtaining Access to the Line of  
Credit Control System (LOCCS)

The purpose of this Memorandum is to provide all Field Office GTRs and GTMs with monitoring guidelines for approving CHC vouchers, instructions for acquiring LOCCS access, and using LOCCS to approve CHC vouchers.

Monitoring Guidelines

o Receipt and Transmission of LOCCS forms

GTRs are responsible for receiving the following forms from grantees approved for FY 95 funding. Copies of these forms must be filed and retained in the Field. The originals must be forwarded by the GTRs to Headquarters for processing.

o Direct Deposit Sign Up Form - form HUD SF-1199A

This form identifies the name, bank account, routing number and the type of account of the financial institution that will be receiving funds for the grantees.

This form is required only if the funded FY 95 grantee is NOT already receiving funds via LOCCS or if the tax identification number has changed since the FY 94 funding.

Send this form to:

U.S. Department of Housing and Urban Development  
Office of Finance and Accounting  
ATTENTION: ACH Team  
P.O. Box 44816  
Washington, DC 20026-4816

o LOCCS Voice Response Access Authorization form HUD-27054

This form will provide FY 95 funded grantees access to the VRS to request drawdown of program funds.

It is required only if the funded FY 95 grantee does NOT have a current LOCCS user ID and password.

Send this form to:

U.S. Department of Housing and Urban Development  
Office of Information Policies and Systems (AISAO)  
P.O. Box 23774  
Washington, DC 20026-3774

o Voucher Approval

Outstanding voucher requests must be reviewed in LOCCS at least twice a week. Voucher requests should be approved or cancelled upon review based on the following:

**First drawdown (up to \$4,000)**

Requested for capacity building funds only. No documentation is required.

**Second drawdown**

Requested when 25% of the housing counseling services which are connected to the grant have been delivered. Proof of purchase for the capacity building component; e.g., computer equipment must have been received and approved prior to authorizing this request. No documentation regarding counseling services provided is required at this time.

**Third drawdown**

Requested when 50% of the housing counseling services which are connected to the grant have been delivered. The mid-term report must have been received and approved prior to authorizing this request. This report will document counseling services which have been delivered up to this point.

**Fourth drawdown**

Requested when 75% of the housing counseling services which are connected to the grant have been delivered. No documentation is required.

**Fifth drawdown**

Requested when all services connected to this grant have been delivered. The final report must have been received and approved prior to authorizing this request for final payment.

**o Acquiring LOCCS Access**

If you do not have LOCCS access already, complete the following forms and return them immediately to the LOCCS Security Officer at:

U.S. Department of Housing and Urban Development  
Office of Information Policies and Systems (AISA0)  
P.O. Box 23774  
Washington, DC 20026-3774

**Forms Required for Access to LOCCS**

1. Form HUD-27054-A - LOCCS Access Authorization Security Form for HUD Staff. Every GTR and GTM must individually complete this form. A copy is attached for your convenience although it is also available in "HUD Forms" from your "Office Systems" menu in the LAN.
  - a. Box 12 - Insert "CHC" under Program Area and place an "x" under Query and Field Office Admin.
  - b. Box 13 - The Regional Personnel Officer has the dates needed to complete this box. Your Administrative Officer may be able to obtain the dates from the Regional Personnel Officer and then proceed to fill in the dates and sign in the space provided under Box 13.
  - c. Box 14 - Your supervisor will fill in this box.

**Note:** Please instruct your personnel officer to send a copy of the signed form to you in addition to sending the original to Headquarters. This will prevent unnecessary delays if the original signed forms are misplaced or misdirected.

2. Departmental ADP Policy Statements Forms - The GTR and GTM sign and date the forms and send them to the LOCCS Security Officer (Telephone 202-708-0764):

LOCCS users who have Program Area payment review functions must have a limited Background Investigation Level 2A or higher clearance. If this clearance was not granted in the last 15 years, the following forms must be completed and submitted to your personnel office.

3. Form HUD SF-85P - Questionnaire for Public Trust Positions
4. SF-87 - U.S. Civil Service' Fingerprint Chart
5. SF-171 - Application for Federal Employment  
(original and 1 copy)

#### Notification of User IDs and Passwords

Upon receipt of the completed forms mentioned above, the LOCCS Security Officer at Headquarters will provide the User Identification Number (ID) and password to GTRs and GTMs via pouch mail. GTRs and GTMs must activate their User ID and change their initial password within 45 days of their receipt or the User ID will be terminated. The User ID can be reinstated by calling the LOCCS Security Officer at (202) 708-0764 and faxing a HUD-27054-A with the inscription on top: "User ID is to be reinstated".

#### Change of Designation of GTRs and GTMs

Call the LOCCS Security Officer at (202) 708-0764 to terminate GTRs' and GTMs' access. Follow-up the verbal request with documentation to support the termination.

#### Lack of Use of LOCCS

If a GTR or a GTM does not access LOCCS for a period of 6 months, the system will automatically terminate the User ID for that person. LOCCS will send a letter to the User after 4 months of non-use advising that access will be terminated within 2 months if not accessed. By using IDs and Passwords, users keep their IDs active and avoid termination.

#### Security Issues

Never display or divulge your User ID or password to anyone. ALL activity conducted under your ID and password will appear as if it were conducted by you regardless of who uses the ID and password.

#### Recertification of LOCCS Access

Users must be recertified every six months by the HUD approving (Certifying) Official through the A67MFG report. The HUD Approving Official is the individual that signs box 14 of the from HUD-27054-A. After receiving the recertification report in the mail, the approving official will follow the instructions on the report for recertification of their employees. Failure to recertify will result in the suspension of the GTRs and GTMs access to LOCCS.



Accessing LOCCS on HINET

LOCCS screen usage is restricted to HUD staff who have been approved for access privileges via a LOCCS Access Authorization Security Form. Field Office GTRs and GTMs should contact their respective Automation Technologies Administrator (ATA) for instructions on how to access LOCCS in their office. Accessing LOCCS will vary from office to office depending on how the office's LAN menu is set-up for selection.

Please take the following steps to access the LOCCS sign-on screen. IMPORTANT: LOCCS requires each action to be followed by pressing the XMIT key.

1. Since the LOCCS resides on HUD's "System 2" UNISYS 2200 mainframe computer, access the UNYSIS environment by typing \$\$OPEN TIP2 and the XMIT key after attaining UNYSIS access.
2. Then enter LOCCS and XMIT key
3. At the LOCCS Sign-On screen enter USER ID and PASSWORD to gain access to LOCCS. Enter your six-character User ID and Password as provided in writing by the LOCCS Security Officer. Do not hit the "Enter" key after entering the required information, the cursor will automatically advance to the next field. To move between fields, use the TAB or Arrow keys.

Note: If an error is found, the user has three attempts to re-enter a correct User ID or Password, or to change the Password. After three attempts, the user will be automatically logged off the system.

Accessing the HUD Program Area Main Menu, Review and Approval Screens

Following are the instructions for accessing the screens you will use to review and approve or reject vouchers.

1. Enter CHC at the Program Area Prompt and tab the cursor to the xmit field and enter to move from the Welcome Menu to the individual Program.
2. Enter Q10 in the Option Field of the Program Area Main Menu to determine if there are any voucher requests to be reviewed.
3. Enter V32 in the Option Field to review vouchers for approval or rejection.
  - a. Enter A to approve the voucher for payment
  - b. Enter B to reject the voucher
  - c. Enter M to return to the main menu

4. Enter V31 in the Option Field at the Program Menu to cancel a voucher that was keyed incorrectly by recipients during a VRS session. This does not delete the voucher. However, a reason that the voucher was cancelled must be provided.

5. Enter E in the Option Field of the Program Menu to exit LOCCS.

6. Enter Alt and the F9 key to return to your LAN menu.

These instructions supercede the memorandum dated February 22, 1995, on the same topic. If you have any questions, please contact Bonnie Adkins, on (202) 708-0614, ext. 2034.

# Housing Counseling Activity and Unit Log

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 15  
page 1 or 3

OMB Approval No: 2502-0261 (exp. 4/30/98)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

**Instructions.** The grantee must use this format or one on which the grantee records at least the same information. Obtain HUD approval for use of an alternative format. **Grantees must follow the Grant Instructions regarding Client No. and Unit Claim.** The "Unit Claim" box relates only to HUD Housing Counseling Grants for FY94 and earlier. HUD is reviewing the continued use of counseling units for future grants. If more space is needed, use more forms and attach them to the first one. Non-grant agencies may use this form at their option.

Interviewing Counselor's Name:

Client's Name and Address (street, city, State, zip code):

FHA Case No. (if any):

Interview Date:

Date Counseling Terminated:

Client Number:

**Client Type:** (check the box that indicates the status of the client when the client entered your workload via a screening interview. These client types correspond to those on form HUD-9902, Counseling Agency Activity Report.)

- |                                                            |                                                           |                                                             |
|------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Homeowner (mortgage paid off)     | <input type="checkbox"/> Mortgagor (mortgage on property) | <input type="checkbox"/> Potential Mortgagor (wants to buy) |
| <input type="checkbox"/> Renter (occupies rental property) | <input type="checkbox"/> Potential Renter (wants to rent) | <input type="checkbox"/> Homeless                           |
| <input type="checkbox"/> Other:(specify)                   |                                                           |                                                             |

**Results of Counseling:** (check the applicable box(es) at the time each result occurs. These results correspond to those on form HUD-9902. You may achieve more than one result for the same client.)

- |                                                                     |                                                          |                                                                               |
|---------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Obtained a HECM                            | <input type="checkbox"/> Brought mortgage current        | <input type="checkbox"/> Forbearance Agreement                                |
| <input type="checkbox"/> Mortgage assigned to HUD                   | <input type="checkbox"/> Executed Deed-in-Lieu           | <input type="checkbox"/> Sold their property                                  |
| <input type="checkbox"/> Mortgage foreclosed                        | <input type="checkbox"/> Rented alternative housing      | <input type="checkbox"/> Purchased housing                                    |
| <input type="checkbox"/> Decided not to purchase                    | <input type="checkbox"/> Occupied "transitional housing" | <input type="checkbox"/> Occupied "emergency shelter"                         |
| <input type="checkbox"/> Occupied permanent housing for handicapped |                                                          | <input type="checkbox"/> Entered public or private sector traditional housing |
| <input type="checkbox"/> Other: (specify)                           |                                                          |                                                                               |

Interviewer's Notes:

Race/Ethnicity:

- |                                                           |
|-----------------------------------------------------------|
| <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Asian / Pacifica Islander        |
| <input type="checkbox"/> Black Non-Hispanic               |
| <input type="checkbox"/> Hispanic                         |
| <input type="checkbox"/> White Non-Hispanic               |

Interviewer's Notes:

**Housing Counseling Activity and Unit Log**

Use as much space as necessary to record the counseling activity. Begin each new activity in a separate "activity" block.

Client's Name

Client No.

Date:

Time Start:

Time End:

Counselor's Initials:

Activity:

Unit Claim

Date:

Time Start:

Time End:

Counselor's Initials:

Activity:

Unit Claim

Date:

Time Start:

Time End:

Counselor's Initials:

Activity:

Unit Claim

Date:

Time Start:

Time End:

Counselor's Initials:

Activity:

Unit Claim

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

HUD-Approved Housing Counseling Agency  
Biennial Performance Review Annual Report

Number of agencies reviewed first year of report period:  
Number of agencies reviewed second year of report period:  
Number of agencies NOT reviewed during 2-yr report period:  
Number of agencies on your approved list: 0  
Office: Report Year:

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page 1 of 5

No.	HUD-Approved Housing Counseling Agency Information  Enter each agency's Name, City, and State. Include the street address and ZIP code only for agencies with the same or similar name.	Initial Approval Date	Last Performance Review Date	Performance Review Results			Conditional Approvals			
				Renewal Approval Date	Conditional Approval Date	Approval Withdrawal Date	Did agency correct deficien- cies?		If "No" in Column 9, did FO/RO withdraw Approval?	
							Yes 8	No 9	Yes 10	No 11
1	2	3	4	5	6	7				
1										
2										
3										
4										
5										
6										
7										

## INSTRUCTIONS FOR COMPLETION OF FORM HUD-9922

HUD-APPROVED HOUSING COUNSELING AGENCY  
BIENNIAL PERFORMANCE REVIEWANNUAL REPORT

**General Instructions.** The report consists of Form HUD-9922, HUD-approved Housing Counseling Agency Biennial Performance Review Annual Report, and the documentation indicated in the following instructions.

You may complete this report by using the LOTUS file (HUD-9922.WK1) sent to your office via CC:Mail from Headquarters or you may type your entries on the form. A copy of the form was sent to your office with these instructions. You may also print the form from the LOTUS file. By using the LOTUS file, you have a permanent and easily editable list of your agencies for future reports and other purposes. The file form makes five pages available for listing your agencies.

1. This is an annual report that covers a two-year period. This requires you to report performance reviews (or the lack thereof) for the immediate past two years. This is because the reviews are required on a biennial basis. Include in the report **ONLY** the agencies that were on your approved list as of the last day of the two-year period covered by the report.

EXAMPLE - When you prepare the report for 1995, you include your performance review activity, or lack thereof, for 1994 and 1995.

NOTE: If you conducted more than one performance review for an agency during the two years covered by this report, report only the **most recent** review.

2. Field Offices submit two copies of their reports to the Director, Single Family Servicing Division in Headquarters, by January 31.
3. In the block " **Office**" (LOTUS cells F6 and G6) enter the name of your office.

5. In the block **"Report Year:"** (LOTUS cell M6) enter the four-digit year designation.
6. In the block **"Number of Agencies Reviewed First Year of Report Period"** (LOTUS cell 02) enter the number of agencies you reviewed during the first year of this two-year report period.

**EXAMPLE:** In your report covering 1994 and 1995, enter the number of agencies you reviewed during 1994.

7. In the block **"Number of Agencies Reviewed Second Year of Report Period"** (LOTUS cell 03) enter the number of agencies you reviewed during the second year of this two-year report period.

**EXAMPLE:** In your report covering 1994 and 1995, enter the number of agencies you reviewed during 1995.

8. In the block **"Number of Agencies NOT Reviewed During 2-Year Report Period"** (LOTUS cell 04) enter the number of agencies for which you DID NOT conduct a review during the two-year period of this report.

**EXAMPLE:** You are reporting for 1995. Enter the number agencies for which you did NOT conduct a performance review during 1994 and 1995.

9. In block **"Number of Agencies on Your Approved List"** (LOTUS cell 05) LOTUS enters the zero (0) that appears on the report form because LOTUS automatically totals the entries in cells 02, 03, and 04. If you type your entries on a copy of the form, erase the "0" and enter the number of agencies your office had on its approved list on the last day of the two-year report period. Regardless of whether you use the LOTUS file or type your entries, this number **MUST** correspond to the number of agencies you list in column 2 of the report form.

### Columnar Instructions

#### Col

#### Explanation of Entries

1 Self-explanatory.



## Appendix 16

- 2 List every agency on your approved list even if you did **NOT** conduct a performance review for every agency.
  - 3 Enter the date of your initial approval of the agency under HUD Handbook 7610.1 REV-3 or one of its earlier versions.
- NOTE:** Make date entries in the format MMM DD, YYYY
- 4 Enter the date of your most recent performance review of the agency as required by Handbook 7610.1 REV-4. If your office has not conducted a review, enter "None." For each of your agencies, attach one of the following items to your report.

- a. A copy of Form HUD-9910, Biennial Performance Review of a HUD-approved Housing Counseling Agency, completed for each review indicated in column 4,

**OR**

- b. An explanation of why the office did not comply with the Performance Review requirements of Handbook 7610.1 REV-4.

**NOTE:** COMPLETE COLUMNS 5 THROUGH 11 ONLY IF YOU CONDUCTED THE REQUIRED PERFORMANCE REVIEW

- 5 If you re-approved the agency based on your review of its performance, enter the date of the re-approval. Attach to this report a copy of your renewal letter to the agency.
- 6 If you conditionally re-approved the agency based on your review of its performance, enter the date of the conditional re-approval. Attach to this report a copy of your conditional re-approval letter to the agency and the narrative of the findings. See Handbook 7610.1 REV-4 regarding the content of this letter.
- 7 If you withdrew the agency's approval based on your review of its performance, enter the date of the withdrawal. Attach to this report a copy of your withdrawal letter.

**NOTE:** COMPLETE COLUMNS 8 THROUGH 11 ONLY IF YOU CONDITIONALLY RE-APPROVED THE AGENCY.

- 8 If the agency corrected, within the time frame you allowed, the deficiencies you identified in your performance review, check this column.

- 
- 9 If the agency did NOT correct the deficiencies within the time frame you allowed, check this column.
- 10 If you checked "NO" in column 9, check box 10 if your office withdrew its approval of the agency.
- 11 If you checked "NO" in column 9 but did not withdraw the agency's approval, check box 11. If you check box eleven, **attach to this report a written explanation about why you did not follow the procedures in 7610.1 REV-4 to withdraw the approval.**

## Appendix 17

# Homeownership Counseling Certification Pre-foreclosure Sale Procedure

U. S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

ATTACHMENT B

OMB Approval No. 2502-0464

**Public reporting burden** for this collection of information is estimated to average .05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0464), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Every participant in the Pre-foreclosure Sale (PFS) procedure must sign a certification that he or she has received homeownership counseling before a proposed pre-foreclosure sale transaction can be approved. By signing this form, you certify that you have received information regarding options and alternatives that you may be entitled to, or which may be available to you -- other than the sale of your property to a third party -- to avoid foreclosure. **It is important that you, the homeowner, make an informed decision about whether to pursue a pre-foreclosure sale.** Finally, you must understand that the pre-foreclosure sale must be an "arm's length" transaction -- the buyer cannot be a family member, business associate or other "favored party," and the real estate broker cannot share a business interest with the mortgagee. No hidden terms or special understandings can exist between seller or buyer and the appraiser, sales agent or mortgagee.

**Certification:** This will certify that I/we, the undersigned homeowner(s) have received homeownership counseling from a housing counseling agency approved by the Department of Housing and Urban Development (HUD), from the mortgagee or from a HUD staff member. The counseling included a description of the available rights and options at the time the counseling was provided. The intent of the counseling has been to encourage the homeowner to decide on a particular objective -- in dealing with the mortgage default -- from among the available courses of action. The homeowner can then follow up on this decision by choosing certain steps intended either to avoid foreclosure and/or to retain possession of the property. If a pre-foreclosure sale results, I/we understand that it must be an "arm's length" transaction -- the buyer cannot be a family member, business associate or other "favored party." No hidden terms or special understandings can exist between seller or buyer and the sales agent, appraiser or mortgagee.

Homeowner's Signature & Date	Homeowner's Signature & Date
X	X
Name & Agency of Party Providing Homeownership Counseling	Signature of Official & Date
X	X

## Waiver of Right to Apply for Assignment of Mortgage

The Pre-foreclosure Sale procedure is an option for which you may qualify if you meet certain criteria. It is separate from other procedures that you might choose to follow in order to keep your home and avoid foreclosure of your mortgage.

One of these other procedures is known as the Mortgage Assignment Program. Every homeowner with an FHA-insured mortgage has the right to apply for assignment of their mortgage to HUD at a time when they have fallen at least three mortgage payments behind. To be accepted into the Assignment program, applicants must document that their mortgage default was caused by circumstances beyond their control, and also demonstrate that a reasonable prospect exists that they will be able to resume making their regular mortgage payments within 36 months of entering the program. HUD takes over the mortgage and becomes the new "lender" for people who are accepted.

Before a homeowner can be considered for the Pre-foreclosure Sale procedure, he or she must either waive the right to apply for mortgage assignment, or have been turned down for

assignment by HUD. If you are not sure whether you want to give up the right to apply for mortgage assignment, or if you have other questions about how the Assignment Program works, do not sign this waiver. Contact a HUD-approved Housing Counseling Agency or your local HUD Office before making a commitment to a particular method of dealing with your mortgage or financial problems. If you give up the right to apply for assignment, it will only be effective if you are permitted to participate in the Pre-foreclosure Sale procedure.

## Waiver

This will certify that I/we the undersigned homeowner(s) agree(s) to waive (give up) the right to apply to the Department of HUD for assignment of the mortgage identified by the FHA Case Number above. This decision affects rights arising from the homeowner's present mortgage default only, and is effective only if I am permitted to participate in the Pre-foreclosure Sale procedure. It has been made freely and after consideration of the available courses of action that might help in avoiding foreclosure and/or retaining ownership of the mortgaged property.

Print Name	Print Name
Homeowner's Signature & Date	Homeowner's Signature & Date
X	X

form HUD-90038 (10/94)

**HUD-APPROVED HOUSING COUNSELING AGENCY  
TRAINING NEEDS SURVEY**

Before you complete this form, please read paragraph 2-10 of the Housing Counseling Program Handbook 7610.1 REV-4. It contains background information for completion of this form.

Each HUD-approved housing counseling agency is asked to complete this optional form even if the agency does not wish to report any HUD-program training needs. If your agency is not requesting such training, please check this box [ ], enter your agency's name and address, and mail the form to: (HUD Office: Enter your complete address in this space.)

Agency name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

**USE THE BACK OF THIS FORM OR ATTACH ADDITIONAL PAGES IF NECESSARY TO SUBMIT ALL INFORMATION.**

1. List the HUD programs for which you request training.  
Please use specific HUD program designations.
  
  
  
  
  
  
  
  
  
  
2. Indicate the number of persons from your staff for whom you request training and whose expenses you will underwrite. Indicate their titles. (All training takes place at the HUD office address indicated above with the exception explained in the next paragraph on page 2 of this appendix.)
  
  
  
  
  
  
  
  
  
  
3. The availability of limited travel funds and travel time

Appendix 18

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to HUD staff will severely restrict the possibility that HUD might conduct training at locations other than the HUD office. A HUD-approved housing counseling or a group of such agencies may propose to underwrite all of the costs of HUD staff participation.

The agency(ies) interested in paying these costs should obtain HUD approval for such arrangements prior to arranging the training. You may use the space below to set forth your offer to pay HUD's expenses and state your request that HUD approve such arrangements

Check this box [ ☐ ] if this is a request for a group of agencies.

## HOUSING COUNSELING PROGRAM

HUD REPORT OF  
TRAINING NEEDS SURVEY AND PROVISION OF TRAINING

Before completing this form, please read paragraph 2-10, **Training**, of Housing Counseling Program Handbook 7610.1 REV-4. It contains additional information.

Each HUD Office **must** complete this form and submit it to the Single Family Director no later than October 30 of each year.

HUD Office:

Date

Name, Title, and Signature of person approving this report.

1. Fiscal Year Covered by this report:
2. Date on which your office sent the training survey request to its HUD-approved housing counseling agencies:
3. Number of agencies surveyed:
4. Number of agencies that responded to the survey with:
  - a. Requests for training:
  - b. No requests for training:Total number of responses:
5. Number of agencies that did **NOT** respond:
6. Information on training the office provided based on the survey:
  - a. Date(s):
  - b. Location(s):
  - c. HUD Programs Covered:  
(leave sufficient space)

**NOTE:** If the office did **NOT** provide training in response the survey responses, on separate attached pages

provide a justification for not providing the training.

- d. Number of agencies participating:
- e. Number of individuals participating:
- f. Names and addresses of agencies, if any, that requested training but did not participate (Provide this information on separate attached sheets and check this box [ ] if you attach such sheets.
- g. In a brief statement on attached separate sheets, evaluate the training in relation to (1) the participants need for the training and (2) whether you think the participants benefitted from the training.

No.	Counseling Agency Name, City and State	Clients Counseled This Report Period											
		1 All	1 Grant	2 All	2 Grant	3 All	3 Grant	4 All	4 Grant	5 All	5 Grant	6 All	6 Grant
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Column No.		1	1	2	2	3	3	4	4	5	5	6	6
Totals		0	0	0	0	0	0	0	0	0	0	0	0



Print Range: A1..AD40					Results of Counseling Homeowners						Results of Counseli							
7 All	7 Grant	8 All	8 Grant	No.	9 All	9 Grant	10 All	10 Grant	11 All	11 Grant	12 All	12 Grant	13 All	13 Grant	14 All	14 Grant	15 All	15 Grant
=====		=====			=====		=====		=====		=====		=====		=====		=====	
		0	0	1					0	0								
		0	0	2					0	0								
		0	0	3					0	0								
		0	0	4					0	0								
		0	0	5					0	0								
		0	0	6					0	0								
		0	0	7					0	0								
		0	0	8					0	0								
		0	0	9					0	0								
		0	0	10					0	0								
7	7	8	8		9	9	10	10	11	11	12	12	13	13	14	14	15	15
0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0

ing Mortgagors												Results Counseling Potential Mortgagors												R		
Print Range: AB1..BS40																										
16 All	16 Grant	17 All	17 Grant	18 All	18 Grant	19 All	19 Grant	20 All	20 Grant	21 All	21 Grant	No.	22 All	22 Grant	23 All	23 Grant	24 All	24 Grant	25 All	25 Grant	26 All	26 Grant				
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												9														
												10														
													</													

Results of Counseling Renters						Results of Counseling Potential Renter						Print Range: BQ1..DE40		No.		
27 All	27 Grant	28 All	28 Grant	29 All	29 Grant	30 All	30 Grant	31 All	31 Grant	32 All	32 Grant	33 All	33 Grant		34 All	34 Grant
				0	0							0	0	1		
				0	0							0	0	2		
				0	0							0	0	3		
				0	0							0	0	4		
				0	0							0	0	5		
				0	0							0	0	6		
				0	0							0	0	7		
				0	0							0	0	8		
				0	0							0	0	9		
				0	0							0	0	10		
27	27	28	28	29	29	30	30	31	31	32	32	33	33		34	34
0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0

Results of Counseling the Homeless										Print Range: DC1..EO40	Tot Num of Grts	Total Number of Clients	Total Amount Invoiced for all Grants	No.	Race/Ethnicity				
35 All	35 Grant	36 All	36 Grant	37 All	37 Grant	38 All	38 Grant	39 All	39 Grant						AmerInd Alaska Native	Asian Pacific Island	Black non- Hispan	Hispan- ic	White non- Hispan
								0	0					1					
								0	0					2					
								0	0					3					
								0	0					4					
								0	0					5					
								0	0					6					
								0	0					7					
								0	0					8					
								0	0					9					
								0	0					10					
35	35	36	36	37	37	38	38	39	39	Grts	Clients	\$ Amount			0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0

**HOUSING COUNSELING ACTIVITY SUMMARY REPORT****Form HUD-9923 - Instructions**

Paragraph 4-10 of Housing Counseling Handbook 7610.1 REV-4 dated July, 1995, sets forth the Field Office reporting requirements relating to Form HUD-9923. See paragraph 4-9 of 7610.1 REV-4 regarding revised Form HUD-9902, **Housing Counseling Agency Fiscal Year Activity Report**, that Field Offices must use to create their **Housing Counseling Activity Summary Report** on Form HUD-9923. HUD-approved Housing Counseling Agencies must use form HUD-9902 dated 5/95. Earlier versions of HUD-9902 are obsolete and cannot be used to create the summary reports on HUD-9923. The fiscal year covers the period October 1 through September 30.

Form HUD-9923 is a LOTUS spreadsheet sent to the field via CC:MAIL under file name HUD-9923.WK1. For this reason the file was not printed and distributed in the usual manner. To retrieve and use the file you must use LOTUS software. Although you can print the file and make entries manually, if you use LOTUS it will automatically calculate the total entries for columns.

***LOTUS file HUD-9923.WK1 is a LARGE file!***

*You need a hard drive or a high density  
diskette for copying the file from CC:MAIL.  
Your computer will require several minutes  
to copy or retrieve the file. Please be patient.*

With the exception of the "Race/Ethnicity" data on Form HUD-9902, the columnar headings in HUD-9923 correspond to the line entries on HUD-9902. The Race/Ethnicity data columns appear as the far-right columns on Form HUD-9923. LOTUS calculates the entries in the "Totals" row at the bottom of each page. The totals are cumulative from one page to the next.

The LOTUS file contains three pages that allow entries for thirty HUD-approved housing counseling agencies--10 per page. This limitation is based upon the fact that the memory capacity of some personal computers now available in the field will not handle a larger file. An office with more than thirty agencies must create additional LOTUS files to handle agencies beyond the initial thirty. This will also require that office to enter the following "Brought Forward" data from their first and subsequent LOTUS files onto the first blank row on the additional LOTUS files before you enter data for the remainder of your agencies.

1. In the counseling agency name column enter the following on line No. 1:  
"Totals brought forward from previous LOTUS file"
2. In columns 1 through "Total Amount Invoiced for All Grants" enter "Totals" row entries from the third (final) page of the previous LOTUS file.
3. Renumber the entries in the "No." column so the entries are numbered sequentially beginning with "1" on the first page.

## Appendix 20 - Instructions

The print ranges for each section of the file appear under the header "Printing the File" on the last page of these instructions.

In the blank spaces in the **HEADER** (See Print/Options in LOTUS), enter your Field Office Name and the Fiscal Year covered by the report.

**Column****Description / Instruction**

**No.** The number for each of the HUD-approved housing counseling agency entries. **FIRST**, enter data from agencies submitting HUD-9902. **SECOND**, enter the name, city and State of the agencies from which you **DO NOT** receive a HUD-9902. For these latter agencies, leave the statistical columns blank.

**Agency** For each of your agencies, enter name, city and State on two lines. Abbreviate where necessary.

**1 - 39** These column numbers correspond to the line-entry items on Form HUD-9902, **Housing Counseling Agency Fiscal Year Activity Report (5/95)**. "All" corresponds to the "All Counseling Activities" column on HUD-9902. "Grant" corresponds to the "HUD Grant Activities" column on HUD-9902. Enter data **ONLY** in the second cell from the top of each block. Enter zeros (0) where an agency reports no activity. See next description/instruction.

**8, 11, 21,  
25, 25 29, 33  
39** Do NOT enter data in these Total columns. They are "Total" entries automatically calculated by LOTUS. If an agency entered a miscalculation and on HUD-9902, LOTUS will enter the correct calculation for each of these columns.

**\*Total  
Number** Enter the number of grants. For example, if an agency lists two (2) grants in the "HUD Grant No. From Block 3, Form HUD-1044" column, enter a Grants 2 in the "Total Number of Grants" column. Do **NOT** enter the HUD-assigned grant number.

**\*Total Num.  
of Clients** Enter the total of the entries in the "Number of Clients" column on HUD-9902.

**\*Total Amt.  
Invoiced for  
All Grants** Enter the total of the entries in the "Amount Invoiced" column on HUD-9902.

\* from the "HUD Grant Activity - Summary Data" box on HUD-9902

**Race/Ethnicity** In these five columns, enter the corresponding data from lines 8a through d on Form HUD-9902. Headers for these HUD-9923 columns are abbreviated.

See paragraph 4-10 in 7610.1 REV-4 for instructions regarding submitting your summary report to Headquarters. When you send your LOTUS file to Headquarters via CC:Mail change the file name so it will identify your office.

1. If you enter all of your agencies within the 30 entry rows on the file, here are examples of how to change the file name. Albany will change the file name "HUD-9923.WK1" to "ALBA9923.WK1"; Houston to "HOUS9923.WK1"; Los Angeles to "LOSA9923.WK1". You **MUST** retain ".WK1" as part of the file name for LOTUS to recognize it as a LOTUS file.
2. If you require additional copies of the file to enter more than 30 agencies, here is an example of how to change the files' names. Philadelphia will change the file names to "1PHI9923.WK1" for its first file and "2PHI9923.WK1" for its second file and so forth.

### PRINTING THE FILE

For printing purposes, each of the three pages of the file consists of four LOTUS print ranges. Your office's printing requirements depends upon how many HUD-approved counseling agencies you enter on the file:

- 1 to 10 agencies: page 1
- 11 to 20 agencies: pages 1 and 2
- 21 to 30 agencies: pages 1 through 3
- 31 or more agencies: see earlier instructions in the last paragraph starting as

"The LOTUS file . . ." on page one of these instructions.

**Print Ranges.** Because of the size of the report, you must print it by section. The print range for each section of the report appears in the column header boxes of each section and in the table below.

Use the following LOTUS print ranges to print the sections of the report. You must use paper size 8 1/2 by 14 inches in the landscape mode with compressed printing (16.5 or 17 cpi). Each section requires a full page for printing.

Section	Page 1	Page 2	Page 3
1	A1..AD40	A42..AD81	A83..AD122
2	AB1..BS40	AB42..BS81	AB83..BS122
3	BQ1..DE40	BQ42..DE81	BQ83..DE122
4	DC1..EO40	DC42..EO81	DC83..EO122

If you need assistance using the LOTUS file, including printing the file, please consult with your Administrative Officer. If you cannot find local assistance, please contact the Office of Administration in your State Office.

9923INST.RUC

For use by HUD Field Office Staff

Appendix 21

## HOUSING COUNSELING PROGRAM

Applications for Approval as a  
Housing Counseling Agency  
under Handbook 7610.1 REV-4

### Processing Log

Applicant  
Name \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

Prepare and maintain a separate log for each applicant agency. Record dates and summary of activity by HUD or the Applicant. Begin with your first contact with the applicant agency.

Date	Activity	HUD Staff Name





## Appendix 22



U. S. Department of Housing and Urban Development  
Washington, D.C. 20410-8000

October 18, 1993

OFFICE OF THE ASSISTANT SECRETARY  
FOR HOUSING-FEDERAL HOUSING COMMISSIONER

MORTGAGEE LETTER 93-33

TO: ALL APPROVED MORTGAGEES

ATTENTION: SINGLE FAMILY SERVICING MANAGERS

SUBJECT: Waiver of Prepurchase Housing Counseling Requirement  
under Section 506 of the Housing and Community  
Development Act of 1992

In accordance with the waiver provision of Section 506 of the Housing and Community Development Act of 1992 (HCD), HUD hereby waives the applicability of Section 506 pending the completion of implementing regulations.

Section 506 amends Section 203(b)(2) of the National Housing Act (12 U.S.C. 1709(b)(2)). The amendment prohibits the Secretary from insuring or entering into a commitment to insure a mortgage for a first-time homebuyer involving a principal obligation in excess of 97 percent of the appraised value of the property unless the prospective homebuyer "has completed a program of counseling with respect to the responsibilities and financial management involved in homeownership." The principal obligation includes initial service charges, appraisal, inspection, and other fees approved by the Secretary.

The effective date provided in Section 506 was to be twelve months after passage of the HCD Act on October 28, 1992. However, before the Department can implement this provision we must, among other things, establish minimum requirements for the required "program of counseling," and publish regulations.

When we are ready to implement Section 506, we will notify you by a Mortgagee Letter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Nicolas P. Retsinas".

Nicolas P. Retsinas  
Assistant Secretary for Housing-  
Federal Housing Commissioner



U.S. Department of Housing and Urban Development  
H O U S I N G

10-17-97

Special Attention of:

WASHINGTON, D.C. 20410

**Transmittal** for Handbook No.: 7610.1 REV-4  
CHG-1

Directors, Office of Housing  
Directors, Single Family Division  
Chiefs, Asset Management Branch  
Housing Counseling Program  
Government Technical Representatives  
Government Technical Monitors

Issued: October 27, 1997

1. This Transmits      Revision- 4 CHG-1 of Housing Counseling Program Handbook  
7610.1

2. Explanation:

This revision allows a HUD-approved housing counseling national intermediary organization to purchase and rehabilitate single family properties, and rent and subsequently sell such properties to home buyers it has counseled, provided there is separate supervisory staff and budget operations for the counseling program and the home rehabilitation and sales effort.

The following revision is incorporated in Chapter 5-2:

Paragraph E5. The following statement has been added:  
(Where national, regional and multi-state agencies employ housing counselors as well as staff to rehabilitate and sell housing, and providing there is:

- o A separate supervisory staff and budget for each operation and;
- o The agency gives a written disclosure to its counseling program client stating that it owns property, and that the client is under no obligation to purchase or rent a property from the agency;

this standard will not be applicable.);

3. Filing Instructions:

Remove:

Page 5-2, dated 7/95

Insert:

Page 5-2, dated 10/97

  
Assistant Secretary for Housing-  
Federal Housing Commissioner



1. Is the client's landlord, manages the property occupied by the client, collects the client's rent on behalf of the owner or manager, holds or administers the client's lease, or in some other manner has a direct interest in the client as a tenant;
2. Serves as a collection agent for the client's mortgagee, landlord, or creditor;
3. Holds or services the mortgage on the client's property.
4. Has a staff member who serves as the client's attorney, landlord, or creditor;
5. Owns or purchases a property that the client seeks to rent or chooses to rent, or owns or purchases the property that the client seeks to purchase or chooses to purchase. (Where national, regional and multi-state agencies employ housing counselors as well as staff to rehabilitate and sell housing, and providing there is:
  - o A separate supervisory staff and budget for each operation and;
  - o The agency gives a written disclosure to its counseling program client stating that it owns property, and that the client is under no obligation to purchase or rent a property from the agency;this standard will not be applicable.);
6. Accepts a fee for in any way participating in the sale or rental of the client's property; or
7. Acquires the client's property from the trustee in bankruptcy.
8. Accepts a fee from the lender for referring prospective homebuyers to a specific mortgagee. In this regard, see the Real Estate Settlement Procedures Act, especially Section 8, Prohibition Against Kickbacks and Unearned Fees [Public Law 95-533; 88 Stat. 1724; 12 U.S.C. 2601 et seq.].

F. Staffing, Counseling Activity Monitoring, and Staff Training

1. Staffing. The agency must employ experienced or trained housing counselors. HUD will neither approve nor retain the approval of a housing counseling agency that uses inexperienced or untrained housing counselors.
2. Monitoring. Supervisors of the counselors must periodically monitor the work of the counselors. This includes reviewing client files with the

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- 00304 -

U.S. Department of Housing and Urban Development  
H O U S I N G

Special Attention of:

**Transmittal** for Handbook No.: 7610.1 REV-4  
CHG-1

Directors, Office of Housing  
Directors, Single Family Division  
Chiefs, Asset Management Branch  
Housing Counseling Program  
Government Technical Representatives  
Government Technical Monitors

Issued: October 27, 1997

DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT

MAR 23 1998

1. This Transmits Revision- 4 CHG-1 of Housing Counseling Program Handbook  
7610.1

LIBRARY  
WASHINGTON DC 20410

2. Explanation:

This revision allows a HUD-approved housing counseling national intermediary organization to purchase and rehabilitate single family properties, and rent and subsequently sell such properties to home buyers it has counseled, provided there is separate supervisory staff and budget operations for the counseling program and the home rehabilitation and sales effort.

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- o A separate supervisory staff and budget for each operation and;
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this standard will not be applicable.);

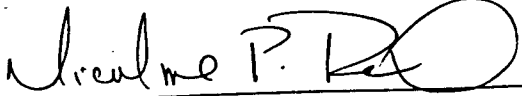
3. Filing Instructions:

Remove:

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Page 5-2, dated 10/97

  
Assistant Secretary for Housing-  
Federal Housing Commissioner



Special Attention of:

**Transmittal** for Handbook No.: **7610.1**  
**REV-4**

Issued: August 9, 1995  
Directors, Office of Housing  
Directors, Single Family Division  
Chiefs, Loan Management Branch  
Housing Counseling Program  
Government Technical Representatives

1. This Transmits **Revision 4 of Housing Counseling Program Handbook 7610.1.**

2. **Instructions and Background Information.** This revised handbook (REV-4) replaces Housing Counseling Handbook 7610.1 REV-3 issued 6/93.

a. Discard all copies of Revision 3.

b. Within twenty working days of your receipt of a supply of 7610.1 REV-4, distribute a copy of REV-4 and this Transmittal to:

(1) your staff who handle the housing counseling program, including each Government Technical Representative (GTR) and Government Technical Monitor (GTM) for housing counseling grants, and

(2) all of your HUD-approved housing counseling agencies that you approve after October 1, 1995.

*Headquarters will arrange for distribution to agencies approved on or before June 30, 1995.*

c. 7610.1 REV-4 contains the revisions described in paragraphs 3 through 18 below.

**The following paragraphs provide a synopsis of major changes.**

3. Chapter 1

a. Legislative Authority. Paragraph 1-1, Legislative Authority, has been revised to reflect current legislation regarding implementation of the housing counseling program.

- b. Approval of Counseling Agencies. Paragraph 1-2 adds national, regional, and multi-State organizations as eligible for approval and funding.
- c. First-time Homebuyers. Paragraph 1-3, Program Objectives, adds the objective of increasing participation of first-time homebuyers in the housing market.

#### 4. Chapter 2

- a. Approval Criteria. Paragraphs 2-1 and 2-2 now include information regarding approval of national, regional, and multi-State organizations. Paragraph 2-2 also includes additional information regarding local organizations that have one or more branch offices and/or cross State boundaries.
- b. Application Log. Paragraph 2-3 provides for a new application log to be maintained by any HUD office that receives an application for approval as a housing counseling agency. The paragraph provides expanded instructions regarding HUD review process and identifies a new application format, Form HUD-9900C. See Appendix 2.

#### 5. Chapter 3

- a. Delivery of Counseling - Basic Requirements. Paragraph 3-1 contains new instructions regarding national, regional, and multi-State organizations.
- b. HUD Program Handbooks. Paragraph 3-1A contains a revised list of such issuances.
- c. HECM Counseling. Paragraph e. on page 3-7 contains new information about this type of counseling. Of particular importance is paragraph e(4) that mandates issuance of the certificate by the counseling agency.

#### 6. Chapter 4

- a. Race/Ethnicity. Paragraph 4-1D requires counseling agencies to report race/ethnicity data for clients as required under Section 808(e)(6) of the Fair Housing Act.
- b. Reports. With the elimination of the former HUD regional offices it was necessary to revise reporting procedures, especially as they relate to HUD Field Offices. See paragraphs 4-9 and 4-10.



7. Chapter 5

a. Biennial Performance Review

- (1) Paragraph 5-3E provides new instructions regarding this review and its relation to the agency's housing counseling plan approved by HUD.
- (2) Paragraph 5-3F provides for redacted files to assure client confidentiality.

b. Funding. Paragraph 5-1I, Funding, now includes precautions to agencies seeking funds from sources other than HUD.

8. Chapter 6

a. Funding Sources. Paragraph 6-1 contains expanded instructions regarding HUD Notice of Funding Availability (NOFA) and the Application Kit.

b. Local Funding Sources. Paragraph 6-1B contains new information regarding these sources of funds.

c. Counseling Fees. Paragraph 6-2 contains expanded information regarding charging counseling fees in years when HUD does not receive an appropriation for housing counseling.

9. Chapter 7

a. Vouchering under a HUD Grant. Paragraph 7-1 sets forth new vouchering requirements through HUD's Letter of Credit Control System (LOCCS). Effective March 6, 1995, HUD discontinued the use of Standard Form 270 for HUD housing counseling grantees.

b. Counseling Unit (CU). All references to "counseling unit" in this handbook relate only to grants made in 1994 and prior years. The term is not used in relation to grants awarded in 1995.

10. Appendices 1A and 1B

a. Application for Approval, Forms HUD-9900A and 9900B. These two appendices are the former Appendices 1 and 2. Their use is restricted to the types of organizations specified on the appendices.

b. The content of these appendices has not changed.

11. Appendix 2

- a. Application for Approval, Form HUD-9900C. This new form is for use by national, regional, and multi-State organizations.
- b. The form is similar to Forms HUD-9900A and 9900B but is submitted to Headquarters for review. HUD Field Offices do not process these applications.

12. Appendix 6

Certificate of HUD Approval. Your office may obtain printing of the certificate locally; however, the certificate is available in a WordPerfect file that you may use to print copies of the form, including the name of the approved agency, on an as needed basis. You may request the file from the Single Family Housing Counseling Staff in Headquarters.

13. Appendix 10

Housing Counseling Agency Fiscal Year Activity Report,  
Form HUD-9902 added Race/Ethnicity data reporting.

14. Appendix 11

Biennial Performance Review. This checklist includes a new provision for determining if the agency's housing counseling plan requires updating due to changes in the housing market conditions in the agency's target area. See Instructions and question 34.

15. Appendices 14A, 14B, and 14C

Letter of Credit Control System (LOCCS) and Voice Response System. These three appendices relate to the newly instituted vouchering system for housing counseling grantees. The appendices are:

- a. Request Voucher for Grant Payment
- b. Access Authorization (for use by grantees)
- c. Access Authorization Security Form for HUD Staff
- d. Housing Counseling Grant Letter No. 1 - LOCCS/VRS
- e. Memorandum: Information on Using LOCCS - Vouchers

16. Appendix 15

- a. Housing Counseling Activity and Unit Log. The form now contains a race/ethnicity documentation area.
- b. Counseling Unit. The box identified as "Unit Claim" now refers only to grants issued by HUD in 1994 and prior years. It does not refer to 1995 grants.

17. Appendix 17

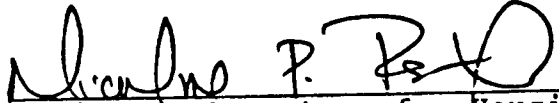
Homeownership Counseling Certification - Pre-foreclosure Sale Procedure. This is a revised form.

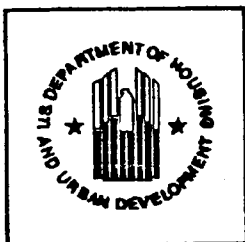
18. Appendix 21

Housing Counseling Program - Application Log. This is a new form for use by HUD Field Offices.

19. Appendix 22

Waiver of Prepurchase Housing Counseling Requirement -  
A copy of Mortgagee Letter 93-33 dated October 18, 1993.

  
Assistant Secretary for Housing-  
Federal Housing Commissioner



HANDBOOK

7610.1 REV-4

U.S. Department of Housing and Urban Development  
Office of Single Family Housing

July 1995

# Housing Counseling Program

*Departmental Staff and  
Public and Private  
Nonprofit Agencies*

~~HSIS Distribution~~ W-3-1, W-2(H)(P)(OGC)(Z), W-3(A)(H)  
(ZAS)(ZAOO), W-4(H), R-1, R-2, R-3-1(H), R-3-2, R-3-3  
R-6, R-6-2, R-7, R-7-2, R-8, R-8-1  
Public and Private Nonprofit Organizations

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Act of 1992

Forms Required by Handbook

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Form HUD-9900B	Final Application for HUD Approval as a Housing Counseling Agency (Local Entities)	2502-0261
Form HUD-9900C	Application for HUD Approval as a Housing Counseling Agency (National, Regional, and Multi- State Entities)	2502-0261



Form HUD-9902	Housing Counseling Agency Fiscal Year Activity Report	2502-0261
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Form HUD-9904	Checklist for Review of An Application for HUD Approval	
Form HUD-9908	Client Survey Letter and Survey Form	2502-0260
Form HUD-9910	Biennial Performance Review	
Form HUD-9915	Certificate of Approval	
Form HUD-9921	Housing Counseling Activity and Unit Log	2502-0260
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Form HUD-9923	Housing Counseling Agency Summary Report	
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Form HUD-27054	LOCCS Voice Response System Access Authorization	2535-0102
Form HUD-27054A	LOCCS Access Authorization Security Form for HUD Staff and Instructions	2535-0102

## CHAPTER 1. GENERAL PROGRAM INFORMATION

1-1 Legislative AuthorityA. General counseling authority

1. Section 106 of the Housing and Urban Development Act of 1968 (12 USC 1701x) provides HUD's general counseling authority.

a. Section 106(a)(1)(iii) provides that the Secretary is authorized to provide, or contract with public or private organizations to provide, counseling and advice to tenants and homeowners with respect to property maintenance, financial management, and such other matters as may be appropriate to assist them in improving their housing conditions and in meeting the responsibilities of tenancy or homeownership.

b. Section 106(a)(2) provides that the Secretary may provide these services directly or may enter into contracts with, make grants to, and provide other types of assistance to private or public organizations with special competence and knowledge in counseling low- and moderate-income families to provide such services.

B. Title II mortgages (other than section 235). Section 106(a)(2)(C) of the Housing and Urban Development Act of 1968 (12 USC 1701x(a)(2)(C)) provides that the Secretary may provide the counseling services described in section 106(a)(1)(iii) of that Act (see discussion above) for owners of single family dwelling units insured under Title II (other than section 235, for which there is a requirement to do so--see below).

C. Section 235. HUD does not insure new mortgages under Section 235 because the Congress repealed this provision of the legislation; however, mortgages were insured prior to the repeal and this section is cited for that reason.

1. Section 101(e) of the Housing and Urban Development Act of 1968 (12 USC 1701w) authorizes the Secretary to provide or contract with public or private organizations to provide, such budget, debt management, and related counseling services

to mortgagors whose mortgages are insured under sections 235(i) and 235(j)(4) as he/she determines to be necessary to assist such mortgagors in meeting the responsibilities of homeownership.

2. Section 106(a)(2)(A) of the Housing and Urban Development Act of 1968 (12 USC 1701x(a)(2)) provides that the Secretary shall provide counseling services described in section 106(a)(1)(iii) of that Act (see discussion above) for homeowners assisted under section 235 of the National Housing Act.

D. 237 mortgages. Because of the low mortgage amount limitations of Section 237, practically no mortgages are now insurable under this section.

1. Section 237(e) of the National Housing Act (12 USC 1715z-2(e)) authorizes the Secretary to provide or contract with public or private organizations to provide, such budget, debt management and related counseling services to mortgagors whose mortgages are insured under Section 237 as the Secretary determines to be necessary to meet the objectives of Section 237. The Secretary may also provide such counseling to otherwise eligible families who lack sufficient funds to supply a down payment to help them to save an amount necessary for that purpose.
2. One of the conditions of eligibility for mortgage insurance under Section 237 is that it be executed by a mortgagor whom the Secretary has determined would not be an acceptable credit risk for mortgage insurance purposes under regular HUD mortgage insurance programs, but would be a reasonably satisfactory credit risk and capable of homeownership with the assistance of budget, debt management, and related counseling.

E. Rural housing guaranteed loans. Section 106(a)(2)(B) of the Housing and Urban Development Act of 1968 (12 USC 1701x(a)(2)(B)) provides that the Secretary shall, in consultation with the Secretary of Agriculture, provide the counseling services described in section 106(a)(1)(iii) of that Act (See discussion above) for borrowers who are first-time homebuyers with guaranteed loans under section 502(h) of the Housing Act of 1949 (42 USC 1472(h)).

F. Department of Veterans Affairs (VA) loans. Section 106(a)(2)(C) of the Housing and Urban Development Act

of 1968 (12 USC 1701x(a)(2)(C)) provides that the Secretary *may* provide the counseling services described in section 106(a)(1)(iii) of that Act (See discussion in 1-1A1) for owners of single family dwelling units guaranteed or insured under chapter 37 of Title 38 of the U.S. Code.).

- G. Home Equity Conversion Mortgages (HECMs). Section 255(d)(2)(B) of the National Housing Act (12 USC 1715z-20(d)(2)(B)) provides that to be eligible for insurance, a HECM must have been executed by a mortgagor who has received adequate counseling by a third party (other than the lender) as provided in subsection (f) of that Section. Subsection (f) provides that the Secretary *shall* provide or cause to be provided by entities other than the lender the information required in subsection (d)(2)(B) and that such information shall be discussed with the mortgagor and shall include:
1. Options other than a home equity conversion mortgage that are available to the homeowner, including other housing, social service, health, and financial options;
  2. Other home equity conversion options that are or may become available to the homeowners, such as a State program, sale-leaseback financing, deferred payment loans, and property tax deferral;
  3. The financial implications of entering into a home equity conversion mortgage;
  4. A disclosure that a home equity conversion mortgage may have tax consequences, affect eligibility for assistance under Federal and State programs, and have an impact on the estate and heirs of the homeowner; and
  5. Any other information that the Secretary may require.
- H. Pre-foreclosure sales. Section 204(a) of the National Housing Act (12 USC 1710(a)) authorizes the pre-foreclosure sales procedure. Under this procedure, the mortgagee can permit a defaulting mortgagor to sell the property for its approximate fair market value to a third party. The mortgagee can then file a claim for FHA insurance benefits and receive an amount equal to the difference between the unpaid principal balance of the mortgage and the net sales proceeds (plus interest,

reimbursement of certain expenses, and an administration fee). Section 204(a) provides that such insurance benefits shall be available only if the mortgagor had received appropriate homeownership counseling, as determined by the Secretary. Mortgagee Letter 94-45 provides that such counseling may be provided by the mortgagee or by a HUD-approved counseling agency, depending on the circumstances.

- I. Mortgages with Loan-to-Value ratios greater than 97%. Section 203(b)(2) of the National Housing Act (12 USC 1709(b)(2)) provides that the Secretary may not insure or enter into a commitment to insure a mortgage under 203(b) that is executed by a first-time homebuyer and that involves a principal obligation in excess of 97 percent of the appraised value of the property unless the mortgagor has completed a program of counseling with respect to the responsibilities and financial management involved in homeownership that is approved by the Secretary; except that the Secretary may, in the discretion of the Secretary, waive the applicability of this requirement. This requirement was waived in Mortgagee Letter 93-33 pending the completion of implementing regulations. (See Appendix 22, Mortgagee Letter 93-33.)
- J. Community Development Block Grants. Housing counseling is an eligible activity under the CDBG program. HUD-approved housing counseling agencies are encouraged to present counseling proposals to their communities for consideration for funding from this resource. Section 92.302, 24 CFR Subpart G, provides for "Housing Education" that includes providing or administering programs for educating and counseling eligible homeowners and tenants under the HOME program.
- HOME money can be used to support counseling in two ways. HOME administration money (10% of each year's allocation) can be used to support a general counseling program. HOME project funds can be charged if the homebuyer is directly assisted with HOME funds.
- K. Section 203(r)(4) of the National Housing Act (12 USC 1709(r)) provides that the Secretary shall take appropriate actions to reduce losses under the Title II single-family mortgage insurance programs and that such actions shall include providing counseling, either directly or through third parties, to delinquent mortgagors whose mortgages are insured under section 203, using the Fund to pay for such counseling.

## 1-2 HUD Approval and Funding

- A. Approval. National, Regional, Multi-State, and Local public and private nonprofit agencies may participate in the program after they become HUD-approved housing counseling agencies. They may remain in the program as long as they comply with the requirements in this handbook. Chapter 2 describes the approval process.
- B. Funding. An organization approved by HUD under this handbook does NOT automatically receive funding from HUD. Funding depends upon two factors: appropriations by Congress and the award of grants by HUD on a competitive basis under established federal and HUD policies and regulations. *HUD funding is not intended to cover all counseling costs incurred by the agency in delivering counseling services.* See Chapter 6.

## 1-3 Program Objectives

- A. For Homebuyers, Homeowners and Renters as provided under Section 106(a) of the Housing and Urban Development Act of 1968, as amended. The overall objective is to provide housing counseling services, including outreach to potential first-time homebuyers, to persons eligible for or assisted under homebuying, homeownership and rental housing programs regardless of the source of the program. This includes enabling these persons to make prudent and responsible use of the programs by helping eligible renters, including public housing and Section 8 participants, locate and qualify for assisted rental units, and by helping eligible homebuyers obtain affordable housing, and homeowners avoid foreclosures or evictions.
- B. For the Department
  - 1. Increase participation of first-time homebuyers in the homeownership market.
  - 2. Reduce losses to the single-family mortgage insurance funds by reducing the number of foreclosures and their costs.
  - 3. Reduce mortgage defaults and their servicing costs to HUD under HUD-insured and Secretary-held single-family mortgages.
  - 4. Reduce losses to the multifamily mortgage insurance funds caused by rent delinquencies and evictions, and their creation of cash-flow

problems in multifamily project management, that adversely affect HUD.

1-4 Program Participants

- A. HUD-approved Housing Counseling Agencies. These agencies are private and public nonprofit organizations that provide housing counseling services to clients directly or through their affiliates or branches and meet and maintain the requirements set forth in this handbook. The agencies have applied for HUD approval and received it in written form from a HUD Office.
- B. Clients are potential renters, renters, potential homebuyers, homebuyers, and homeowners eligible for and applying for HUD-related, VA, FmHA, State, local, or conventionally-financed housing or housing assistance, or are persons who occupy such housing and seek the assistance of a HUD-approved housing counseling agency to meet a housing need or resolve a housing problem. See para. 1-6A for the full definition of a client.
- C. HUD Headquarters and Field Offices. These offices receive and evaluate applications from organizations interested in becoming HUD-approved housing counseling agencies. The offices approve or reject applications, monitor approved agencies' housing counseling programs, reapprove agencies biennially, withdraw approval, and monitor agency activities under HUD grants. Headquarters awards grants and, in conjunction with Field Offices, monitors agency activities under the grants. These offices provide the approved agencies with their first-line communication with the Department.

1-5 HUD Headquarters Program Responsibilities

- A. The Assistant Secretary for Housing-Federal Housing Commissioner is responsible for administering the program. The Assistant Secretary has designated the Deputy Assistant Secretary for Single-Family Housing to carry out the program.
- B. The Office of the Deputy Assistant Secretary, administers the program through the Housing Counseling Staff.
- C. The Housing Counseling Staff administers the program on a day-to-day basis. The staff develops and implements program policy and procedures. The staff also provides technical assistance and training to Field Offices on an as-needed basis.

## 1-6 Definitions

### A. Client

1. General Definition. A person (or persons) who falls within the definition in either subpara. a. or b. below AND enters the agency's housing counseling workload by means of a screening interview.
  - a. A person, family, or group of persons with the same DOCUMENTED housing need or problem potentially RESOLVABLE under a HUD program, a conventional home mortgage program, or under a State, county or city program.
    - (1) A housing need exists when a client lacks affordable "decent, safe and sanitary" housing.
    - (2) A housing problem exists when a client occupies HUD-related housing, a conventionally financed home, or a home financed under a State, county, or city program and faces the possibility of foreclosure as a homeowner, eviction as a renter, or other circumstances that impair occupancy in affordable decent, safe, and sanitary housing.
  - b. A potential or present home buyer, homeowner, or renter of a property that is or will be HUD-assisted or financed by a HUD-insured or conventional mortgage or a by a State, county, or city program.
2. A HUD-related Client is a client who occupies or is eligible for and seeks to occupy housing under a program administered by the Secretary of the U.S. Department of Housing and Urban Development.

B. Counseling. Counseling is a counselor-to-client or counselor-to-group activity during which the counselor completes any or all of the following types of actions.

1. Interviews the client in a private space and a confidential manner to obtain basic information about the client and the client's housing need or problem.



2. Identifies resources within the agency, the client's community, and HUD that might assist in meeting the client's need or resolving the client's problem.
  3. Designs a counseling plan on behalf of the client.
  4. Explains the counseling plan to the client and obtains the client's consent for the counselor to carry out the plan, including the actions the client must take.
  5. Refers the client to other resources within the community and assists the client in arranging appointments with those resources.
  6. Recommends additional private or group counseling sessions conducted by the agency or other community resources.
  7. Monitors the client's progress toward meeting the need or resolving the problem.
- C. Government Technical Representative (GTR). The HUD staff in Headquarters or the Field Office who oversees and monitors the housing counseling grant program.
- D. Governmental Technical Monitor (GTM). A HUD Field Office staff person who monitors the grant activities of certain grantees within the jurisdiction of the Field Office as deemed necessary by the GTR. The GTM is responsible to the GTR.
- E. Notice of Funding Availability (NOFA) & Application Kit. A NOFA is HUD's printed announcement in the Federal Register of the availability of housing counseling funds. The Kit contains detailed instructions regarding the preparation and submission of a grant application under the NOFA. HUD usually mails these documents to or makes them available to HUD-approved housing counseling agencies to initiate the grant award process.
- F. Grant Officer (GO). The HUD official designated the authority to award and administer grants.
- G. Grantee. A HUD-approved counseling agency that receives housing counseling funds from HUD under the grant award process.
- H. Grant Agreement. The legal instrument that states the terms and conditions of a HUD grant for housing

counseling services. The grantee and the Grant Officer sign the agreement.

I. Housing Goal. A potentially realizable objective the client sets for himself or herself with advice from the agency and with which the agency counselor concurs (Under HUD programs, a HUD-approved housing counseling agency should not accept as a client a person whose housing objective is unreasonable and obviously unrealizable.)

J. National, Regional, and Multi-State Intermediaries. With the publication of Revision 4 of this handbook, the Department initiated the approval of national, regional, and multi-State organizations as housing counseling agencies. HUD uses the terms "intermediary" or "umbrella group" to identify these counseling agencies.

1. National Organization. A national organization is one that provides housing counseling services through its branches or affiliates in more than half of the States; that is, in at least twenty-six States.

2. Regional Organization. A regional organization is one that provides housing counseling services through its branches or affiliates in a generally recognized region or group of regions such as the Southwest, Mid-Atlantic, or New England.

3. Multi-State Organization. A multi-State organization is one that provides housing counseling services through its branches or affiliates in three or more States but not more than twenty-five States nor for an entire region or group of regions as defined in paragraph 2 immediately above.

1-7 The Drug-Free Workplace Act of 1988 requires grantees of Federal agencies to certify that they will provide drug-free workplaces. Each potential grantee must certify that it will comply with drug-free workplace requirements in accordance with 24 CFR part 24, subpart F. For specific requirements, see the current Request for Grant Application published by HUD.

## CHAPTER 2. OBTAINING HUD APPROVAL

- 2-1 Approval Criteria. HUD will accept applications from national, multi-State, regional, and local entities. Applicants with branch offices or affiliate member organizations over which the primary entity exercises some control regarding services rendered, and the quality of those services, may submit a single application for approval of the primary entity and its branches or affiliates. The branches or affiliates must meet the primary entity's standards as well as those in this handbook. An applicant agency with branch offices or affiliates must provide a written delineation of the responsibilities of the parent organization and its branches or affiliates.

The following approval criteria apply to all applicants. Each branch or affiliate included in an approval application must satisfy these criteria.

- A. Nonprofit Status. An applicant and its branches or affiliates for approval must function as private or public nonprofit organizations. The applicant must submit evidence of nonprofit status as demonstrated by section 501(c)(3) of the Internal Revenue Code approval (or pending approval) to support its nonprofit status and that of its branches or affiliates.
- B. Community Base. The applicant or its branches and affiliates must have functioned for at least one year in the geographical area that the applicant proposes for itself or its branches or affiliates to serve as a HUD-approved housing counseling agency or agencies.
- C. Experience. The applicant must have successfully administered a housing counseling program for at least one year.
- D. Audit. The applicant must have had an independent audit of its financial records during the twelve months preceding the date of applying for HUD approval. An applicant must submit with its approval application a copy of the most recent auditor's report. An applicant with branches or affiliates with accounting independent of the applicant must provide written assurance that those branches or affiliates meet this criterion.

**NOTE:** A national, regional, or multi-State applicant whose latest audit does not meet this timeliness criterion may receive a conditional approval. HUD will grant conditional approval

if the applicant agrees in writing to contract for the completion of the required audit within six months of their application for approval.

- E. Recordkeeping and Reporting. The applicant and its branches or affiliates must have an established system of recordkeeping so that data can easily be reported to HUD and reviewed by HUD in relation to housing counseling services. See chapter 4.
- F. Counseling Resources. The applicant and its branches or affiliates must have sufficient resources to implement the proposed counseling plan no later than the date of HUD approval.
1. Funding. The application for approval must provide evidence of funds on hand or a written commitment for funds to cover the cost of operating the proposed counseling plan during the initial twelve-month period of HUD approval. This includes the availability of funds for branches and affiliates. Applicants that plan to charge counseling fees must comply with chapter 6 of this handbook. (HUD approval neither includes nor guarantees HUD funding in the future.)
  2. Staff. The applicant and its branches or affiliates must employ staff trained in housing counseling with at least six months experience in the job they will perform in the counseling program.
  3. Language Skills. Counselors must be fluent in the language of the clients they serve, or the counseling agency must use the services of an interpreter.
- G. Knowledge of HUD Programs and Local Housing Market. The applicant's housing counseling staff, including those in branches and affiliates, must possess a working knowledge of HUD housing programs (including public housing), the housing programs available in the community, and the local housing market.

A working knowledge means that a counselor can inform the client in detail regarding what housing is available for which the client is eligible, how the client applies for the housing, and the rights and responsibilities of all parties involved in particular housing transactions--leases, mortgages, notes, contracts, etc.

- H. Subagreements. The applicant, its branches or affiliates, must deliver all of the counseling activities set forth in the applicant's counseling plan. Subcontracting with other entities is permitted **ONLY** in geographical areas where no HUD-approved housing counseling agency exists; however, the subcontractor must meet the HUD-approval eligibility standards in this handbook. This does not prevent an approved agency from referring clients to other community resources for assistance.

National, regional, and multi-State entities may enter into subagreements with their branches or affiliates to provide counseling services. The "agreements" may simply be an exchange of letters which also delineate the respective housing counseling program responsibilities of the parent organization and its branches or affiliates.

- I. Community Resources. The applicant, or its branches or affiliates, must have established working relationships with private and public community resources to which it can refer clients who need help the agency cannot offer.
- J. State and Local Requirements. The applicant, including its branches or affiliates, must meet all State and local requirements for its operation.
- K. Facilities. The counseling facilities of the applicant or its branches or affiliates must meet the following criteria.
1. Located in the community of the target population.
  2. Provide privacy for all one-on-one sessions between a counselor and a client.
  3. Public transportation is within easy walking distance (15 minutes) of the applicant's location, except for rural or distant suburban locations.
  4. Operating hours include regular work hours and days, and other hours and days when necessary to meet the needs of working clients.
  5. Ease of access for disabled and elderly persons, or be willing to meet with such persons at an alternative accessible location.

- I. Assurances. The application must include the assurances set forth on Form HUD-9900A or 9900C, application for HUD approval as a housing counseling agency. See Appendix 1A, page 2 of 4, or Appendix 2, page 4 of 10. These assurances also apply to branches and affiliates.

2-2 The Application for Approval Process

- A. Local Entities. A local entity may have only one office or a main office with branch offices in no more than two contiguous States. An application includes a Preliminary Application, an application conference, and a Final Application. The Preliminary Application helps HUD determine if the agency possesses the basic qualifications to initiate the Final Application process. The preparation of the Preliminary Application can save the resources of the applicant and HUD, if HUD determines from the Preliminary Application that the applicant does not or might not qualify.
- B. National, Regional, and Multi-State Entities. This type of entity serves a large geographical area consisting of the nation or a majority of its States; a major region of the country, such as the Southwest or the Northeast; or a group of two or more contiguous States.

Organizations with branches or affiliates make application to HUD Headquarters. They submit applications based on Form HUD-9900C (See Appendix 2.). Address inquiries and applications to:

Deputy Assistant Secretary  
for Single Family Housing  
U.S. Department of Housing  
and Urban Development  
451 Seventh Street, S.W.  
Washington, D.C. 20410

The Housing Counseling staff in Headquarters will process all applications from these organizations.

**NOTE:** Applicants that are local entities (not national, regional, or multi-State) with offices located in more than one HUD office jurisdiction, see paragraph 2-6 below.

- 2-3 Application Log. The HUD office will maintain a log for recording the receipt of applications as well as all actions relating to processing the applications. See

**Appendix 21, Processing Log: Application for HUD Approval as a Housing Counseling Agency.**

**A. Application Forms**

1. Local Entities Use Form HUD-9900A, Preliminary Application for HUD Approval as a Housing Counseling Agency. Appendix 1 contains a sample of this form. If HUD approves the preliminary application, the applicant then uses Form HUD-9900B to prepare its final application. See Appendix 1.
2. National, Regional, and Multi-State entities use only Form HUD-9900C, Application for HUD Approval as a Housing Counseling Agency.

**B. The HUD Field Office reviews the Preliminary Application.** The office will send a written acknowledgement to the applicant agency. Within thirty days of its receipt of an application, the office will review it, determine if the applicant meets the initial approval criteria required under this part of the application, and notify the applicant agency under subparagraph a. or b. below. Use Form HUD-9904, Checklist for Review of An Application for HUD Approval - Preliminary Application. See Appendix 3.

1. Approval. HUD will notify the applicant by letter or a telephone call and arrange for a pre-application conference with the applicant. Paragraph B2-4 below describes the conference.
2. Disapproval. HUD will notify the applicant by a letter that sets forth the reasons why the applicant does not meet the approval criteria. The applicant may submit a revised Preliminary Application or appeal HUD's decision by addressing a letter to the HUD office that reviewed the applicant's Preliminary Application. See Chapter 8 regarding appealing a negative decision.

Note 1: If the applicant agency does not receive from HUD an acknowledgement of receipt of the preliminary application within 15 days of submitting it, the applicant should communicate with the HUD office to determine if HUD received the document.

Note 2: If the applicant agency does not receive from HUD the approval or disapproval message within 45 days of submission of the preliminary application, the applicant should contact the Single Family Director in the local HUD office and request prompt resolution of the application.

- 2-4 Pre-Final Application Conference with Local Entities.  
Before HUD will process the Final Application from a local entity, the applicant must have a conference--preferably at the applicant's office--with the HUD office staff. The HUD office will arrange for the conference within 30 days of its receipt of the preliminary application.

HUD may waive this location requirement if the HUD office lacks travel funds or staff travel time to devote to the conference. Under that condition, the HUD office will hold the conference at its office; however, in lieu of the face-to-face conference in the HUD office, the applicant may request HUD to arrange for a conference call with the applicant's staff at HUD expense.

During the conference or conference call, the HUD staff will do the following to assist the applicant.

- A. Review of the Preliminary Application with the applicant
- B. Furnish information and guidance to the applicant regarding the preparation of the Final Application
- C. Answer questions, if any, about this handbook and its attachments
- D. Identify training needed by the applicant's staff to meet the criteria in para. 2-2
- E. Answer questions from the applicant

- 2-5 Final Application Submission Process for Local Entities and Application Process for National, Regional, and Multi-State entities.

- A. The local applicant completes and submits its Final Application for HUD Approval as a Housing Counseling Agency, Form HUD-9900B, after the conference. HUD must receive the Final Application no later than ninety days after the conference; otherwise, a new conference should be held. Appendix 2 contains a sample of the Final Application form.



B. National, regional, and multi-State applicants submit Form HUD-9900C.

C. HUD Reviews the Final Application from a Local Entity and the Application from a National, Regional, or Multi-State Applicant.

1. Timing. The HUD office will review the application within thirty days of its receipt. Within 45 days HUD will notify the applicant of HUD's decision regarding the acceptability of the Final Application.

**Note:** If the applicant does not receive either the acknowledgement letter or the approval/disapproval letter from HUD within ten days of the relevant times set forth in the above paragraph, the applicant agency should contact the HUD office.

2. Responsibility. The HUD office performs the review and sends a decision letter to the applicant.

3. Criteria. The HUD office uses Form HUD-9904, Checklist for Review of Application for HUD Approval as a Housing Counseling Agency. See Appendix 3. The applicant may use this checklist to determine the completeness of its application; however, the applicant does NOT include its checklist with its application.

4. Approval/Disapproval Decision

- a. Approval. HUD's approval must be unconditional; i.e., the applicant must fully meet the requirements of this handbook. The only exception is the audit requirement. Applicants that do not have audits conducted within the 12-month period immediately preceding the date on which they send their application to HUD, must submit a written statement to the effect that the applicant will contract for an audit no later than six months after HUD grants approval conditioned upon the completion of an audit. The agency must furnish a copy of the audit to the GTR in the local HUD office in a timely manner.

- b. A letter of approval is prepared by the HUD office and sent to the applicant agency. See Appendix 4 for a sample letter.
  - c. A letter of disapproval is prepared in which the reviewing office specifies the aspects of the applicant's application that do not meet HUD's requirements. See Appendix 5 for a sample letter.
- D. Upon receipt of a letter of approval, the applicant signs and dates the "Approval Accepted" lines on the letter and returns it to the HUD office.
- E. HUD issues a Certificate of HUD Approval as a Housing Counseling Agency, Form HUD-9915, to the applicant. The Single Family Director in the local HUD Office is responsible for notifying the Office of the Deputy Assistant Secretary for Single Family Housing. Use the formats in Appendices 6 and 7. This form is available in a WordPerfect file upon request to the Housing Counseling Program Staff in Headquarters. Make such a request via cc:mail. The file permits field staff to type in the information regarding the approved agency and print a copy for delivery to the agency.
- F. Upon receipt of a letter of disapproval, the applicant may appeal the decision by writing to the HUD office that disapproved the application or may submit a revised application. If an applicant decides to submit a revision, the applicant should consult the HUD office in advance. Local entities may appeal to the Deputy Assistant Secretary for Single Family Housing at HUD Headquarters **ONLY AFTER** the applicant makes an appeal to the original reviewing office. National, Regional, and Multi-State organizations send their appeals to the Assistant Secretary for Housing-FHA Commissioner.
- 2-6 Local Entities Located in One or Two States. HUD offices occasionally receive applications for approval from local entities located in one or two States with branch offices located in other HUD office jurisdictions. This section provides instructions for processing an application that falls within this type of situation.
- A. Processing Applications that Cross HUD Office Jurisdictions. This process reduces to a minimum effort required on the part of the applicant entity and HUD. Implementing the process will require maximum cooperative effort by the entity and HUD as well as between or among HUD offices.

1. HUD Offices that Receive Preliminary Applications.  
The HUD office that receives a preliminary application (Form HUD-9900A) will assure that the main office of the applicant entity is located within the geographical jurisdiction of that HUD office.
  - a. If that is true, the office will process the preliminary application in accordance with paragraph 2-3 of this handbook.
  - b. If the applicant's main office is not located within the recipient office's jurisdiction, that office will forward the application to the correct HUD office and promptly notify the applicant in writing or by telephone.
  - c. The HUD office that receives the application is not required, at this stage of the application process, to notify any other HUD office that might be affected by an acceptable final application for approval; however, the recipient office may, at its discretion, alert other affected offices regarding the receipt of the preliminary application.
2. HUD Offices that Receive Final Applications. The HUD office that receives a final application (Form HUD-9900B) from an entity that submitted an acceptable preliminary application (Form HUD-9900A) will process the final application in accordance with paragraph of Handbook 7610.1. Do NOT process a final application unless you received an acceptable preliminary application.
  - a. Unacceptable Final Application. If your office never approves a final application, no further action is required of your office.
  - b. Acceptable Final Application. If your office approves a final application, do NOT send the approval letter to the applicant until you complete the following steps,
3. Notification to Affected HUD Offices
  - a. Notify, in writing, each HUD office within which the applicant has one or more branch offices that you have tentatively approved the applicant and its branch offices, if any.

- b. Include in your notice to the HUD office or offices a copy of the applicant's preliminary and final applications for optional review by those offices.

B. Application Review Options by Affected HUD Offices.  
Your office may take the actions indicated in EITHER paragraph 1 or 2 below.

1. Review the preliminary and final applications in accordance with paragraph 2-3 of Handbook 7610.1 and notify the application recipient HUD office accordingly; however, perform this review in view of the fact that the recipient office completed a thorough review. Notify the application recipient HUD office in writing of your determination to approve or reject the application. If your office disapproves, indicate to that office the specific review deficiencies in the application.

To expedite processing, your office may correspond directly with the applicant regarding the correction of application deficiencies; however, keep the application recipient office informed of your actions. You may perform this latter activity by telephone.

2. Accept the review by the application recipient HUD office without further review by your office; HOWEVER, your office must visit or consult by telephone with the applicant regarding the agency's site to assure its compliance with paragraph K., Facilities, of Handbook 7610.1. Provide written acceptance to the application recipient office.

C. Monitoring HUD-Approved Housing Counseling Agencies with Branches that cross HUD Jurisdictions. The HUD office that approved the agency is responsible for monitoring the agency.

2-7 Reapproval or Disapproval After a Biennial Performance Review. The HUD office must conduct a Biennial Performance Review for each of the office's approved agencies. Chapter 5 describes the review and the terms of reapproval or disapproval of an agency.

## 2-8 Terminations of Approvals and Grants

### A. Approvals

1. HUD may withdraw the Certificate of Approval at any time for any or all of the following reasons.
  - a. at the convenience of the government
  - b. agency fails to maintain its compliance with program requirements
  - c. agency fails to implement, in whole or in part, the agency's approved counseling plan.
2. The agency may withdraw from the program at any time. If an agency that has a HUD grant terminates its approval, that action also terminates the grant. Under a grant, the agency will not receive payments from HUD for any counseling activities after the date on which the agency cancels the approval.
3. Termination by HUD and withdrawal by an agency must be in writing.
4. When termination occurs or withdrawal occurs, the agency must return to HUD any unexpired certificate of approval. **A TERMINATED AGENCY MUST NOT DISPLAY A CERTIFICATE OF HUD APPROVAL.** By accepting HUD approval, an agency implicitly agrees not to display a certificate of approval after termination of the approval or withdrawal from the program.

B. Grants. Termination is governed by the terms of the grant agreement. **ONLY THE GRANT OFFICER MAY TERMINATE A GRANT ON BEHALF OF HUD.**

## 2-9 Agency Information Changes (See and use Appendix 7.)

- A. An approved agency must notify the HUD Field Office in writing any time the agency:
1. Loses its nonprofit status
  2. No longer complies with local and State requirements
  3. Changes any of these items

- a. location of any of its HUD-approved offices
- b. staff person responsible for the counseling program
- c. address or telephone number
- d. ZIP Code Areas from which it has or has not received clients over the past 12-month period (to add or delete ZIP Codes)
- e. any other aspect of its purpose or function that impairs its ability to comply with this handbook or, if the agency is under a grant from HUD, the grant agreement

Send the notification to the HUD Field Office within fifteen days of any of the above occurrences so that correct referrals may be made as appropriate and correspondence on program matters promptly received.

- B. The HUD Field Office, upon receipt of a notice of any of the above factors, must assure that the following persons receive copies of the notice. Use the format in Appendix 7 for this purpose.

1. Field Office staff person responsible for the counseling program
2. Government Technical Representative in the and the Government Technical Monitor in the Field Office
3. Deputy Assistant Secretary for Single Family Housing in Headquarters

## 2-10 Training

- A. HUD's Responsibility. HUD will provide training to HUD-approved housing counseling agencies regarding HUD programs applicable to the agency's counseling program. The availability of training depends on these factors.

1. Availability of HUD Resources. The ability of HUD to provide training depends upon available staff time and travel funds. For this reason, advance planning is essential.
2. Training Funds. Generally, HUD does not have funds to pay participating agency staff travel and per diem costs. If training funds become available, HUD will notify all HUD-approved housing counseling agencies.

3. Location of Training. Unless HUD has staff time and travel funds available to provide training in various locations, training will take place at the HUD office.
4. Each HUD office with approved agencies will conduct a training needs survey of those agencies during the first quarter of each fiscal year. The office will use the format of Appendix 18 for this purpose. The office will plan and provide for the training no later than the end of the fourth quarter of the fiscal year.

B. Agency Training Needs and Requests

1. HUD does not have the resources to train individual housing counselors on a one-to-one basis; however, HUD will make available, upon request from any agency, its program publications. Send written requests to the HUD office that services your area.
2. HUD may provide training to a group of agency staff. Generally, this will require at least five participants interested in the same program(s).
3. Identifying and Meeting Training Needs. A HUD-approved housing counseling agency or a group of agencies may request training at any time. Please use the format in Appendix 18 for this purpose. If a group request is made, one agency should coordinate the request and submit a combined request on the format of Appendix 18.

C. Reports by HUD Field Offices. Each Field Office will submit the following information in the format in Appendix 19, Report of Training Needs Survey and Provision of Training, to the Deputy Assistant Secretary for Single Family Housing, Attention Housing Counseling Staff by October 30 of each year. The report covers the HUD fiscal year.

D. Agencies Responsibility. Approval of an agency by HUD indicates that the agency has trained and experienced staff; however, as HUD and other housing programs and agency staff change, the need for training arises. Each approved agency is responsible for the following aspects of training.

1. Requests training by HUD and other entities

under whose housing programs the agency provides counseling.

2. Counseling Skills. HUD expects an approved agency to assure the upgrading of the counseling skills and techniques of its housing counseling staff.
3. Referrals to Community Resources. HUD expects the agency to assure that its housing counseling staff know about community resources and how to make referrals of housing counseling clients to those resources. This includes establishing a one-to-one rapport with community resources staff.
4. State and Local Real Estate Laws. HUD expects the agency housing counseling staff to possess a working knowledge of all current laws and ordinances that relate to the housing counseling services it provides to its clients.
5. Financing Options. HUD expects agency staff to have a thorough knowledge of all financing options available to its clients.
6. Fair Housing Laws. HUD expects agency staff to have a thorough knowledge of Federal, State, and local fair housing laws that could affect a clients' efforts to meet housing needs or resolve housing problems.



## CHAPTER 3. DELIVERY OF COUNSELING

- 3-1 Basic Requirements. HUD requires the following basic general services for each client served by a HUD-approved housing counseling agency. Paragraph 3-2 elaborates each of these items.

*Although affiliates and branches of national, regional, and multi-State agencies do not submit individual applications for HUD approval, those affiliates and branches must conform to the requirements in this chapter. HUD expects the parent entity to assure compliance by its branches or affiliates.*

- A. An intake or screening interview conducted by a COUNSELOR.
- B. Housing counseling\* that enables a client\* to make informed and reasonable decisions to achieve their housing goal\* by meeting their housing need\* or resolving their housing problem\* by using all available resources. See para. 1-6 for definitions of the starred (\*) terms.
- C. Referrals to local, State, and federal resources.
- D. Follow-up communication with the client to assure that the client is progressing toward his or her housing goal or that the agency should modify or terminate counseling.

3-2 Screening Interview conducted by a COUNSELOR

- A. Purpose. The interview enables the counselor to:
  - 1. Obtain information from the client that enables the agency to identify the client's housing need or housing problem
  - 2. Determine if the agency's resources can assist the client to meet the need or resolve the problem
  - 3. Design a counseling plan in relation to the need or problem
  - 4. Learn whether the client is willing, with the assistance of counseling, to assume his or her responsibilities under a mutually acceptable plan for meeting the need or resolving the problem

5. Initiate counseling or, at a minimum, refer the client to a community agency that might be able to assist the client

B. Setting. The interview must be face-to-face unless it would work a hardship on the client. Under those conditions, a documented telephone interview is acceptable.

C. Personnel

1. Only a housing counselor may perform the screening interview.

2. A receptionist or other non-counseling staff member may obtain and record certain intake information from a potential client in preparation for the screening interview by the counselor. This may include such items as name, address, telephone number, etc., but no financial, employment, or family information. Obtaining this intake information must be done under conditions that assure privacy for the potential client and confidentiality of the information.

D. Documentation. During the interview the counselor obtains and records enough information to identify the housing need or problem of the potential client and determine if the agency will take the client into its workload. The counselor may use Form HUD-9921, Housing Counseling Activity and Unit Log, or an agency form that records at least the items on HUD-9921. (The "Unit Claim" data is for HUD counseling grants for 1994 and earlier years. Non-grantee agencies omit an entry in the "Unit Claim" box. See Appendix 15.)

E. Counseling Plan. After the screening interview, the counselor prepares a counseling plan. The plan tells what the agency will do and what the client will do to meet his or her housing goal.

F. Client File. The agency must set up a separate file folder for each client. Chapter 4 lists the documents required for the folder.

3-3 Areas of Counseling. HUD expects an approved housing counseling agency to deliver comprehensive housing counseling or whatever components of comprehensive housing counseling services are needed in the community the agency identified in its application as the agency's target service area.

A. HUD Programs. The agency's counselors must have an up-to-date working knowledge of HUD single-family and multifamily housing programs. This includes but is not limited to programs under Public and Indian Housing, Section 203(K) Rehabilitation Home Mortgage Insurance, others administered by Community Planning and Development, and the rights as well as the responsibilities of consumers assisted under the programs. These HUD handbooks cover those areas.

1. 1378.0 Relocation and Real Properties Acquisition Handbook
2. 4235.1 Home Equity Conversion Mortgages
3. 4240.4 Rehabilitation Home Mortgage Insurance
4. 4330.1 Administration of Insured Home Mortgages
5. 4330.2 Mortgage Assignment Processing
6. 4335.1 Procedures for Servicing Secretary-held Mortgages
7. 4335.2 Secretary-held Servicing Handbook
8. 7420.7 Public Housing Agency Administrative Practice for the Section 8 Existing Housing Program (except Section 4-5.d.1, Chapters 5 and 8)
9. 7465.2 Public Housing Occupancy Audit Handbook REV-2
10. 7465.3 Public and Indian Housing Occupancy Reporting Handbook

B. Comprehensive Housing Counseling. These services include advice and assistance under the following components.

1. Pre-occupancy

a. General. The following components apply to pre-purchase and pre-rental counseling.

- (1) Housing Selection
- (2) Fair Housing Laws
- (3) Qualifying for HUD subsidies

- (4) Budgeting for Mortgage Payments and Rent Payments
  - (5) Money Management
  - (6) Housing Care and Maintenance
  - (7) Referrals to Community Resources
- b. Pre-purchase. The following components apply only to clients who want to buy their housing.
- (1) HUD-mortgage insurance and assistance programs, including interest subsidy programs
  - (2) How to apply for a HUD-insured mortgage
  - (3) Purchase procedures, including closing costs
  - (4) Alternatives for financing the purchase
  - (5) Real estate terms
  - (6) Rights and responsibilities of persons who own single-family housing--including cooperatives and condominiums.
- c. Pre-rental. The following components apply only to clients who want to rent their housing.
- (1) HUD rental programs, including rent subsidy programs
  - (2) How to apply for occupancy and rent subsidies
  - (3) Rights and responsibilities of tenants
  - (4) Lease and rental agreements
  - (5) Landlord-tenant legislation
  - (6) Evictions and grievances

2. Mortgage Default and Rent Delinquency

- a. General. The following components apply to mortgage default and rent delinquency.

- (1) Identification of the cause(s) of the default or delinquency
  - (2) Client's motivation, resources, and ability to resolve the default or delinquency
  - (3) Arranging reinstatement plans, including working with the client's creditors
  - (4) Subsidy recertifications
  - (5) Budgeting when in default or delinquent
  - (6) Money Management
  - (7) Referrals to other resources
  - (8) Locating alternative housing
- b. Mortgage Default. HUD considers this type of counseling to be critical in achieving its goals and the goals of the individual mortgagor. It includes but is not limited to the following components.

- (1) Determination of the amount and extent of the default

A mortgage "is considered in default when the mortgagor fails to perform under any covenant of the mortgage, including the covenant to pay, and the failure continues for 30 days." (All months are considered as having 30 days.) See HUD Handbook 4330.1, Chapter 7, Page 49.

- (2) Identification of the cause of the default
- (3) Determination of whether the mortgagor, with the assistance of the counseling agency, might bring the account current within a time period and payment plan acceptable to the mortgagee
- (4) Working out repayment plans with the mortgagor's other creditors

- 
- (5) Follow-up counseling with the mortgagor on an as-needed basis until the default is corrected or the mortgagee completes foreclosure and the client has found alternate housing
  - (6) If the mortgagee decides to foreclose, determine if the mortgagor is eligible for HUD's assignment program and, if so, counseling the mortgagor through the assignment process and for as long as the mortgagor remains in default after assignment of the mortgage to HUD
  - (7) HUD-required mortgage relief provisions provided by mortgagees
  - (8) Mortgagee-held escrow funds
  - (9) Foreclosure
  - (10) Alternatives to foreclosure
    - (a) sale of the property
    - (b) deed-in-lieu
    - (c) pre-foreclosure sale program
  - (11) Mortgage Rate Reduction Program
  - (12) Home Equity Conversion Mortgage Program (HECM)
  - c. Rent Delinquency. The following components apply only to rent delinquency counseling.
    - (1) Rent relief
    - (2) Renter's and landlord's rights
    - (3) Deposits and their use or recovery
    - (4) Eviction procedures
  - 3. Post-Occupancy. The following components apply to homeowners and renters.
    - a. Relations with mortgagees and landlords
    - b. Escrow funds

- c. Recertifications for HUD subsidies
- d. Grievances
- e. Shared housing
- f. Home Equity Conversion Mortgage (HECM) (See para. 1-1G.)

(1) The HECM program provides for reverse equity mortgages. The program is, by necessity, technically complicated and involves a senior citizen population. Those two factors dictate the method by which HUD and its approved housing counseling agencies deliver HECM counseling set forth in two HUD handbooks:

(a) 7610.1 REV-3 (6/93), Housing Counseling Program

i. Para. 2 on page 1-4

ii. Para. e on page 3-7

(b) 4235.1, Home Equity Conversion Mortgages, Chapter 3

(2) One-on-One Counseling Requirement. HECM counseling is primarily a "one-on-one" activity between the counselor and the client (See the Chapter 3 of Handbook 4235.1.). A client, as defined in para. 1-6 on page 1-6 of this handbook, consists of the individual or individuals who seek the counseling. The client might be one person who owns the property or two or more persons who own the property or otherwise have an advocacy interest in a HECM mortgage. Persons with advocacy interest might, as examples, be non-mortgagor members of the mortgagor's family, the mortgagor's attorney, a friend or friends of the mortgagor, or staff from a HUD-approved housing counseling agency. Advocacy interest DOES NOT include a representative of the lending entity.

A HUD-APPROVED HOUSING COUNSELING AGENCY MAY ISSUE THE REQUIRED CERTIFICATE OF COUNSELING ONLY AFTER THE CLIENT RECEIVES THIS ONE-ON-ONE COUNSELING. (HUD will NOT grant exceptions to this requirement.)

- (3) Group Counseling. A HUD-approved housing counseling agency may use group counseling to impart general HECM program information to potential clients for one-on-one counseling. The agency **MUST NOT** use group counseling to deal with individual client needs that require confidentiality and prudent use of private information. The agency **MUST NOT** issue the certificate to a person who attends only a group counseling session.
- (4) Issuing the Certificate of Counseling. The counseling agency's issuing of a certificate of counseling attests **ONLY** to the fact that the client attended the required counseling. Issuing a certificate does **NOT** indicate whether the counseling agency recommends or does not recommend the client for a Home Equity Conversion Mortgage. A counseling agency **MUST NOT** withhold a certificate from a client who, in the judgment of the agency, should not receive a home equity conversion mortgage. If the client attends the counseling, the agency **MUST** issue the certificate.
- (5) HUD-approved housing counseling agencies that provide HECM counseling **MUST**, in compliance with the Code of Federal Regulations (24 CFR Part 206--Home Equity Conversion Mortgage Insurance, paragraph 206.41, Counseling) provide the following housing counseling services.
  - i. Options other than a home equity conversion mortgage, including a mortgage insured under Section 206 of the CFR, that are available to the mortgagor, including other housing, social service, health, and financial options;



ii. Other home equity conversion options that are or may become available to the mortgagor, such as sale-leaseback financing, deferred payment loans, and property tax deferrals, and benefits under a State home equity conversion program;

iii. The financial implications of entering into a home equity conversion mortgage including a mortgage insured under Section 206 of the CFR;

iv. A disclosure that a home equity conversion mortgage insured under Section 206 of the CFR, may have tax consequences, affect eligibility for assistance under Federal and State programs, and have an impact on the estate and heirs of the homeowner;

v. Any other information the Secretary may require; and

vi. Provide the homeowner/mortgagor with a letter certifying that the mortgagor received HECM counseling. It is the mortgagor's responsibility to provide the mortgagee with a copy of the certifying letter.

4. Home Improvement and Rehabilitation

- a. Section 203(K), Rehabilitation Home Mortgage Insurance
- b. HUD's Title I home improvement loan program
- c. HUD's Community Development Block Grant (CDBG) locally-developed rehabilitation program
- d. Loan and grant application process
- e. Housing codes and enforcement procedures
- f. Bids and contracts
- g. Inspection of work and payments to contractors
- h. Liabilities to subcontractors

- i. Non-performance by contractor
- 5. Displacement and Relocation. These components relate to occupant displacement and the need for relocation due to activities by or on behalf of the federal government.
  - a. Rights of owners faced with displacement
  - b. Rights and responsibilities of the entity causing the displacement
  - c. Relocation benefits
  - d. Locating alternate housing
- 6. Pre-Foreclosure Sale. Consult with the Director of Single Family Housing in the HUD Field Office regarding program implementation and guidelines. See Appendix 17. Agencies may obtain from the local HUD office a copy of HUD's Mortgagee Letter 94-45, "HUD's Nationwide PRE-FORECLOSURE SALE (PFS) Procedure."
- C. Money Management. Almost every housing need and problem brought to a counseling agency requires at least a review of how the client manages his or her money. Without this financial analysis, no matter how basic, the counselor cannot adequately advise the client. Depending upon whether the client is or seeks to be a renter or homeowner, counseling in this area might include any or all of the following components.
  - 1. Review of client's income and expenses
  - 2. Determination of how the client spends money (Does he or can he save? Does she spend beyond her income? Does he make prudent use of credit? Do her spending habits fit better into renting or owning? Etc.)
  - 3. Creating a budget suitable to the housing the client can afford.
  - 4. Review of interest rates at the time the client wants to purchase housing
  - 5. Use and cost of credit
  - 6. Shopping for a loan to purchase housing

7. Effect of property taxes and mortgage interest on income taxes--cash flow

8. Homeowner's insurance covering property and liability

9. Down payments and rent escrow

10. Bankruptcy

D. Debt Management or Liquidation. Negotiating payment plans with creditors, handling the client's money, and making payment to the creditors for the client are usually done under a client-counselor contract. The contract governs the service provided by the counselor and the obligations of the client to the agency. Agencies that provide this service must assure HUD in writing that they comply with all State and local laws, including agency bonding, that govern these services. See assurances in Appendix 1.

3-4 Referrals to Community Resources. Applicant agencies must have established working relationships with private and public service agencies that could assist clients. The counseling agency must assure that these community resources are providing helpful services to the counseling agency's clients.

3-5 Termination of Counseling. The counseling agency must document every termination of counseling. Termination occurs or may occur under any of these conditions.

A. Client meets his or her housing need or resolves the housing problem

B. Agency determines that further counseling will not meet the client's housing need or resolve the client's housing problem

C. Client terminates counseling

D. Client does not follow the agreed-upon counseling plan

E. Client fails to appear for counseling appointments

## CHAPTER 4. RECORDKEEPING AND REPORTING

- 4-1 Introduction. The documentation set forth in this chapter is required of every HUD-approved housing counseling agency. National, regional, and multi-State agencies must assure that their affiliates and branches comply.
- A. Any recordkeeping system may be used; however, HUD expects that the system will lend itself to easy monitoring by HUD when it conducts a performance review of the agency's housing counseling activities. If HUD provides the agency with a recordkeeping software program.
- B. The agency must assure that its records make it possible for the agency to meet the reporting requirements set forth in paragraph 4-9.
- C. Recipients of HUD counseling grants are required to report activities under the grant. This might require some modification to a grantee's recordkeeping method. See Appendix 8 for a sample of these requirements. The requirements are subject to change under future grant documents.
- D. Race/Ethnicity. Section 808(e)(6) of the Fair Housing Act, as amended, states that the Secretary of HUD shall annually report to the Congress and make available to the public, data on the race, color, and other characteristics of persons and households who are applicants for, participants in, or beneficiaries or potential beneficiaries of, programs administered by the Department to the extent such characteristics are within the coverage of law and Executive Orders referred to in subsection (f) which apply to such programs (and in order to develop the data to be included and made available to the public under this subsection, the Secretary shall, without regard to any other provisions of law, collect such information relating to those characteristics as the Secretary determines to be necessary or appropriate). Section 562 of the Housing and Urban Development Act of 1987 also supports this data collection.

To enable the Secretary to fulfill this requirement, HUD now requires its approved housing counseling agencies to record this data on their fiscal year reports to HUD on form HUD-9902. In addition, approved agencies that receive HUD housing counseling grants are

now required to record this information on form HUD-9921.

- 4-2 Documentation. In each client's file, the agency must document the services provided to the client. See Appendix 15 for a counseling activity log. Agencies may use that log or one that contains at least the same information and data. The documentation must specify exactly what the agency did on behalf of the client. A typical documentation entry will include the following information.

- A. Date on which the activity occurred
- B. Start and end time of the session
- C. Name or initials of the counselor providing the service and what the counselor did on behalf of the client

INADEQUATE - "Made a telephone call"

COMPLETE - "Robt Brown: Called County Community Services; spoke with John Calhoun (454-6758); arranged appointment with him to see client on Sat., Feb. 10 at 9 a.m. re application for admission to county's low-income rental housing program"

- 4-3 Client File. The counseling agency must maintain a separate file folder for each client. The folder must contain at least the following items.

- A. Client's name, address, and telephone number.
- B. Counselor's name.
- C. FHA case number for a client with a HUD-insured single-family mortgage.
- D. Single Family Mortgage Notes System (SFMNS) 9-digit account number for a client with a HUD-held mortgage.
- E. HUD project number or name for clients renting HUD-assisted housing.
- F. Number the counseling agency assigns to the client. HUD recommends that the agency use a six-digit number for this purpose because under a grant HUD requires that kind of number. This recommendation also applies to the group identification number mentioned in para. 4-4 below.

- G. Counseling plan developed by the counselor on behalf of the client. See para. 3-2E.
- H. Information obtained during the screening interview.
- I. Log of activities conducted with or on behalf of the client. See Appendix 15.
- J. Copies of pertinent records and correspondence, including documentation of the termination of counseling.
- K. Statement about how the person qualifies as a client who is a current or potential homebuyer, homeowner, or renter under a HUD program, a conventional mortgage, or under a Department of Veterans Affairs program.

4-4 Group File. When counseling a group of clients, the agency must maintain a separate file for each group. The agency must also record participation in the group session(s) in the client's individual file. The group file must contain at least the following items.

- A. 6-digit ID number of the group.
- B. Each participating client's name, address, and telephone number.
- C. Signature of each client for each session attended.
- D. Subject(s) of each session.
- E. Name of each counselor participating in the session.
- F. Date, place, and duration of each session.
- G. For clients who attend ONLY the group session: a statement of how the person qualifies as a current or potential homebuyer, homeowner, or renter under a HUD program. If the client has a HUD-insured mortgage, include the FHA case number. If HUD holds the client's mortgage under the assignment program, include the SFMNS 9-digit number.

4-5 Grantee Records. The grant agreement may require grantees to maintain additional records. See chapter 7.

**4-6**

1. The client must sign a **Form HUD-9903**, **Client Authorization**, if he or she wants to authorize the mortgagee to send the credit report to the agency; however, signing the form is voluntary on the part of the client. See **Appendix 9**.
2. The counseling agency must send a copy of the signed form, with the agency's written request, to the mortgagee.

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- A. Form 92004-F Request for Verification of Deposits
- B. Form 92004-G Request for Verification of Employment
- C. Form 92900 Application for VA or FmHA Home Loan  
Guaranty or for HUD/FHA insured  
mortgage
- D. Form 93100 Application for Eligibility for Revised  
Section 235
- E. Purchase agreement
- F. Credit report
- G. All other documents, that are not privileged,  
pertaining to the mortgage

4-8

- A. Confidentiality. The counseling agency must hold in strict confidence all client information regardless of the source or sources from which it is received.

- B. Penalties Under the Fair Credit Reporting Act. Credit reports are subject to the Fair Credit Reporting Act (14 U.S.C. 1681) and must be held in strict confidence. The counseling agency MAY NOT disclose the information to anyone other than HUD or HUD-approved mortgagees. HUD staff may NOT disclose the information contained in individual case files, which may be routinely sampled as part of a monitoring visit.  
A COUNSELING AGENCY MAY BE SUBJECT TO THE PENALTIES PROVIDED IN THE FAIR CREDIT REPORTING ACT FOR VIOLATING ANY PROVISIONS OF THE ACT.
- C. Use of Credit Report Information. Nothing in the Fair Credit Reporting Act precludes a counseling agency from disclosing a credit report to a client.
1. Credit Reports Obtained from HUD. If the counseling agency obtains a credit report from HUD through the General Services Administration, via its GSA contractor, the present contract does not preclude disclosure.
  2. Credit Reports Obtained from Credit Bureaus. If a counseling agency contracts with a credit bureau for credit reports, whether or not disclosure can be made depends on the terms of the contract between the counseling agency and the credit reporting bureau.
- D. The prudent practice by the counselor is NOT to have the counseling agency's copy of the credit report on his or her desk or in the client's open file during a counseling session. The counselor should use notes taken from the report prior to the client's arrival for the counseling session.

4-9 Reports to HUD. Affiliates and branch offices of national, regional, and multi-State agencies will report to their parent organizations in accordance with their reporting requirements. Those requirements include the use of form HUD-9902. Agencies must base all reports upon data in the agency's files.

Fiscal-Year Activity Report. Every agency must submit to HUD a fiscal-year report on Form HUD-9902, Housing Counseling Agency Fiscal Year Activity Report. See Appendix 10. The fiscal year covers the period October 1 through September 30 (Example: October 1, 1994, through September 30, 1995).



- A. The reporting period covers the HUD Fiscal Year (FY) [October 1 through September 30]. The report is due by November 30 following the end of each HUD fiscal year.
- B. Locally-approved agencies. Send ONE copy of the report to the Chief of the Loan Management Branch of the HUD office that approved your agency. That office will prepare a summary report on Form HUD-9923 that includes the reports from the individual agencies.
- C. National, regional, and multi-State agencies. These approved agencies create a summary report on Form HUD-9923 of the data submitted to them by their affiliates or branches. Send one copy of the report to the Deputy Assistant Secretary of Single Family Housing, U.S. Department of Housing and Urban Development, Washington, D.C., 20410.

#### 4-10 HUD Review and Analysis of Agency Reports

- A. Field Office. HUD headquarters and HUD field offices will use the agencies' report as follows:

1. The HUD office uses each agency's copy of the report to prepare the office's summary report of Forms HUD-9902. See Appendix 20 for a copy of Form HUD-9923, Summary Report, and instructions for its completion. The Field Office will send one copy of its summary report to the Deputy Assistant Secretary for Single Family Housing in Headquarters, Attention: Field Manager.

**NOTE:** Field Offices retain each agency's report in the agency's file for monitoring the agency's program participation and as a documentation check under the grant program.

2. The Field Office must use the LOTUS file that contains the summary report format and transmit its copy to Headquarters via CC:MAIL. Headquarters will transmit the LOTUS file report format to each Field Office Director of Single Family or Government Technical Representative. The LOTUS file name is HUD-9923.WK1.
3. If an agency does not submit its report in a timely manner, the HUD office will communicate with the agency in writing that the office has not received the report. The office will give the agency thirty days within which to submit its report. If the office does not receive the report

by that deadline, the office will withdraw its approval of the agency. If the withdrawal is final, the GTM/GTR must immediately notify the Grant Officer and the Deputy Assistant Secretary for Single Family Housing in Headquarters of the withdrawal.

**NOTE:** You MUST include a message in your CC:MAIL transmission indicating that you notified the agency in writing about withdrawal of their approval.

B. Headquarters. Headquarters will prepare a summary report of all field office reports and all reports from national, regional, and multi-State agencies by December 30 of each year. Headquarters will review and analyze the data. Using data obtained from the analysis, Headquarters will prepare a report to the Deputy Assistant Secretary for Single Family Housing. This review and analysis activity will include the following steps:

1. Assure receipt of a Form HUD-9923 from each Field Office and each national, regional, and multi-State approved agency.
2. Assure that all reports are complete and correct. Headquarters will return all incomplete or incorrect reports to the appropriate field office and request complete and accurate reports.
3. Analyze the data to identify findings relating to but not limited to the following factors that appear on the nationwide summary.
  - a. Types of counseling clients with whom the highest percentage of counseling occurs (Examples: homeowners, homebuyers, renters, etc.). The object of this aspect of the analysis is to identify the most significant areas of counseling and the results produced by that counseling.
  - b. Results of counseling in relation to the number of clients counseled under the types identified under paragraph a. immediately above. HUD's primary concern is with the percentage of clients for whom positive results were produced by counseling.

4. Address such matters as:

- a. The number of clients served who became first-time homeowners,
- b. Curing defaults and the prevention of foreclosure among homeowners,
- c. Use of the Assignment Program and the Home Equity Conversion Mortgage (HECM) Program as a means of preventing foreclosures,
- d. Curing of rent delinquencies and the prevention of evictions, and
- e. Assisting the homeless to obtain transitional or permanent housing.

## CHAPTER 5. PERFORMANCE CRITERIA AND MONITORING

- 5-1 Performance Criteria. In addition to the application approval criteria set forth in para. 2-1, an approved agency must meet the following performance criteria. For national, regional, and multi-State agencies, each affiliate or branch must also conform to these criteria. If the parent office itself performs housing counseling, its housing counseling program must conform as well.
- A. Workload. During every 12-month period, the agency must counsel at least 50 clients. See para. 1-6A for "client" definition. Agencies providing ONLY HECM counseling are exempt from this requirement; however, any agency approved to perform HECM counseling must have received HECM program training from HUD or its agent.
  - B. Reporting. The agency must submit to HUD a complete, accurate, and timely Form HUD-9902, Housing Counseling Agency Fiscal-Year Activity Report, every fiscal year.
  - C. Counseling Plan. The agency must implement its housing counseling plan approved by HUD. If the agency wants to modify its counseling plan, the agency must submit the revised plan to HUD for approval.
  - D. Nondiscriminatory Practices. The agency must administer its counseling activities pursuant to Title VI of the Civil Rights Act of 1964, The Fair Housing Act, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. These laws prohibit discrimination because of race, color, religion, sex, national origin, disability, familial status or age.
  - E. Conflict of Interest. The agency must represent its clients without any conflict of interest. HUD considers a conflict to exist when the counseling agency has any interest in the matter relating to the client, an interest that might compromise the agency's ability to represent fully the best interests of the client. A conflict of interest exists whenever the agency:

1. Is the client's landlord, manages the property occupied by the client, collects the client's rent on behalf of the owner or manager, holds or administers the client's lease, or in some other manner has a direct interest in the client as a tenant;
2. Serves as a collection agent for the client's mortgagee, landlord, or creditor;
3. Holds or services the mortgage on the client's property.
4. Has a staff member who serves as the client's attorney, landlord, or creditor;
5. Owns or purchases a property that the client seeks to rent or chooses to rent, or owns or purchases the property that the client seeks to purchase or chooses to purchase. (Where national, regional and multi-state agencies employ housing counselors as well as staff to rehabilitate and sell housing, and providing there is:
  - o A separate supervisory staff and budget for each operation and;
  - o The agency gives a written disclosure to its counseling program client stating that it owns property, and that the client is under no obligation to purchase or rent a property from the agency;this standard will not be applicable.);
6. Accepts a fee for in any way participating in the sale or rental of the client's property; or
7. Acquires the client's property from the trustee in bankruptcy.
8. Accepts a fee from the lender for referring prospective homebuyers to a specific mortgagee. In this regard, see the Real Estate Settlement Procedures Act, especially Section 8, Prohibition Against Kickbacks and Unearned Fees [Public Law 95-533; 88 Stat. 1724; 12 U.S.C. 2601 et seq.].

counselors to determine the adequacy and effectiveness of the counseling.

The agency must document these monitoring activities and make the documentation available to HUD upon request.

3. Training. HUD will accept on-the-job training as long as an experienced or trained counselor conducts the training and provides close day-to-day supervision and review of the person in training.

G. Audit

1. An independent audit of the agency's financial records by a qualified person or organization is required by HUD at least every two years.
2. The agency must send a copy of the audit report to the HUD Field Office within thirty days of the agency's receipt of the audit report.

H. Grant Agreement. Grantees must meet the performance standards in the grant document as well as those within this handbook. The grant document stipulates that the GTR, GTM, staff of HUD's Office of the Inspector General, or their duly authorized representatives, may inspect the grantee's files and other records maintained by the grantee under a grant.

I. Funding

1. The agency must maintain a level of funds that enables it to counsel at least the required work load of a minimum of fifty clients every year.
2. The agency must document that it actively seeks funding from sources other than HUD without compromising the agency's independent status or the objectivity of client referrals. Adherence to this standard will eliminate any possibility of incurring a breach of Real Estate Settlement Practices Act (RESPA) requirements or an appearance of impropriety.

3. If the agency charges counseling fees to clients, the agency must comply with its HUD-approved fee structure. See paragraph 6-2.

- 5-2 Desk Monitoring of Counseling Agencies. HUD Field Office staff must monitor the activities of the HUD-approved housing counseling agencies approved by that office. Headquarters will monitor national, regional, and multi-State agencies but may request Field Offices to assist at local sites. This paragraph covers the ways in which HUD staff monitors an agency by means of information available within that office. The following items within each agency's file provide the ground work for desk monitoring of an agency:
- A. Agency's Application for HUD Approval;
  - B. Biennial Performance Review documents;
  - C. Correspondence from and to the agency;
  - D. Written materials--leaflets, brochures, booklets and other publications; intake interview forms; etc.--used by the agency;
  - E. Notes on technical assistance provided over the telephone to the agency;
  - F. Agency's client files borrowed from the agency for review, and the results of client surveys by HUD (See paragraph 5-3C, A client survey.);
  - G. Reports on Form HUD-9902;
  - H. Information--negative and positive--furnished about the agency by mortgagees, creditors, real estate agents, landlords, PHAs, and clients; and
  - I. For grantees, items such as the grant agreement, reports, and invoices.
- 5-3 Biennial Performance Review. The Biennial Performance Review (BPR) is performed by the appropriate HUD Office to determine if HUD should renew its approval of the agency. Field Offices will review local agencies; Headquarters will review national, regional, and multi-State agencies.

- A. A HUD biennial performance review is required for every approved agency.
- B. Form HUD-9910, Biennial Performance Review, is completed by the Field Office to record the findings of the review. See Appendix 11. The findings may serve as a basis for determining funding under the grant aspect of the program.
- C. A client survey is performed by the reviewing HUD office. During the BPR the reviewer randomly selects twelve clients of the agency and sends them a copy of Appendix 12, Form HUD-9908, Housing Counseling Client Survey, and a government envelope addressed to the reviewing office.
- D. Derogatory findings indicating the possibility of falsified records or fraud are reported by the reviewing office to the appropriate Office of the Inspector General within thirty days of the completion of the review. Also send a copy of the report to the appropriate Field Manager in the Office of the Deputy Assistant Secretary for Single Family Housing.
- E. Compliance with Counseling Plan. The reviewer must assure that the agency's program design adequately reflects the counseling plan submitted by the agency as part of its application for approval. Appendix 1B describes the contents of that submission for local agencies, and Appendix 2, Part C, describes it for national, regional, and multi-State agencies.
1. Failure to Implement the Counseling Plan. If the agency does not implement the plan fully or has modified its activities since HUD approved the plan, the reviewer must require the agency to do one of two things as appropriate:
- a. Commence full implementation of the plan within sixty days of the reviewer's written notice to the agency to that effect [The agency must notify HUD in writing that it has complied],

OR



- b. Prepare and deliver to HUD a Revised Plan no later than sixty days after the reviewer's written notice to the agency to that effect. HUD expects that over time, plans will be modified to accommodate changing housing market conditions within an agency's target area. The agency uses the appropriate appendix, 1B or 2, Part C, to prepare an amended plan.

**NOTE:** If the agency has failed to implement fully its counseling plan, you must, provided all other aspects of the review are acceptable, grant a conditional reapproval until the agency complies with either option above.

2. Lack of a Counseling Plan. The Field Office's files or Headquarter's file must contain a copy of the agency's counseling plan based on the appropriate appendix. If the office lacks a copy, they must obtain it from the agency prior to the scheduled biennial performance review and prior to reviewing any future applications for HUD funding.

**NOTE:** Agencies approved under early versions of this handbook might not have submitted housing counseling plans as part of their application. In such an instance, the agency must be notified in writing that it has sixty days to submit such a plan. If an agency does not submit plan, you must notify the chief staff person that the agency will no longer be eligible to apply for HUD funds.

#### **F. Confidentiality of Client Records**

1. HUD staff conducting the review will protect the confidentiality of all client records maintained by the agency. This means that HUD staff will not disclose any such information to any person or entity outside of HUD unless directed to do so by a duly constituted legal authority such as a court of law. If the reviewer identifies fraud, waste, or mismanagement by the agency, the reviewer must

report such findings to the appropriate Office of the Inspector General.

2. HUD-approved Housing Counseling Agencies

a. See paragraph 4-8 regarding confidentiality of client records.

b. File Review by HUD Staff. HUD staff assigned to review the housing counseling activities of a HUD-approved housing counseling agency will request from the agency specific client files for review. The reviewer decides which files and how many files she or he will review, and determines the method used to identify files.

- (1) Copies of Files for Review. The agency must deliver the files to the reviewer; however, the agency may, at its discretion, provide reproduced copies of the files from which the agency obliterates all information that specifically identifies the client. Specific information includes such items as the name, street address (NOT the city, State or ZIP code), social security number, and telephone number of the client from the file.

The agency must not remove any papers from the file or obliterate any information other than what specifically identifies the client. For example, the agency cannot remove the name of the client's employer or creditor or any notes made by the agency's staff, such as a counselor or receptionist.

- (2) File Identifiers for Reproduced Files. If the agency obliterates information that identifies the client, the agency must mark the original file and the reproduced copy so a match may occur if HUD seeks additional information about

services provided to the client during the review or at a later date.

- (3) Client Checklists. Part of the review requires HUD staff to send a checklist to a selected group of clients (See para. 5-3C.). The clients may respond anonymously. If the agency provides redacted files (those with obliterated client-identification entries), the agency must still provide HUD staff with a list of names and addresses of all clients who may opt, upon receipt of the survey form in the mail from HUD, to participate in HUD's survey to determine customer satisfaction with the services rendered. These clients may be all or some of those whose files HUD reviewed, a combination of reviewed and non-reviewed files, or totally other files.

5-4 Re-approval and Disapproval Based on BPR Findings. Using the findings of the BPR, the HUD Office determines whether to renew the approval unconditionally or conditionally, or cancel its approval of the agency.

A. Unconditional Re-approval. If the agency is in full compliance with the performance criteria of this handbook, HUD will re-approve the agency unconditionally for another two years. Notify the agency by letter (Appendix 4) and send a new two-year certificate (Appendix 6).

B. Conditional Re-approval

1. If the agency fails to meet the performance criteria but the failure does not seriously impair the agency's counseling capability as required in this handbook, HUD may extend the agency's approval for up to ninety days.
2. HUD may grant this conditional extension only if the agency agrees to attempt to correct its program deficiencies within the period of the extension.

3. Otherwise, HUD must withdraw its approval of the agency.
4. Notify the agency by letter and specify the deficiencies.

C. Withdrawal of HUD Approval

1. When HUD determines that the agency's program deficiencies seriously impair the agency's ability to comply with this handbook, the office must withdraw its approval of the agency immediately.
  2. HUD sends a letter to the agency within thirty days of the determination to withdraw approval. Appendix 13 contains a suggested format for the letter. If you use your own letter format it must include the following information:
    - a. Date of the BPR;
    - b. Statement of the deficiencies that must be corrected;
    - c. A period of time not to exceed ninety days during which the agency may correct the deficiencies;
    - d. Statement that, if the agency chooses to correct the deficiencies, the agency must send to HUD a letter indicating, for each deficiency, the specific corrective action accomplished to eliminate the deficiency and that the deficiency has been eliminated; and
    - e. Effective date of the approval withdrawal.
- D. Reinstatement of HUD Approval. If HUD receives what it considers an acceptable letter indicating the required corrections of deficiencies, HUD may reinstate the agency's approval and send a letter to that effect and a new certificate of approval to the agency; otherwise, HUD will take no further action other than inform the agency in writing of HUD's decision.

5-5 Report of Performance Reviews. This report consists of a copy of Form HUD-9922, HUD-approved Housing Counseling Agency Performance Review Annual Report, and all attachments required in the instructions to complete the form. The Field Offices must report to Headquarters the reviews those offices conduct for the housing counseling agencies approved by each office. Paragraphs 5-3 and 5-4 of this chapter set forth the requirements for these reviews.

- A. Significance of the Reporting Requirement. The Department's housing counseling program continues to receive increasing attention from within as well as outside of HUD. It behooves the Department to assure that its approved housing counseling agencies deliver counseling services in a professional and effective manner.

Headquarters will use the Field Office Summary Reports to inform the Deputy Assistant Secretary for Single Family Housing of the quality of the counseling services, the extent to which the field fulfills its monitoring responsibilities, and to support budgetary and appropriations requests. Data from these reports will also be used in HUD's Annual Report to Congress.

- B. Report Format. Use Form HUD-9922, HUD-Approved Housing Counseling Agency Performance Review Report. The form contains instructions for its completion. See Appendix 16.

- C. Report Submission. Field Offices submit their reports to the appropriate Field Manager in the office of the Deputy Assistant Secretary for Single Family Housing no later than January 31 for the previous calendar year.

## CHAPTER 6. FUNDING

- 6-1 Funding Sources. HUD will fund two types of HUD-approved housing counseling agencies: those agencies that choose to be approved and funded by HUD through a HUD-approved intermediary national, regional, or multi-State entity, and those agencies that seek HUD approval and funding directly from HUD rather than through an intermediary organization.

A. HUD As a Funding Source

1. Approval of an agency by HUD does NOT guarantee funding from the Department. Funding depends upon appropriations by Congress and is awarded competitively under federal and HUD regulations and policies governing assistance programs, and HUD's regulations implementing the Department of Housing and Urban Development Reform Act of 1989.
2. Notice of Funding Availability (NOFA). If the Congress appropriates funds for housing counseling, HUD will publish a Notice of Funding Availability (NOFA) in the Federal Register. The Notice will set forth in somewhat general terms the application for funds and how HUD will allocate the funds. HUD will also publish an "application kit" based on the Notice. The kit contains more detailed application information. Publication generally occurs between January 1 and May 1 of the year following the appropriation by the Congress. It is the housing counseling agency's responsibility to ascertain when publication of the Notice occurs.

*HUD funding awarded under a NOFA does NOT cover all expenses incurred by an agency to deliver housing counseling as defined in this handbook. Agencies must seek additional funds from other sources.*

As a courtesy to HUD-approved housing counseling agencies, HUD will, if time permits, mail to each approved agency a copy of the current application kit; however, if HUD does not mail the kit or the agency does not receive it, this does not relieve the housing counseling agency of its responsibility to ascertain from the Federal Register the availability of funds and the kit.

Counseling agencies should take the following steps to help assure receipt of the kit.

- a. Make certain that the HUD office that approved the counseling agency has the agency's correct name and mailing address at all times, and
- b. that the HUD office includes the agency's correct name and mailing address on HUD's list of approved agencies. This is also critical to ensure appropriate client referral from HUD's toll-free 800 number (569-4287).

**NOTE:** While an agency may check these items with the HUD office at any time, it is most appropriate to do so during the first week of January each year. This check is especially important if the agency changed its name, address, or the telephone number during the preceding year, even if the agency notified the HUD office of the change previously.

See paragraph 2-9, AGENCY INFORMATION CHANGES, and Appendix 7.

- B. Local Funding Sources. HUD recommends that approved agencies seek funding from local sources such as community lending or realtor organizations in addition to the unit of local government. Agencies must assure that such arrangements do not violate the provisions regarding conflict of interest in paragraph 5-1E., Conflict of Interest, in chapter 5.

Funding from multiple sources provides the best insurance that a counseling agency can have of continued operation. Multiple funding sources also help to preserve the public perception of objectivity in the services being provided. Agencies must intentionally guard against becoming beholden to funding sources that compromise this objectivity in relation to clients.

- C. Community Development Funds. See para. 1-1J and 6-3.
- D. SEE PARAGRAPH 5-1E REGARDING CONFLICTS OF INTEREST CAUSED BY AN AGENCY'S RECEIPT OF FUNDS FROM SOME SOURCES.

- 6-2 Counseling Fees. HUD does NOT authorize a HUD-approved counseling agency to charge counseling fees for HUD-related clients as defined in paragraph 1-6A2 of this

handbook EXCEPT in fiscal years where the Department does not receive an appropriation designated for this purpose. In that instance, the basis for any fees charged to a HUD-related client must be consistent with local practice and not duplicate other sources of HUD funding. Clients affected must be informed of the agency's fee structure in advance of services being provided.

**Debt Management Service.** HUD considers debt management service as an activity related to, but apart from, the counseling process. It involves the client turning funds over to the agency which then distributes it to creditors via agency checks. It also involves the agency in the maintenance of records regarding this service. Paragraph A below applies to charges for debt management service.

HUD does not involve itself in the details relating to counseling fees charged by a HUD-approved agency for non HUD-related clients; however, if the agency charges such fees, HUD expects the agency to conform to the following guidelines.

- A. Provides counseling without charge to persons who cannot afford the fees
- B. Charges nominal fees in keeping with those of similar agencies for similar services
- C. Bases approved fees on a sliding scale in relation to the client's income and uses that scale for all fee clients.

6-3 Community Development Block Grants (CDBG). The following information applies only to CDBG grants.

- A. Local Discretion. The responsibility for selecting the activities to be funded under a particular CDBG program rests with local community officials.
- B. Eligibility of Counseling Services as a Public Service Activity. Counseling services are eligible for block grant funding under the Entitlement, State administered, and HUD-run Small Cities program as a public service. The Community Planning and Development Division of the local HUD office can provide information on requirements and the names of local contact persons.
- C. Eligibility of Counseling Services as a Reasonable Administrative Cost. Counseling services may also be eligible for block grant funding if they relate to



housing counseling and other activities designed to further fair housing practices.

- D. Requirements Applicable to CDBG Funded Counseling Services. Counseling services funded solely with CDBG funds must meet only the applicable CDBG requirements.

6-4 Fair Housing Initiatives Program (FHIP). The Office of the Assistant Secretary for Fair Housing and Equal Opportunity published Regulations in 24 CFR Part 125 on February 10, 1989, in the Federal Register, covering the Fair Housing Initiatives Program. That Office also publishes Notices of Funding Availability (NOFA) when appropriated funds are available. For further information, contact the Director, Fair Housing Initiatives Program Division, Room 5240, HUD, Washington, D.C. 20410.

## CHAPTER 7. GRANT PROGRAM

- 7-1 Vouchering HUD Under A Grant. Throughout this chapter, references to "counseling unit" apply only to housing counseling grants for Fiscal Year 1994 and earlier. HUD will not use counseling units as the basis for reimbursement for grants awarded in Fiscal Year 1995 and future years.
- A. On March 6, 1995, HUD discontinued the use of SF 270 (Request for Advancement or Reimbursement) for housing counseling grants and initiated the Line of Credit Control System/Voice Response System (LOCCS/VRS). HUD now requires all housing counseling grantees to use VRS as the sole means of billing HUD under the grants. See Appendices 14A, 14B, and 14C for LOCCS Forms. Each form contains instructions for its completion. Also see Appendix 14D, Instructions for Requesting Payment of FY 1995 Housing Counseling Program Funds.
- B. GTR and GTM Approval of Vouchers. The GTR or GTM must approve all vouchers submitted by grantees in LOCCS.
1. Related Reports. The GTR or GTM may approve the grant mid-term period billings and the final billings **ONLY UPON RECEIPT OF THE RELEVANT REPORTS FOR THOSE GRANT PERIODS.**
  2. Nonapproval. The GTM or GTR will not approve an incorrect voucher. LOCCS will not approve a voucher that would make total payments to the grantee exceed the grant amount. This check includes the required proper Program Accounting System (PAS) code and appropriation fund code.
- C. The grantee must NOT voucher HUD for counseling service costs funded under any source other than a housing counseling grant from HUD.

EXAMPLES

1. An agency receives both a HUD housing counseling grant and a HUD community development block grant to provide counseling. The agency may voucher HUD under one grant or the other, but NOT both for the same counseling service to the same client.
2. An agency receives a HUD housing counseling grant and funds from a local organization. If the agency charges the service to the local organization, funds or bills the local

organization for counseling a client, the agency **MUST NOT** also voucher HUD for the same service to the same client.

- D. Grantees seeking information about the status of a voucher must call the GTR or GTM.
- E. Payments by HUD to Grantees. HUD makes direct-deposit payments to the grantees' financial institutions. Part of the grant-award process includes the grantee's completion of Standard Form 1199A, *Direct Deposit Sign-up Form*.
- F. Draw-downs of Grant Funds. The Grant Document for a particular grant sets forth the schedule for vouchering under LOCCS as indicated above. Grantees must consult that document to assure the timely submission of vouchers. See paragraph 7-2 below regarding vouchers and reports.

## 7-2 Reports

- A. Grantee Requirements. The grant document for each grant sets forth the grantee's reporting requirements. These requirements might change with each grant award; therefore, grantees must consult their grant documents to determine the applicable reporting requirements.
- B. Report Processing by HUD
  - 1. The GTR/GTM reviews the mid-term and final reports to assure that they comply with the report requirements of the grant document. If the report does not comply, the GTR/GTM returns the report to the grantee who must resubmit an acceptable report.
  - 2. If a mid-term report is acceptable and has been reviewed by a GTM, the GTM sends the report to the GTR. Either the GTM or the GTR will then process the related voucher.
  - 3. If the final report is acceptable and has been reviewed by the GTM, the GTM sends the report to the GTR. Either the GTM or the GTR will then process the related voucher.

7-3 Appointment of Government Technical Representatives and Government Technical Monitors

A. Government Technical Representative (GTR). The Single Family Director in the appropriate HUD office appoints the GTR by means of a memorandum.

1. Provide a signature space on the appointment memorandum where the newly appointed GTR signs his or her name to acknowledge the appointment. The signature entry space must read as follows:

(GTR signs on this line and enters date)

\_\_\_\_\_  
(Enter GTR's Name)

Government Technical Representative

2. Deliver a copy of the signed appointment memorandum to:

- a. Newly appointed GTR after he or she signs the memorandum as indicated above
- b. Supervisor of the Housing Counseling staff in Headquarters

B. Government Technical Monitor (GTM). The appointment process, including the distribution of the appointment memorandum for the GTM, is the same as the GTR. Appointment of a GTM is at the option of the Single Family Director.

C. Duties of the GTR and GTM. HUD Handbook 2210.17, Discretionary Grant and Cooperative Agreement Policies and Procedures, Chapter 4, sets forth the duties of these two functions.

7-4 Disallowance of Payments for Counseling Units and Recovery of Payments Made for Disallowed Counseling Units. This paragraph applies only to HUD counseling grants for 1994 and prior years. For a definition of counseling unit and an explanation of how HUD computes the units, see the applicable Request for Grant Application (RFGA) or the applicable Assistance Award/Amendment, Form HUD-1044, and the latter's related documents. Grantees may obtain copies of these items from the GTR or GTM.

- A. If the GTR or GTM identify disallowable counseling units, he or she must notify the Grant Officer in writing. The Grant Officer will notify the grantee in writing and take whatever actions, including those listed below, that are appropriate to the disallowances. The notice to the grantee must specify the units and state why HUD disallows them.
- B. Disallowed Units Covered by an Unpaid Voucher or Invoice. The Grant Officer will coordinate with, and seek advice from, the GTR/GTM prior to doing the following:
1. Request a grantee to submit a revised billing based on the reduced number of allowable units
  2. Retain a copy of the affected billing that covers the disallowed units
- C. Disallowed Units Covered by a Paid Voucher. The Grant Officer may exercise one of three options, depending upon the ability of the grantee to reimburse HUD for the payment covering the disallowed units.
1. Option 1. Request the grantee to submit a lump-sum payment to HUD within thirty days. The Grant Officer, GTR or GTM MAY NOT process any billings received after the disallowed units were identified until the lump-sum check is processed by the HUD depository.
  2. Option 2. If, in the judgment of the Grant Officer, Option 1 would work a hardship on the grantee, the Grant Officer may work out an installment cash payment plan for repayment over a period of ninety days. Until the pay-back is completed, the Grant Officer, GTR and GTM MAY NOT process any billings received from the grantee.
  3. Option 3. If the grantee has billed HUD for the entire grant amount, the Grant Officer may work out a method whereby the grantee can "repay" HUD by delivering an identical number of eligible units on its billing without reimbursement. The Field Office may use this method ONLY if all grant funds have been expended. If this method is used, the grantee must prepare and submit to the GTM performance reports covering the performance of "repaid" units.
  4. The GTR or GTM must document all collection efforts.

5. If repayment is made by check, follow the procedures set forth in HUD Handbook 1911.1 REV-3, Handling and Protecting Cash and Other Negotiable Instruments.

7-5 Grant Applications. Unless specified otherwise in the Notice of Funding Availability or its related Request for Grant Application, applicants follow the instructions set forth below.

- A. National, regional, and multi-State HUD-approved housing counseling agencies submit their applications to:

Deputy Assistant Secretary  
for Single Family Housing  
U.S. Department of Housing  
and Urban Development  
451 7th Street, S.W.  
Washington, D.C. 20410

- B. Local housing counseling agencies approved by HUD Field Offices submit applications to those approving offices.

**NOTE:** Applicants that choose to receive funding under a parent national, regional, or multi-State HUD-approved housing counseling agency **DO NOT** submit funding applications to HUD. The parent organization submits one funding application that covers all of its affiliates or branches that choose to receive funds from HUD through the parent organization.

HUD will not fund a local agency directly AND through a parent organization. Local agencies that apply directly to HUD and through a parent organization will be denied funding by HUD through both funding channels.

## CHAPTER 8. APPEALS

- 8-1 Types of Appeals. An applicant or a HUD-approved counseling agency may appeal such matters as HUD's unwillingness initially to approve an applicant or subsequently to reapprove an agency, or any other matter that prohibits or inhibits an applicant or an agency from functioning fully as a HUD-approved housing counseling agency.
- 8-2 Informal Appeal. An applicant or an approved agency may make an informal appeal by telephoning the Field Office that disapproved the agency or the Office of the Deputy Assistant Secretary for Single Family Housing in HUD Headquarters that disapproved the agency and talking with the staff person responsible for the counseling program.
- 8-3 Formal Appeal. An applicant or an approved agency may make a formal appeal by writing to the Director of the Single Family Division in the HUD Field Office or the Deputy Assistant Secretary for Single Family Housing in Headquarters. The appeal may include a request for a face-to-face meeting with the appropriate HUD office staff person.
- 8-4 Timeliness of Appeals. An appeal should be received by the HUD office within forty-five days of the date of the HUD decision letter to the applicant or the agency. The HUD office is not bound to review appeals received after this 45-day period.

# Preliminary Application for Approval as a Housing Counseling Agency

## using Counseling Program - Local Agencies

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 1A

OMB Approval No. 2502-0261 (Exp. 4/30/96)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

For Organizations with one location or a Main Office with one or more Branch Offices within the same State or no more than two States. The purpose of the Preliminary Application is to determine if the applicant agency meets the basic eligibility requirements and should, therefore, prepare a Final Application.

### Instructions

1. Send the signed original and one signed copy of form HUD-9900-A, Preliminary Application, to the HUD office that services the area in which your organization is located. Attach the submissions required by these instructions. Retain these instructions and a copy of form HUD-9900-A.
2. Do not complete or send the Final Application until HUD requests it after a satisfactory conference with your organization.
3. For all requested attachments, send reproduced copies, not originals.
4. **Legal Status.** Attach a copy of the document that supports your claim to be a nonprofit organization. The attachment must include, among other facts, the official name, address, and telephone number of the legal authority that granted nonprofit status.
5. **Charter.** Attach a copy of the document (charter, by-laws, etc.) that authorizes your organization to provide housing counseling.
6. **Local Government.** Attach a copy of the document that authorizes you to provide housing counseling if you are a unit of local, county, or State government.

**Assurances:** The applicant assures HUD that the applicant complies with the following items and will, as a HUD-approved housing counseling agency:

1. Administer its housing counseling in accordance with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
2. Provide its housing counseling services without subagreements with other agencies for the delivery of all or any part of the services in the applicant's counseling plan as approved by HUD.

**Exception:** A HUD-approved housing counseling agency may subcontract with an entity in a geographical location not served by a HUD-approved counseling agency as long as that entity meets the requirements of Handbook 7610.1. Attach a copy of any such subcontract and an affirmation that the subcontractor meets this requirement.

### 7. Community Base

a. Attach a description of your organization's experience and record of achievement in providing housing counseling or other similar services to the community in which you plan to provide housing counseling services.

#### b. ZIP Codes and Map:

(1) List the U.S. Postal Service ZIP code areas served by your agency. Include only those ZIP code areas from which your agency received "clients" during the 12-month period immediately prior to the date of your application for HUD approval.

(2) On a map, indicate the location of your counseling facility(ies). On the map, outline and identify by number each of the individual ZIP code areas you now serve as you indicated under subparagraph (1) above. Indicate the locations and give the names of all other housing counseling agencies within the ZIP code areas you serve. Attach the map to Section B.

c. Attach evidence that you have staff who fluently speak your clients' native language if you plan to provide housing counseling to non-English-speaking persons.

**8. Audit Report.** Attach a copy of your audit report for an audit conducted within the 12-month period prior to the date of your application. See paragraph 2-1 of Handbook 7610.1.

ments of Handbook 7610.1. Attach a copy of any such subcontract and an affirmation that the subcontractor meets this requirement.

3. Represent its clients without any conflict of interest on the part of the applicant, including its staff, that might compromise the agency's ability to represent fully the best interests of the client in accordance with HUD Handbook 7610.1.

4. Meet all local, State, and Federal requirements necessary to provide the applicant's housing counseling services, including debt management and liquidation services if the applicant provides such services.

5. Comply with the fee guidelines set forth in Handbook 7610.1 if the applicant plans to charge counseling fees.

1. Official Name of Applicant Organization:

2. Acronym, if any, for Official Name:

4. Main Office Telephone Number

Counseling Program Administrator's Name & Title:

3. Address of Main Office (If the applicant plans to use locations other than the main office, list them on a separate sheet and attach it to this sheet.)

5. Executive Director's Name & Title:

7. Name, Title, Date, & Signature of Person Authorized by the Applicant's Governing Body to Submit this Application:



# Final Application for Approval as a Housing Counseling Agency

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 1B

OMB Approval No. 2502-0261 (Exp. 4/30/98)

## Housing Counseling Program - Local Agencies

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

For Organizations with one location or a Main Office with one or more Branch Offices within the same State or no more than two States.

### Instructions

1. You may, at your option, submit your completed Final Application at the same time you submit your Preliminary Application; otherwise, submit the final only when HUD requests you to do so. If you submit only the preliminary, HUD will request the final after HUD approves your Preliminary Application and you complete a satisfactory conference with HUD.
2. This Final Application consists of four related sections: (1) the target area and population you propose to serve, (2) the housing needs and housing problems you have documented and propose to address, (3) the resources you possess or will obtain to carry out your counseling plan, and (4) your housing counseling plan.
3. Your counseling plan must be reasonable in relation to the target population and their housing needs/problems and the resources you have to implement the plan. HUD seeks to approve counseling plans that an applicant can carry out with available resources. HUD will not approve a well-meaning but ill-conceived plan that lacks the necessary resources. It behooves every applicant to write a counseling plan that matches the needs/problems with the resources. A small, workable plan is acceptable, but a large plan that exceeds the resources to implement it is bound not to be approved by HUD. You may limit your plan to a specialized area of housing counseling such as default counseling.

4. Please prepare your plan in a logical and orderly manner, using the outline of sections set forth below in the Final Application section. Your submission should also meet these requirements.

- a. Typewritten or other form of word processing with letter-quality or near-letter-quality printing
- b. Letter-size 8 1/2 x 11" paper (For identification purposes, place your organization's name or acronym and city and State on the top of each page.)
- c. Outline format, as below
- d. Detailed but concise
- e. One copy
- f. Use short paragraphs in narrative sections.

5. After you complete the parts of the Final Application, prepare a one page single-spaced summary cover sheet on your letterhead. Entitle the sheet "Final Application for HUD Approval as a Housing Counseling Agency—Summary Sheet."

The summary must tell HUD how your housing counseling plan meets the housing needs and problems of the target population and how your resources and the community's resources will enable you to implement the plan. Include the name and telephone number of the person whom HUD may contact regarding the application.

This summary should serve the HUD reviewer as an introduction to your Final Application. The person authorized to submit the application must sign the summary and enter the date of the signing.

A transmittal letter to HUD is not necessary.

### I. Target Area.

Consists of the ZIP code areas you entered on the map as part of your Preliminary Application. Submit the following items:

A. A concise but detailed description of the target area you propose to service with housing counseling. The description must include but is not limited to such items as: size of the population, racial and ethnic make-up of the population, socio-economic factors, age and condition of housing. Please do not exceed two single-spaced typewritten letter-size pages.

B. A brief statement of your reason for selecting the target area. Include a statement regarding why you believe your organization can service the area. Please do not exceed one single-spaced letter-size page.

D. A justification for selecting the target area if other housing counseling agencies exist in or near your target area.

4. A revised map that locates your offices, the target area, and the location of other housing counseling agencies, only if the HUD office requests it after review of your Preliminary Application.

### II. Housing Needs and Problems. Submit the following.

A. A narrative description of the housing needs and problems of the target population. Before writing this item, see HUD Handbook 7610.1 for a definition of "housing need" and "housing problem."

B. Be specific! Cite sources from which you obtained your data. Include special needs and problems, such as those related to low income or poverty, homelessness, language, ethnic, minority, and racial factors.

### III. Resources.

For the purpose of this Final Application, HUD considers two major types of resources.

A. Applicant. These are "on-hand" resources of staff, facilities, and funding possessed by the applicant, regardless of their source, that the applicant can use to deliver housing counseling. Funds that the applicant has on hand or has a written commitment to receive from any source fall into this category. Submit a detailed narrative statement of these resources that are "on hand" as of the date of your Final Application. Break the statement out into the above three categories—staff, facilities, and funding. Do not include unsupported projections of what you hope to receive or plan to seek.

**1. Staff**

- a. Include a brief dossier for each person who will supervise or perform counseling, or support counseling with clerical work.
- b. Indicate each staff person's position title, duties, and whether the position is full-time or part-time, is paid or volunteer.
- c. Indicate the extent of each counselor's knowledge of HUD housing programs and other programs available in the applicant's community.

**2. Facilities**

- a. Describe the facilities available for counseling, including privacy and access by handicapped persons. If access by handicapped persons is not present, indicate its absence and how, if at all, you would provide counseling to handicapped persons.
- b. Indicate what public transportation, if any, is within a 10 to 15-minute walk of the facility.
- c. Indicate if the applicant owns or rents the facility.

**3. Funding**

- a. List the sources and amounts of funds from those sources that you have "on hand." "On hand" means you possess the cash or written commitments for receipt of the funds within the initial 12-month period of your work as a HUD-approved housing counseling agency.
- b. Submit a copy of your current housing counseling budget and indicate the sources of the funds for the budget.
- c. If you plan to charge counseling fees, see **Counseling Fees**, in HUD Handbook 7610.1. Submit a statement that you are in compliance with the requirements for charging Counseling Fees and include copies of all items required.

**B. Community Resources**

1. These consist of local, State, and Federal public and private agencies with whom the applicant has firm working relationships for the provision of various kinds of assistance to the applicant's clients.
2. List name, address, telephone number, and major purpose of all community resources from which you receive services or other forms of assistance for clients either at your facilities or those of the resource.
3. List the specific types of services and assistance and the extent of each.

**IV. Housing Counseling Plan.**

HUD considers an acceptable housing counseling plan to be a reasonable interlocking of the needs and housing problems of the target population with the resources available to the applicant to address those needs and problems successfully on behalf of individual clients.

Using the facts about your previously identified target population, its housing needs and problems, and the resources on-hand available to you, describe in detail the housing counseling you will provide as a HUD-approved housing counseling agency. You may limit your counseling to an area such as default counseling.

Your plan must reflect an understanding of HUD's concept of housing counseling as set forth in HUD Handbook 7610.1. Example: HUD uses the term "client" in a specific manner throughout the Handbook. Also, in the Handbook, HUD sets specific parameters for "housing counseling."

When HUD reviews a Final Application, it does so against the provisions of the Handbook. While HUD urges applicants to be resourceful and innovative in developing their counseling, it places equal stress upon the plan's compliance with HUD's standards for housing counseling.

# Application for Approval as a Housing Counseling Agency

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Appendix 2

using Counseling Program - Multi-State, Regional, and National Organizations

OMB Approval No. 2502-0261 (Exp. 4/30/9

Public Reporting Burden for this collection of information is estimated to average 8.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policy and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

### For use by:

#### Multi-State, Regional, and National Organizations

This application format consists of Sections A, B and C.

**Instructions.** Additional instructions for Section C are at the beginning of that section.

1. Attach to Section B the submissions required under Section A. Retain Section A and a copy of Section B in your file.
2. For all requested attachments, send reproduced copies, **not** originals.

3. Send one signed copy of Section B and one copy of Section C of this application to:

Deputy Assistant Secretary for Single Family Housing  
Room 9282  
U.S. Department of Housing and Urban Development  
Washington, D.C. 20410

### Section A - Applicant Information

1. **Type of Organization.** Check and complete one of the items below. Be sure to fill in applicable blanks.

a. ☐ national organization (A national organization need not function in all 50 States but should have branches or affiliates that cover more than one regional area of the country.)

(1) enter the number of States in which your organization will provide housing counseling: \_\_\_\_\_

(2) enter the number of offices (main, branch or affiliate) where your organization will provide housing counseling: \_\_\_\_\_

b. ☐ regional organization (A regional organization serves a regional area such as the Southwest or the Northeast. The organization's operational boundaries need not conform precisely to what might be accepted as a definition, for example, of the Southwest of the United States. A reasonable approximation of boundaries suffices.)

(1) enter the regional name of the area where your organization will provide housing counseling: \_\_\_\_\_

(2) enter the number of States included in the region you will serve: \_\_\_\_\_

(3) enter the number of offices (mail, branch, or affiliate) where your organization will provide housing counseling: \_\_\_\_\_

c. ☐ multi-State organization (A multi-State organization serves three or more States. The States may be contiguous or noncontiguous. The organization's operational boundaries need not conform precisely to the State boundaries to satisfy this definition. A reasonable approximation of boundaries suffices.)

(1) enter the names of the States where your organization will provide housing counseling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) enter under each State name the number of offices (mail, branch or affiliate) where your organization will provide housing counseling:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Legal Status.** Attach to Section B a copy of the document that supports your claim to be a nonprofit organization. The attachment must include, among other facts, the official name, address, and telephone number of the legal authority granted nonprofit status. HUD assumes and the applicant assures that branches or affiliate are also nonprofit entities.

3. **Charter.** Attach to Section B a copy of the document (charter, by-laws, governing body meeting minutes, etc.) that authorizes your organization to provide housing counseling.

4. **Local Government.** If you are a unit of local, county, or state government, attach to Section B a copy of the document that authorizes you to provide housing counseling.

#### 5. Community Base

a. Attach to Section B a description of your organization's experience record of achievement during the past three years in providing housing counseling or other similar services to the communities in which you plan to provide housing counseling services.

b. **Branches or Affiliates.** Provide a list of your organization's main office and branch offices or affiliates. Include the following information for your office and each branch or affiliate.

(1) Official name

(2) Address, including ZIP Code

(3) Mailing address if different from address on line 2 above

(4) Telephone Number(s): include toll-free number, if available

(5) Name, title, and telephone number of the person in charge of housing counseling program

c. If you plan to provide housing counseling to non-English-speaking persons, attach to Section B evidence that you have staff who are fluent in your native language.

6. **Audit Report.** Attach to Section B a copy of your audit report for a period conducted within the 12-month period prior to the date of your application. HUD assumes and the applicant assures that branches or affiliates have had an audit conducted within the 12-month period prior to the date of this application.

The applicant assures HUD that it complies with the following items and will, as a HUD-approved housing counseling agency:

1. Administer its housing counseling in accordance with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

2. [With the exception stated below in this subparagraph] Provides its housing counseling services without subagreements with agencies other than the applicant's branches or affiliates or HUD-approved housing counseling agencies for the delivery of all or any part of the services in the applicant's counseling plan as approved by HUD.

**Exception.** The agency may subcontract with another entity to serve a geographical area not served by a HUD-approved housing counseling agency, but that entity must comply with the provisions of this handbook. Attach to this application a copy of all such subcontracts and an affirmation that the entity complies with the provisions of this handbook.

3. Represent its clients without any conflict of interest on the part of the applicant, including its staff, that might compromise the agency's ability to represent fully best interests of the client in accordance with HUD Handbook 761 para. 5-1.

4. Meet all local, State, and Federal requirements necessary to provide the applicant's housing counseling services, including debt management and liquidation services if the applicant provides such services.

5. Comply with the fee guidelines set forth in chapter 6 of Handbook 7610.1 R if the applicant plans to charge counseling fees as described in that chapter.

1. Official Name of Applicant Organization:

2. Acronym, if any, for Official Name:

4. Main Office Telephone Number:

6. Counseling Program Administrator's Name and Title:

3. Address of Main Office (If the applicant plans to use locations other than the main office, list them on a separate sheet and attach it to this sheet.):

5. Executive Director's Name and Title:

7. Name, Title, Date, and Signature of Person Authorized by the Applicant's Governing Body to Submit this Application:

**Instructions:****General.**

I. Submit Parts A, B, and C as a single application.

II. This section consists of four related parts:

1. the **target area** and population you propose to serve,
2. the **housing needs and problems** you have documented and propose to address,
3. the **resources** you possess or will obtain to carry out your counseling plan, and
4. your **housing counseling plan**.

III. Your counseling plan must be reasonable in relation to the target population and their housing needs/problems and the resources you have to implement the plan. HUD seeks to approve counseling plans that an applicant can carry out with available resources. HUD will not approve a well-meaning but ill-conceived plan that lacks the necessary resources. It behooves every applicant to write a counseling plan that meshes the needs/problems with the resources. A small, workable plan is acceptable, but large plan that exceeds the resources to implement it is bound not to be approved by HUD.

IV. Please prepare your plan in a logical and orderly manner, using the outline of sections set forth below in the Final Application section. Your submission should also meet these requirements.

A. Typewritten or other form of word processing with letter-quality or near-letter-quality printing

B. Letter-size 8 1/2 X 11" paper (For identification purposes, place your organization's name or acronym and city and state on the top or bottom of each page.)

C. Outline format, as below

D. Detailed but concise

E. One copy

F. Use short paragraphs in narrative sections.

V. After you complete all three sections of the application, prepare a one-page single-spaced summary cover sheet on your letterhead. Entitle the sheet "Final Application for HUD Approval as a Housing Counseling Agency--Summary Sheet."

The summary should tell HUD how your housing counseling plan meets the housing needs and problems of the target population and how your resources and the community's resources will enable you to implement the plan. Include the name and telephone number of the person whom HUD may contact regarding the application.

This summary should serve the HUD reviewer as an introduction to your Final Application. The person authorized to submit the application must sign the summary and enter the date of the signing.

A transmittal letter to HUD is not necessary.

1. **Target Area.** Submit the following items.

A. A concise but detailed description of the type of target area(s) you propose to service with housing counseling. The description must include but is not limited to such items as: size of the population, racial and ethnic make-up of the population, socio-economic factors, age and condition of housing. Please do not exceed two single-spaced typewritten letter-size pages.

B. A brief statement of your reason for selecting the type of target area(s). Include a statement regarding why you believe your organization can service the area(s). Please do not exceed one single-spaced letter-size page.

C. A justification for selecting the type of target area(s) if other housing counseling agencies exist in or near your target area(s).

D. A list of U.S. Postal Service ZIP code areas. HUD operates a toll-free telephone number that persons may call to obtain information about the HUD-approved housing counseling agency nearest to the caller's residence. For this reason, an applicant's final application must include a list of the main, branch and/or affiliate offices and the ZIP codes serviced by each office. Include only ZIP code areas from which the office(s) received clients during the 12 month period immediately prior to the date of your application for approval.

2. **Housing Needs and Problems.** Submit the following.

A Narrative Description of the Housing Needs and Problems of the type of target area(s) your organization will serve. Before writing this item, see para. 1-7A of HUD Handbook 7610.1 REV-3, for the definition of "housing need" and "housing problem."

Be specific!

Include special needs and problems, such as those related to available housing stock, low income or poverty, homelessness, language, ethnic, minority, and racial factors.

3. **Resources.** For the purpose of this Final Application, HUD considers two major types of resources.

A. **Applicant.** These are "on-hand" resources of Staff, Facilities, and Funding possessed by the applicant, regardless of the source, that the applicant can use to deliver housing counseling. Funds the applicant has on hand or has a written commitment to receive from any source fall into this category.

Submit a detailed narrative statement of these resources that are "on hand" as of the date of your Final Application. Break the statement out into the above three categories--staff, facilities, and funding.

Do Not include unsupported projections of what you hope to receive or plan to seek.

1. **Staff**

a. Include a brief resume for each person who will oversee housing counseling program at the headquarters of the applicant organization.

b. For each resume under para. a. immediately above, indicate each staff person's position title and duties.

2. **Facilities.** Do Not provide information for each branch or affiliate. Instead, provide a general description of the facilities, but Do address the matters of **Privacy and Access By Handicapped Persons** by including a statement to the effect that these needs are or are not met at each counseling location. Privacy and handicap access are required at each location.

a. Describe the facilities available for counseling, including privacy and access by handicapped persons. If access by handicapped persons is not present, indicate its absence and how, if at all, you would provide counseling to handicapped persons.

b. Indicate whether public transportation is within a 15-minute walk of the each counseling location.

### 3. Funding.

a. List the sources and amounts of funds from those sources that you have "on hand." "On hand" means you possess the cash or **written commitments** for receipt of the funds within the initial 12-month period of your work as a HUD-approved housing counseling agency.

b. Submit a copy of your current housing counseling budget and indicate the sources of the funds for the budget.

c. If you plan to charge counseling fees, see para. 6-2, **Counseling Fees**, in chapter 6 of HUD Handbook 7610.1 REV-4. Submit a statement that you are in compliance with para. 6-2, and include copies of all items required under that paragraph.

### B. Community Resources

1. These consist of the **types** of local, state, and federal public and private agencies with whom the applicant expects its branch or affiliates to have firm working relations for the provision of various kinds of assistance to the applicant's clients.

2. List the names of the **types** of community resources from which you expect your branches or affiliates to receive services or other forms of assistance for clients either at your facilities or those of the resource.

3. Community resources include HUD-approved counseling agencies with which the applicant and its branches or affiliates will work cooperatively.

4. **Housing Counseling Plan.** HUD considers an acceptable housing counseling plan to be a reasonable interlocking of the needs: housing problems of the target areas with the resources available the applicant to address those needs and problems success behalf of clients.

Using the facts about your previously identified **types** of target area their housing needs and problems, and the resources on-hand available to you, describe in detail the comprehensive housing counseling you, through your branches or affiliates, will provide a HUD-approved housing counseling agency.

Your plan must reflect an understanding of HUD's concept housing counseling as set forth in HUD Handbook 7610.1 REV-4. Examples: HUD uses the term "client" in a specific manner throughout the handbook. Also, in the handbook HUD sets specific parameters for "housing counseling."

When HUD reviews a Final Application, it does so against provisions of the handbook. While HUD urges applicants to be resourceful and innovative in developing their counseling plan, equal stress is placed upon the plan's compliance with HUD concept of comprehensive housing counseling.

CHECKLIST TO REVIEW AN APPLICATION FOR  
APPROVAL AS A HOUSING COUNSELING AGENCY

U.S. Department of Housing  
and Urban Development

1. Applicant's Name and Address

2. Date Rec'd by HUD: 199\_\_

INSTRUCTIONS. The HUD Field Office uses this form to determine the acceptability of the Preliminary Application and the Final Application required by HUD Handbook 7610.1 REV-4. Circle the appropriate Yes or No entry for each item. Most "No"-checked items require correction by the applicant before HUD can approve the preliminary or final application. HUD may make exceptions to "No" items if the data is provided although it is not provided in the format requested by the application form. HUD will not make exceptions for items marked "No" if the required information or submission is missing from the application. Prepare review comments on separate sheets and attach them to this form. Document any corrective action that removes an application deficiency.

An applicant may use the checklist to check its submissions prior to sending them to HUD but does NOT send a copy of the checklist to HUD. The Field Office may discard any of these forms received from an applicant.

PRELIMINARY APPLICATION - HUD Review

- |    |                                                                                                               |     |    |
|----|---------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Is the applicant located in your Office's jurisdiction?                                                       | Yes | No |
|    | If "No," do not review the application. Return it to the applicant and inform them of the correct HUD Office. |     |    |
| 2. | Did you receive an original and one copy?                                                                     | Yes | No |
| 3. | Does at least one copy contain an original signature?                                                         | Yes | No |
| 4. | Did the applicant also submit the Final Application along with the Preliminary Application?                   | Yes | No |
|    | If "Yes," do not review it. Return it to the applicant                                                        |     |    |
| 5. | Did the applicant send items not required by HUD Handbook 7610.1 REV 4?                                       | Yes | No |
|    | If "Yes," you may discard those items.                                                                        |     |    |

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6. Did the applicant submit a document that supports its claim to be a nonprofit entity? Yes No
- Does the document include the name, address, and telephone number of the legal authority that granted nonprofit status? Yes No
7. Did the applicant attach a copy of its charter, by-laws or similar document that authorizes the organization to provide housing counseling? Yes No
8. If the applicant is a unit of local, county, or state government, did the applicant submit a copy of a document that authorizes it to provide housing counseling? Yes No
- If applicant is not governmental, circle NA. NA
9. Did the applicant submit a description of its experience and record of achievement in providing housing counseling or similar services to the target community? Yes No
- Is the statement acceptable? Yes
10. Did applicant submit a list of ZIP Code areas and a map outlining those areas and indicating its location(s)? Yes No
11. If the applicant plans to serve people who do not speak English fluently, did the applicant submit evidence that it has staff or interpreters who fluently speak the clients' native languages? Yes No
- If the applicant does not plan to serve nonEnglish-speaking clients, circle NA. NA
12. Did the applicant submit Section B, Assurances and Signatures with an original signature? Yes No
- Pay close attention to any information or indication that the applicant cannot comply with these assurances--especially those relating to civil rights and discrimination as well as conflict of interest. If any doubt arises in your mind, obtain additional information from the applicant.
13. Are all required information items completed on Section B? Yes No





14. The mere presence of each required document or entry is not sufficient evidence to approve a Preliminary Application. Items must be complete, accurate, readable, and of a quality that leaves no doubt in the mind of the reviewer.

Circle your review decision:      APPROVE              DISAPPROVE

Whether you APPROVE or DISAPPROVE, see Chapter 5 of Handbook 7610.1 REV-4 for further instructions.

Signature of HUD Reviewer \_\_\_\_\_ Date of the Review \_\_\_\_\_

Supervisor's Concurrence Signature \_\_\_\_\_ Date of Concurrence \_\_\_\_\_

\*\*\*\*\*

FINAL APPLICATION - HUD Review - Date Rec'd by HUD: 199\_\_

1. Did your office approval approve the applicant's Preliminary Application? Yes No

2. Did you conduct an application conference with the applicant after approving their preliminary application? Yes No

If "No," and the lack of the conference was HUD's fault, immediately arrange for the conference. DO NOT review this final application until an acceptable conference is held.

If "No," and the lack of the conference was the applicant's fault, do not review this final application until the applicant participates in a conference. Notify the applicant in writing if you have not already done so.

3. Does the final application contain information regarding all four components--target area, housing needs and problems, resources, and housing counseling plan? Yes No

If "No," proceed with the review of this Final Application, but do not approve it until the required information is

## Appendix 3

submitted by the applicant.

4. Does the summary cover sheet indicate in general terms how the counseling plan meshes the target population's housing needs and problems with the resources available to the applicant?

Yes No

As you review the detailed information provided by the applicant, assure yourself that the unity of these factors as expressed on the summary sheet appear reasonable in the counseling plan.

5. Does the application meet the following criteria?

a. typewritten or letter-quality printing

Yes No

b. letter-size paper 8 1/2 X 11" (except for copies of documents on legal-size paper)

Yes No

c. Outline format rather than long narrative paragraphs?

Yes

d. Detailed but concise

Yes No

e. One copy

Yes No

6. Did the applicant submit a concise but complete narrative description of the target area?

Yes No

Does it include such items as size of the population, socio-economic factors, racial and ethnic make-up of the population, condition of housing?

Yes No

Do you feel you have a good idea of the nature of the target area after reading the applicant's description of it?

Yes No

7. Did the applicant provide a statement of its reasons for selecting the target area, AND is it a convincing statement?

Yes No

8. Does the applicant's proposed target area overlap with other counseling agency areas?

Yes No

If "Yes," did the applicant submit an acceptable justification for overlapping other agency areas?

Yes No

9. If you requested a revised map from the applicant, did they submit an acceptable one? Yes No  
NA  
If you did not request a revised map, circle NA.
10. Did the applicant submit an acceptable statement of the housing needs and problems of the target population? An acceptable submission must comply with Handbook 7610.1 REV-4's definition of "housing need" and "housing problem." Is the statement specific and does it cite the sources upon which the statement is based? Yes No
11. Does the applicant separate resources into "Applicant" resources and "community" resources? Yes No
12. Is there also a breakout by staff, facilities, and funding? Yes No
13. Is a dossier included for the counseling supervisor, each counselor, and each support clerical staff? Yes No
14. Is each staff person's position title, duties, and paid-or-volunteer status indicated? Yes No
15. Is each counselor's knowledge of HUD and community housing programs indicated? Yes No
16. Is a description of the counseling facility included? Yes No
17. Does the facility description indicate privacy provisions? Yes No
18. Does the facility provide for handicapped person access? Yes No
19. Is it indicated whether public transportation is within not more than a 15 minute walk from the facility or that the applicant is located in a rural or distant suburb? Yes No

NOTE TO THE REVIEWER. If public transportation is not readily available and its absence would pose a hardship on potential clients within the target area, this might constitute a reason for disapproving the application; however, take into consideration the applicant's proposed method, if any, for overcoming this problem. For example, in an area where transportation by private automobile is a generally accepted or essential mode of transportation, but

## Appendix 3

a client lacks an automobile, the agency might propose to overcome this hurdle by providing counseling over the telephone--provided it is done at no cost to the client.

20. Did the applicant indicate whether it owns or rents its facility? Yes No

NOTE TO THE REVIEWER. If the applicant rents its facility, that might not be important unless other factors in the application indicate instability in the applicant's location in the target area. Discount a rental answer unless other factors contribute to an unstable position for the applicant.

21. Did the applicant list the sources and amounts of funding from each source? Yes No

22. Did the applicant include only "on-hand" funding--that is, funds actually on hand with the applicant or available in the near future based on WRITTEN COMMITMENTS from the sources? Yes No

If the applicant has mingled "on-hand" funding with those they hope or will seek, ignore that aspect of the submission. Request the applicant to resubmit this information. Under no circumstance is a reviewer to consider hoped for or sought but not received funding.

23. Did the applicant submit a copy of its current housing counseling budget and a list of the sources that underwrite that budget? Yes No

24. If the applicant plans to charge counseling fees, did it submit a statement that it is in compliance with para. 6-2, COUNSELING FEES, of Handbook 7610.1 REV-4.? Yes No

25. Did the applicant submit a list of the names, addresses, and major purposes of the community resources the applicant uses in its counseling program? Does this include the specific types of services and assistance and the extent of those resources? Yes No

26. The review of the applicant's housing counseling plan is usually the critical aspect of the review. The plan should bring together into a workable and cohesive counseling program the information regarding (a) the target area, (b) the housing needs and housing problems of the target population, and (c) the resources actually available to the applicant for meeting the needs of its clients. The reviewer MUST be able to answer the following questions in the affirmative without any reservation about the applicant's ability to deliver the counseling services it proposes.
- a. Does the applicant's housing counseling plan represent a workable balance between the scope of what it proposes and the resources it possesses to implement its proposal? Yes No
- b. If "Yes," proceed to item c. below. If "No," you must disapprove the application. The applicant may appeal your decision to disapprove or may submit a revised application.
- c. Does the counseling plan reflect a working knowledge of HUD's concept of housing counseling as set forth in Handbook 7610.1 REV-4? Yes No
- d. If "Yes," proceed to item e. below. If "No," you must disapprove the application. The applicant may appeal your decision to disapprove or may submit a revised application.
- e. Does the counseling plan reflect a working knowledge of HUD housing programs applicable to the target area and population? Yes No
- f. If "Yes" to question e., as well as a. and c., you may approve the application. If "No" to question e., you must disapprove the application. The applicant may appeal your decision to disapprove or may submit a revised application.
- g. Does the counseling plan reflect a working knowledge of Federal, State, and local fair housing laws and authorities? Yes No

Appendix 3

27. Circle your review decision:      APPROVED      DISAPPROVED

If you disapprove the application, attach a separate sheet or sheets  
setting forth your reasons for this decision.

Signature of HUD Reviewer

Date of the Review

Supervisor's Concurrence Signature

Date of Concurrence

Sample Letter of Approval as a HUD-approved  
Housing Counseling Agency

Dear \_\_\_\_\_:

I am pleased to advise you that your final application for HUD approval as a Housing Counseling Agency has been approved. This approval is effective as of the date of this letter and covers a two-year period.

Your continued participation in the Department's housing counseling program is contingent upon your willingness and ability to comply with the provisions of two documents--the housing counseling plan you submitted to HUD as part of your final application and the provisions of HUD Handbook 7610.1 REV-4.

Please acknowledge your acceptance of this approval by signing on the "Approval Accepted" line below. Return the letter to this office at your earliest convenience. We will then issue a Certificate of Approval for your agency. After you sign below you should reproduce a copy of this letter for your records.

The name and address of your agency will appear on the next edition of our list of HUD-approved housing counseling agencies and be included in the toll-free 800 number referral service provided by HUD. Please be certain to advise this office promptly of any future change in your address or telephone number.

Sincerely yours,

Single Family Director

Approval Accepted \_\_\_\_\_

\_\_\_\_\_  
Name Agency's Authorized Signatory

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Sample Letter Disapproving an Application  
for Approval as a Housing Counseling Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dear \_\_\_\_\_:

After a careful review of your application for HUD approval as a housing counseling agency, I am unable, at this time, to grant approval to your organization.

I found your application does not meet the requirements of HUD Handbook 7610.1 REV-4 with respect to the following provisions.

(List each criterion not met and indicate why it was not met. If the unacceptable aspects of the application are numerous, consider stating them on attached sheets rather than in the body of this letter.)

You may appeal this decision by writing to this office and/or requesting an appointment. However, instead of an appeal, the Department encourages you to submit a revised application in which you address the deficiencies noted above.

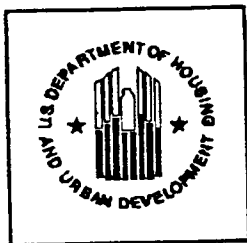
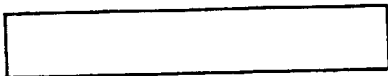
If you wish to discuss this matter, please call  
(enter name of reviewer) \_\_\_\_\_ (office telephone  
number) who is available to provide any assistance you might need.

Thank you for your interest in HUD's housing counseling program.

Sincerely,

Single Family Director





## HUD APPROVAL AS A HOUSING COUNSELING AGENCY

The U.S. Department of Housing and Urban Development approves the following named entity as a Housing Counseling Agency. The entity has (1) met the Department's initial approval criteria and (2) submitted an acceptable housing counseling plan to serve its target community.

The Department approved this housing counseling agency to provide the following types of housing counseling in accordance with their counseling plan.

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
Date Approval Expires

\_\_\_\_\_  
Name and Title of HUD Official

MEMORANDUM FOR: Housing Counseling Clearinghouse

FROM: (Enter HUD Field Office information, including the name and title of the official who signs this memorandum.)

SUBJECT: Housing Counseling Agency Information

1. Agency Identification. Enter in item a. the current information for the **ONLY** or **MAIN** location (An agency may list only **ONE** main office.). If any part of that entry is an information change, enter the former information in item b. Please **DO NOT** include agency staff names, geographical service areas, etc.

[ ] Check this box if this agency has **MORE THAN ONE** location. For **BRANCH** offices, complete section 4.

a. Current Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: ( ) - Ex: \_\_\_\_\_

Toll-Free Number: 800 - Ex: \_\_\_\_\_

FAX Number: ( ) -

b. Former Name: \_\_\_\_\_

Former Address: \_\_\_\_\_

Former Telephone Number: ( ) - Ex: \_\_\_\_\_

Former Toll-Free Number: 800 - Ex: \_\_\_\_\_

Former FAX Number: ( ) -

## Appendix 7

2. Action Regarding the Above Agency. Check appropriate box(es). Enter the action date on the line opposite each checked box.
- a. ☐ Initial Approval \_\_\_\_\_
  - b. ☐ Approval withdrawal \_\_\_\_\_
  - c. ☐ Change in agency information \_\_\_\_\_
3. Type of Counseling Service Offered by the Agency. If this represents a change in the services you previously reported the agency offers, check this box ☐.
- a. ☐ If the agency provides comprehensive housing counseling, check this box. If you checked this box, skip item b. and go to item c.
  - b. Check the box or boxes that indicate the type or types of counseling the agency provides.
    - ☐ Homeowner (other than default counseling)
    - ☐ Pre-purchase
    - ☐ Mortgage Default
    - ☐ Renter (including homeless)
    - ☐ Rent Delinquency
  - c. ☐ Check this box if the agency provides HECM - Home Equity Conversion Mortgage counseling.
4. Branch Office Information. If this is your INITIAL submission of branch office information for this agency, list all branches on extra sheets. Use the format in section 1, item a.
- If you are submitting change information about a branch office, enter the change information below. Use the format in section 1, lines a and b.

Use additional sheets if necessary. ALWAYS attach pages 1 and 2 when you submit this page 3.



7610.1 REV-4

Appendix 7

5. U.S. Postal Service ZIP Code Areas

- a. For a Newly Approved Agency, enter the ZIP Code areas indicated by the applicant agency on its Preliminary Application and approved by your office.

\_\_\_\_\_  
\_\_\_\_\_

- b. For a Previously Approved Agency, enter ZIP Codes to:

Delete: \_\_\_\_\_

Add: \_\_\_\_\_

6. FAX this information to the Housing Counseling Clearinghouse: 301-251-5767.

Name and other information for person whom the Clearinghouse may call regarding this submission.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name FTS No. Office Date

file:hcainfo.x7

Sample of Reporting Requirements  
for

Housing Counseling Grant Recipients

This SAMPLE is an excerpt from a previous grant award document and will be changed for grants awarded in 1995 and subsequent years. Grantee reporting requirements are set forth in the Grant Document for each grant. Grantees must comply with Grant Document reporting requirements. DO NOT use this sample as a guide. Also, references to "counseling units" in this sample apply only to HUD counseling grants for 1994 and earlier years.

ARTICLE VIII - REPORTS OF WORK IN SUPPORT OF PAYMENTS

- A. Quarterly Performance Reports. A grantee must submit a quarterly performance report in an original and two copies to the Government Technical Monitor (GTM). The report is due no later than the 30th of the month following the end of each quarter of the term of the grant. The report must accompany the invoice, Standard Form 270, Request for Advance or Reimbursement, for the third month of the quarter. The quarterly performance report must also accompany the final invoice and final report. The quarterly performance report must contain the following:

1. Six digit identification number for each client counseled during the quarter
2. Total number of counseling units, opposite the client identification number, delivered for the quarter and the type of counseling (homebuyer, default, etc.)
3. Total number of counseling units for each client. The total must agree with the total units of the three invoices for the quarter.

The Grantee agrees to provide HUD with a quarterly report for each quarter of the term of the grant and for the final invoice. If events occur during the performance of the grant that could affect the grant, the Grantee must include a narrative statement of these events with the monthly invoice.

- B. Final Report. The Grantee shall submit a Final Narrative Report which describes and evaluates the Grantee's counseling activities. The report should address program problems and recommend courses of action for improvement. The narrative need not exceed five double-spaced typewritten letter-size pages.

The Grantee is required to submit the final invoice (clearly identified "FINAL") and quarterly performance report together with the final report to the GTM no later than thirty days after the expiration date of the grant or when all funds are expended.

1. The grantee must submit three originals to the GTM.
2. The GTM will process the final invoice only after receiving a quarterly performance report and complete final report.

3. The final invoice, quarterly performance report and final report must also contain the name, address, and grant number of the Grantee as shown on the face of the grant document.
4. After review of these documents, the GTM must forward the final invoice, quarterly performance report, and final report to the GTR and Grant Officer for final payment approval and closeout of the grant.
5. The Grant Officer must forward the final invoice to the Office of Finance and Accounting for payment.

7610.1 REV-4

Appendix 9

Client Authorization for a HUD-approved Housing Counseling Agency  
to Receive a Copy of the Client's Credit Report

I hereby authorize \_\_\_\_\_  
Name of Client's Mortgagee or Creditor

located in \_\_\_\_\_  
City State

to send a copy of my credit report to: (Enter the official name  
and address of the HUD-approved housing counseling agency.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-mentioned counseling agency is a party to a home mortgage transaction involving the client whose signature appears below, which transaction is insured or to be insured by the United States Department of Housing and Urban Development (HUD).

I understand that HUD has apprised this counseling agency of its responsibilities regarding confidentiality of the credit report.

\_\_\_\_\_  
Client's name as it appears on the mortgage

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

Note: Give a copy of the signed form to the client.  
Retain a copy of the signed form in the agency's file.  
Send the original to the mortgagee.

# Housing Counseling Agency Fiscal Year Activity Report

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 10

OMB Approval No. 2502-0261 (exp. 4/30/98)

Read the instructions on the back of this form.

1. Counseling agency name & address:

☐ Check here  
if this is a  
new address

2. Reporting Year:

from Oct 1, 199\_\_  
to Sep 30, 199\_\_

3. Number of  
Clients  
Counseled  
this Report  
Period

	All Counseling Activities	HUD Grant Activities
1. Homeowners (mortgage paid off)		
2. Mortgagors (own property covered by mortgage)		
3. Potential Mortgagors (want to purchase housing)		
4. Renters (occupy rental property)		
5. Potential Renters (want to rent housing)		
6. Homeless		
7. Other		
8. Total		

Race/Ethnicity:

- a. American Indian /  
Alaskan Native
- b. Asian /  
Pacific Islander
- c. Black Non-Hispanic
- d. Hispanic
- e. White Non-Hispanic

Potential  
Mortgagors

22. Purchased  
housing

23. Decided not to  
purchase

24. Other

25. Total

Renters

26. Purchased housing

27. Rented alt. housing

28. Other

29. Total

Potential Renters

30. Purchased housing

31. Rented alt. housing

32. Other

33. Total

Homeless

34. Occupied  
"transitional" housing

35. Occupied  
"emergency shelter"

36. Occupied permanent  
hsg. for handicapped

37. Entered public or prvt.  
section traditional hsg.

38. Other

39. Total

## 4. Results of Counseling

Homeowners 9. Obtained a Home Equity  
Conversion Mort.(HECM)

10. Other

11. Total

Mortgagors

12. Obtained a HECM

13. Brought mortgage  
current

14. Forbearance agreement

15. Mortgage assigned  
to HUD

16. Executed a deed-in-lieu

17. Sold their property

18. Mortgage foreclosed

19. Rented alternative  
housing

20. Other

21. Total

## 5. HUD Grant Activity - Summary Data

HUD Grant No.  
From Block 3,  
Form HUD-1044

HUD Grant Amount  
From Block 14,  
Form HUD-1044

Number of  
Clients

Amount Invoiced

Total:

6. Name, Title, & Signature of Person Authorized to Sign this Report :

Date



## Instructions for Form HUD-9902

### Housing Counseling Agency Fiscal Year Activity Report

This HUD Fiscal Year Activity Report enables a HUD-approved housing counseling agency to report all of its housing counseling activity for clients with housing needs and problems. Paragraph 1-7A of the HUD Housing Counseling Program Handbook 7610.1 provides the definition of "client," "housing need," and "housing problem."

1. **Counseling Agency Name & Address** - Enter the official name of your agency in the format you submitted to HUD. If the address you enter is a new address, check the box indicating this change.
2. **Enter Report HUD Fiscal Year** - This is an annual report covering the HUD Fiscal Year. Indicate the HUD Fiscal Year covered by the report. Even if your agency was approved by HUD for less than the full year report period, include clients counseling during the full report year.

#### General

**Clients** - Please remember that you report *clients* as defined in paragraph 1-7A of HUD's Housing Counseling Program Handbook 7610.1. You are *not* reporting the number of individual persons you counseled.

#### Examples:

- a. A husband and wife or a brother and sister or three friends who are mortgagors under the same note count as *one client*.
- b. Three renting families who experience the same problem with the same landlord and come to your agency together for assistance count as *one client*.

**Columnar Entries** - The report contains two data columns.

- a. **All Counseling Activities** - Enter data covering *all* housing counseling activities, including those performed under one or more HUD housing counseling grants.
- b. **HUD Grant Activities** - Enter data covering *only* counseling provided under one or more HUD counseling grants during the report period. Include this data in the "All Counseling Activities" column.

3. **Clients Counseled This Report Period** - Enter the number of clients to whom you provided counseling during the report period. This might include clients who entered your workload the previous report period but you carried over into and counseled during the current report period.

Enter the client count in the box that best describes the status of the clients when they first entered your workload.

**Homeless** - A client reported on this line must meet the definition for "homeless" or "homeless individual" set forth in Section 103 General Definition of Homeless Individual, of the Stewart McKinney Homeless Assistance Act (Public Law 100-77).

**Racial/Ethnic Categories** - Enter number of clients to whom you provided counseling during this period.

- a. **White (Non Hispanic)** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- b. **Black (Non Hispanic)** - A person having origins in any of the black racial groups of Africa.
- c. **Hispanic** - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture origin, regardless of race.
- d. **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- e. **Asian or Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines, and Samoa.

**Other** - Throughout the form, "other" provides a general category into which you place clients who do not fall under a specific category on the form.

4. **Results of Counseling** - You might achieve more than one result for the same client during the report year.

**Example:** A mortgagor in default enters into a forbearance agreement and later sells the property. Report both results on the appropriate lines.

5. **HUD Grant Activity - Summary Data** - Enter summary data from the "HUD Grant Activities" column for each grant under which you provided counseling during the report period. In the "Total" row, enter totals for the "No. of Clients" and the "Amount Invoiced" columns.

6. An authorized staff person must sign and date the report.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## Biennial Performance Review

of a

HUD-Approved Housing Counseling Agency

Agency Name  
and Address

Reviewer

Review Date

INSTRUCTIONS TO REVIEWER. See HUD Handbook 7610.1 REV-4 for instructions regarding the Biennial Performance Review (BPR). Use this form to record the results of the BPR. Circle each item's "Yes" or "No" as appropriate. Document on separate sheets each of your negative determinations (A negative determination may be a "Yes" as well as a "No.").

Before you conduct the Biennial Performance Review, monitor the agency by means of a desk audit in accordance with para. 5-2 of 7610.1 REV-4. Prepare a list of items for your special attention during the BPR.

Of basic importance throughout the review is the reviewer's determination about whether the agency implements fully the counseling plan HUD approved as part of the agency's application for approval. See paragraph 5-3 of Handbook 7610.1 REV-4 and question 34 of this checklist. The reviewer must also make a judgment as to whether the plan is appropriate to current housing market conditions (See question 34.).

- |    |                                                                                                                                                                                                                                                                                       |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Is the agency still a NONPROFIT entity?                                                                                                                                                                                                                                               | Yes | No |
| 2. | During the past year, did the agency counsel at least 50 HUD-related clients as defined in 1-7A? (This and all of the following similar references cite Handbook 7610.1 REV-4. Also, on this form the term "client" falls under the handbook definition of the term.) See para. 5-1A. | Yes | No |
| 3. | Did the agency conduct a screening interview prior to accepting each client into the agency's workload?                                                                                                                                                                               | Yes | No |

## Appendix 11

- 
- |     |                                                                                                                                         |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 4.  | Did a <u>COUNSELOR</u> conduct the screening interview?                                                                                 | Yes | No |
| 5.  | Following the screening interview, did the counselor design a counseling plan for the client?                                           | Yes | No |
| 6.  | Did the counselor explain the plan to the client?                                                                                       | Yes | No |
| 7.  | On an as-needed basis, did the counselor refer the client to community resources?                                                       | Yes | No |
| 8.  | On an as-needed basis, did the counselor recommend additional private or group counseling sessions?                                     | Yes | No |
| 9.  | Did the counselor monitor the client's progress in meeting the housing need or correcting the housing problem?                          | Yes | No |
| 10. | Did the counselor work out with the client the client's housing goal and was it potentially realizable?                                 | Yes | No |
| 11. | Are the agency's counseling facilities still located within the area of the target population?                                          | Yes |    |
| 12. | Has the agency had an audit of its financial records completed within the past year?                                                    | Yes | No |
|     | Does the audit comply with OMB Circular A-110?                                                                                          | Yes | No |
| 13. | Does the agency maintain complete and accurate records of its client roll and related counseling activities?                            | Yes | No |
| 14. | Does the agency use its counseling documentation to complete its reports to HUD?                                                        | Yes | No |
| 15. | Did the agency cooperate with your review by making available to you, at your request, client files?                                    | Yes | No |
|     | Do the client's files comply with 4-3?                                                                                                  | Yes | No |
|     | Do the group files comply with 4-4?                                                                                                     | Yes | No |
| 16. | Does the agency have on hand or through <u>written commitments</u> sufficient funds to carry out its counseling plan for the next year? | Yes | No |
| 17. | Is staff trained and experienced in housing counseling?                                                                                 | Yes | No |
-

- 
- |     |                                                                                                                                                                                                  |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 18. | Does the agency counsel clients whose native language is not English?                                                                                                                            | Yes | No |
|     | If "Yes," does the agency hire multi-lingual counselors or interpreters?                                                                                                                         | Yes | No |
| 19. | Does staff possess a working knowledge of HUD housing programs?                                                                                                                                  | Yes | No |
| 20. | Does staff possess a working knowledge of non-HUD housing programs available and applicable to the target population?                                                                            | Yes | No |
| 21. | Has the agency entered into any subagreements with other community entities to deliver any part or all of the agency's counseling plan submitted to HUD as part of the application for approval? | Yes | No |
| 22. | Has the agency maintained its working relationship with community resources?                                                                                                                     | Yes | No |
| 23. | Is the agency still in compliance with local and state requirements, if any, that relate to its counseling program?                                                                              | Yes | No |
| 24. | Do the facilities provide privacy for one-to-one counseling?                                                                                                                                     | Yes | No |
| 25. | Is public transportation within easy walking distance of the agency?                                                                                                                             | Yes | No |
| 26. | Does the agency function during hours that are conducive to working clients?                                                                                                                     | Yes | No |
| 27. | Is the facility easily accessible to the handicapped?                                                                                                                                            | Yes | No |
| 28. | Does the agency still conform to the assurances it signed as part of its application for approval?                                                                                               | Yes | No |
| 29. | Did a need arise for staff training?                                                                                                                                                             | Yes | No |
| 30. | Did the agency provide the needed training?                                                                                                                                                      | Yes | No |
| 31. | Has the agency changed its name, address, or telephone number?                                                                                                                                   | Yes | No |
-

## Appendix 11

32. Did the agency change the staff person responsible for directing the counseling program? Yes No
33. Did the agency report these changes, if any, to your office? Yes No
34. Does the counseling activity of the agency conform to the counseling plan set forth in the agency's application for approval and HUD Handbook 7610.1 REV-4? Yes No
- Is the plan still appropriate in relation to current housing market conditions in the agency's target area? Yes No
35. Does the agency possess HUD housing program handbooks and are these used by the counseling staff? Yes No
36. Does termination of counseling comply with 3-5? Yes No
37. Does the agency use credit reports as a tool for counseling? Yes
- If "Yes," does the agency maintain the confidentiality of the reports? Yes No
38. Does the agency maintain the confidentiality of all other information it obtains about or from the client? Yes No
39. Did you discover any apparent or seeming conflicts of interest? Yes No
40. Does the agency charge fees for its counseling services? Yes No
- If "Yes," answer the following.
- a. Does the agency charge the same fees to non-HUD clients? Yes No
- b. Does the agency provide counseling without charge to clients who cannot afford the fees? Yes No
- c. Are the fees in keeping with those of similar agencies in the target area? Yes No
- d. Does the agency still use the fee structure submitted to and approved by HUD? Yes No

- e. Are the fees based on a sliding scale in relation to the income of the client? Yes No
- f. Does the agency charge a fee for clients for whom it also bills HUD under a grant agreement or other contractual arrangement? Yes No
41. In accordance with 5-3C, randomly select 12 clients for the client survey. Select 2 from each of these categories:
- a. Potential Mortgagors
  - b. Current Mortgagors
  - c. Delinquent Mortgagors
  - d. Potential Renters
  - e. Current Renters
  - f. Delinquent Renters
42. Have the ZIP Code Areas served by the agency changed? Yes No  
(See para. 4b on Form HUD-9900A and para. I. TARGET AREA on Form HUD-9900B.)
- If "Yes," did the agency submit the changes to your office? Yes No
- If "No," did you request the agency to give you the changes? Yes No
- If "Yes," did you receive the changes? Yes No
- Did you submit the changes to the S-F Servicing Division? Yes No  
(See report format in Appendix 7 of 7610.1 REV-4.)

## RECOMMENDATION

- ☐ Unconditional Reapproval
- ☐ Conditional Reapproval: attach a sheet that sets forth the conditions of the reapproval
- ☐ Disapproval: attach a sheet that sets forth the reasons for disapproval

Signature of Reviewer

Date

Sample Client Survey Letter

OMB Approval No. 2502-0261 Exp. 04/30/98

Dear \_\_\_\_\_:

The records of the following HUD-approved housing counseling agency indicate that their staff provided housing counseling services to you during the past year.

(Enter name and address of the agency)

I am writing you because we would appreciate your opinion regarding the quality of the counseling you received. If you are willing to answer the questions on the attached sheet, you may do so without including your name on the sheet.

Please use the enclosed government envelope to return your response. Thank you for your assistance.

Sincerely,

Single Family Director

# Housing Counseling Client Survey

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 12  
OMB Approval No. 2502-0261 (Exp. 4/30/01)

Public Reporting Burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policy and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Counseling Agency Name & Address: (completed by HUD office)

1. When you first went to the counseling agency, what kind of client were you? Check as many boxes as apply to you.

- |                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> was renting housing    | <input type="checkbox"/> behind on rent payments       |
| <input type="checkbox"/> wanted to rent housing | <input type="checkbox"/> current on rent payments      |
| <input type="checkbox"/> landlord problem       | <input type="checkbox"/> being evicted                 |
| <input type="checkbox"/> employed               | <input type="checkbox"/> unemployed                    |
| <input type="checkbox"/> wanted to buy housing  | <input type="checkbox"/> buying a house or condominium |
| <input type="checkbox"/> mortgage was current   | <input type="checkbox"/> mortgage payments delinquent  |

2. Who interviewed you when you first went to the agency?

- ☐ a receptionist ☐ a counselor

3. Did the person who counseled you do any of the following to help you. Check as many boxes as apply to you.

- ☐ told you how they could help you
- ☐ suggested that you join a group counseling session
- ☐ referred you to other community agencies who could help you
- ☐ made recommendations to you about what you could do to solve your housing problem
- ☐ got in touch with your landlord or mortgage company to work out a plan for you to pay your back rent or past due mortgage payment
- ☐ got in touch with your creditors to work out a plan for you to pay your debts

4. If you own your house and are delinquent on your mortgage payments, did the agency do or recommend any of the following actions?

- ☐ a forbearance agreement with your mortgage company
- ☐ a deed-in-lieu of a foreclosure of your mortgage
- ☐ that you sell your house and obtain rental housing
- ☐ have you apply to your mortgage company for the assignment of your mortgage to HUD

5. Did your counselor impress you as a person who knew what he or she was doing?

- ☐ Yes ☐ No

6. Was the setting in which the counseling was conducted a private one so that other persons could not hear your conversation?

- ☐ Yes ☐ No

7. If you wanted rental housing, did the counselor discuss HUD rental housing programs for which you might be eligible?

- ☐ Yes ☐ No

8. Did the agency charge you for their services?

- ☐ Yes ☐ No

If "Yes," did the counselor explain that the charge would be based on a sliding scale and determined by your income?

- ☐ Yes ☐ No

If "Yes," did you consider the charge to be:

- ☐ reasonable ☐ too high

9. Did you participate in any group counseling sessions?

- ☐ Yes ☐ No

If "Yes," did you find the sessions helpful?

- ☐ Yes ☐ No

10. Was the counseling agency open during hours when it was convenient for you to obtain counseling?

- ☐ Yes ☐ No

If you answered "No," please indicate the hours when the agency was open to assist you.

Opened:

Closed:

11. If you want further counseling, will you:

- ☐ go back to the same agency ☐ go to another agency

If you checked "go to another agency," please tell us why.



---

Sample Letter Disapproving an Agency Based on BPR Findings

Dear \_\_\_\_\_:

(Name of HUD Staff Person) conducted the Biennial Performance Review for your agency on \_\_\_\_\_, 19\_\_\_. Unfortunately, he/she found major deficiencies in your performance as a HUD-approved housing counseling agency and cannot, at this time, reapprove your organization.

The deficiencies found in relation to performance under your HUD-approved housing counseling plan and HUD Handbook 7610.1 are as follows:

(List each deficiency separately. Be specific! Cite the aspect(s) of the agency's counseling plan and/or the handbook in relation to which the deficiency exists. If the deficiencies are numerous, consider setting them forth on sheets attached to this letter.)

You have thirty days from the date of this letter to submit your response to the deficiencies. My staff is available to discuss these with you if you need clarification of the citations. Please feel free to call (name of HUD staff person and telephone number) for assistance.

If your response is not received within sixty days, or you have not corrected the deficiencies within that time, this office will terminate our approval of your agency. If this action is taken, your agency may seek reapproval through the regular process set forth in HUD Handbook 7610.1.

Thank you for your participation in the housing counseling program. The Department hopes that you can correct the deficiencies cited and continue in the program.

Sincerely,

Single Family Director

# LOCCS VRS Request Voucher r Grant Payment

U.S. Department of Housing  
and Urban Development  
Office of Administration

Appendix 14A

Page 1 of 2

OMB Approval No. 2535-0102 (

Public reporting burden for this collection of information is estimated to average 0.16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policy and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2535-0102), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	
		from: to:	
4. Recipient Organization's Name :		4b. Recipient Organization's Address:	
4a. Recipient Organization's Employer Identification Number :			

5. Balance on Hand :
\$

6.	Voice Response No. (5 digits, hyphen, 5 digits) :	Grant or Project No:	Amount :	(dollars)	(cent)
(1)			\$		*
(2)					*
(3)					*
(4)					*
(5)					*
(6)					*
(7)					*
(8)					*
(9)					*
(10)					*
Voucher Total: →			\$		*

7. Name & Title of Authorized Signatory (type or print clearly) :

Signature & Date of Request :

X

**Privacy Act Statement:** Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the collection is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3729.3)

**Instructions for the Preparation and Submission of form HUD-27053, Request Voucher for Grant Payment**

1. Enter a (9) digit two part number. Part 1 is the (3) digit prefix to your program. (If you do not know your (3) digit program prefix, contact your Program/Grant Officer). Part 2, the remaining (6) digits, will be assigned by LOCCS/VRS during the telephone call. The entire (9) digit number will have to be entered prior to ending the call.

2. This block contains a maximum of 4-digit (xxxx) alpha/numeric program area identifier as stated in block 5a of the HUD-27054, LOCCS Voice Response Access Authorization Form.

3. Enter the period covered by this request.

4. Enter the recipient organization's name as stated on the grant agreement.

4a. Recipient Organization's Employer Identification Number (EIN) is the nine(9) digit number that is also known as the Tax Identification Number (TIN) in LOCCS-VRS and the Claim or Payroll ID Number on the SF-1199A.

4b. Enter recipient organization's mailing address.

5. Enter the current balance of cash on hand.

6. Line 1: Enter the 10-digit VRS Number of the first project/grant for which funds are being requested. The first five digits of this number identify the grantee/recipient; the second five identify the project/grant. The first five digits should always be the same for the grantee/recipient. The second five digits should run consecutively for succeeding projects/grants within the program.

Next, enter the HUD project/grant number for the project. This entry is for confirmation purposes only and will not be entered into LOCCS VRS through the touch-tone pad. Instead, when the VRS number is keyed in, the VRS simulated voice will speak the HUD project/grant number for the caller to ensure the correct VRS number was keyed. Finally, enter the amount requested for that particular project/grant. Dollars should be entered to the left of the asterisk (\*) and cents to the right.

Lines 2 through 10: List any other project grants in the same HUD Program Area for which funds are to be requested. The total amount requested is entered in the lower right hand corner of Block 6.

7. Enter the authorizing signature and date of signature. The authorizing signatory in Block 7 can not be the same person(s) designated in Block 3 of the HUD-27054, LOCCS Voice Response Access Authorization Form.

**LOCCS**  
**Voice Response System**  
**Access Authorization**

U.S. Department of Housing  
and Urban Development

Line of Credit Control System (LOCCS)

Appendix 14B  
page 1 of 2

OMB Approval No. 2535-0102 (exp. 10/31/96)

**Public reporting burden** for this collection of information is estimated to average 0.16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2535-0102), Washington, D.C. 20503. Do not send this form to either of the above addressees.

This form is to be completed by the recipient's (or grantee's) chief executive officer or designated representative. Send notarized original to your local HUD Field Office for review and to be forwarded to:

U.S. Department of Housing and Urban Development  
Office of Information Policies & Systems, AISAO  
PO Box 23774  
Washington, DC 20026-3774

**Privacy Act Statement:** Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information which will be used by HUD to protect disbursement data from fraudulent actions. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the SSN. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS.

1. Type of Function: (mark one)

1 ☐ New User

3 ☐ Reset Password

2 ☐ Add/Change Authority

4 ☐ Terminate User

2a. User ID: (new user leave blank)

2b. Social Security Number (SSN):

3. Authorized User's Name: (last, first, mi)

Office Phone No: (include area code)

( )

Office Address: (street, city, State & zip)

4. Recipient Organization for which Authority is being Requested:

Tax ID:

Organization's Name:

5a. LOCCS Program Area

5b. Program Name

5c. Q = Query Only

D = Project Drawdown

S = Project Set-Up

A = Admin. Drawdown

6. Authorized User's Signature & Date:

X

I authorize the person identified above to access LOCCS via the Voice Response System.

8. Notary (signature & date):

7. Approved by: (name & title & SSN)

Office Phone No:

( )

Office Address: (street, city, State, zip code)

Approving Official's Signature & Date:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001 1010 1012, 31 U.S.C. 3729, 38)

Previous editions are obsolete.

form HUD-27054 (8)

Instructions for the  
LOCCS Voice Response Access Authorization  
Security Form

Appendix 14B  
page 2 of 2

1. Type of Function:

- (1) **New User:** User does not currently have a LOCCS user ID.
- (2) **Add/Change:** User has a current user ID -- will be changing the user information or the access privileges currently granted.
- (3) **Reset Password:** will cause the user's password to be reset to a 6-digit random number. The security form will be mailed back to the user to inform him/her of the reset password's value. The user will be required to change the password on the next access to LOCCS.
- (4) **Terminate User:** will immediately terminate the user's access authorizations in LOCCS.

2 a. **User ID:** This block is required to be filled in if the form indicates function 2, 3, or 4 above. This block will be filled in by the LOCCS Security Officer for a "new" ID.

b. **Social Security Number:** Used to preclude duplicate issuance of authorization for the same person. See the Privacy Act Statement on the front of the form.

3. **User Information:** All fields are mandatory. Failure to enter any of these fields may cause the security request to be rejected.

Enter the user's last name, first name, and middle initial. Enter the user's office phone number. Include the area code or indicate FTS. Enter user's office street address, city, state and zip code.

4. **Recipient Organization** for which Authority is being requested. This will identify the organization the user will be representing. Enter the organization's Tax ID and organization name.

5. **Program Authority.** Identify the HUD program(s) this user will be authorized to access for the recipient organization and then enter the corresponding code(s)/name(s).

a./b. Contact your local HUD Field Office for the appropriate 4 character LOCCS Program Area / Name

c. Enter either "Q" for Query only access, "D" for Project Drawdown access, "S" for Project Set-Up access, or "A" for Administrative Drawdown access. Users who select Project Drawdown access, Project Set-Up access, or Administrative Drawdown access will automatically receive Query access. Persons who have Project Set-Up Authority for a given Tax ID cannot also have Project Drawdown Authority for the same Tax ID.

6. **Signature.** The signature for whom access is being requested and the date this authorization was signed.

7. **Approval.** Enter the name, title, social security number, office phone, office address, signature and date of the approving official representing the recipient organization. Approving officials cannot approve themselves for access to the system.

8. **Notary.** Seal, signature and date of the official who notarizes this form.

### Line of Credit Control System (LOCCS)

U.S. Department of Housing and Urban Development  
Office of Information and Policy Systems, AISAO  
451 Seventh St., SW  
Washington, DC 20410-3600

x

Form HUD-27054-A (8/92)

## Appendix 14C

# Instructions for LOCCS Access Authorization Security Form for HUD Staff

**1. Type of Action:**

**New User:** User does not currently have a LOCCS User ID.  
**Add/Change Authority:** User has a current User ID - will be changing the user information or the access privileges currently assigned.

**Reset Password:** will cause the user's password to be reset to a 6-digit random number. A letter will be mailed to the user to inform him/her of the reset password's value. The user will be required to change the password on their next access to LOCCS.

**Terminate User:** will cause immediate termination of the user's access to LOCCS.

**2. Type of User: Identify the user as follows:**

**FO** = Field Office Personnel

**OSS** = Office of Finance and Accounting Systems Staff (HQ only)

**ACH** = Automated Clearing House team in the Office of Finance and Accounting (OFA) Cash & Credit Management Division (HQ only).

**RAD** = Regional Accounting Division or OFA operational area - except for OFA's System Staff or the "ACH" team in OFA's Cash & Credit Management Division

**HQ** = Headquarters Program Personnel

**HAO** = LOCCS Access Approving Official - Line supervisors who authorize their staff to have access to LOCCS.

**RO** = Regional Program Staff

**3-4. Region/Field Office:** Enter numeric region and field office code for the user.

**5. User ID:** Enter your 6-digit LOCCS User ID if you are a current user.

**6-11. Self explanatory / Mandatory.**

**12. Access Requested:** (If the User Type is "HAO," "OSS," or "ACH," skip to items 13-14.)

Enter the 4-character LOCCS Program Area in column 1. Headquarters program staff or OFA Systems Staff will provide you with the appropriate code(s).

Mark, in the appropriate column, the access privileges requested:

Mark "Query" only if no other classification is desired. This will allow the user to query all data for the HUD program within their Field Office, Regional, or Headquarters control.

Mark "Payment/Banking Control Data Entry" if you are a "RAD" type of user, and your job function will be assigning a grant to a Tax ID Number or entering payment/banking data.

Mark "Voucher Entry" if you are a "RAD" type of user, and your job function will be to enter vouchers into LOCCS.

Mark "Verify" if you are a "RAD" type of user, and your job function is to confirm payment/banking data and/or vouchers entered by the RAD.

Mark "Field Office Administration" if you require authority to approve/reject a payment that has been sent by LOCCS to program staff for approval prior to payment. This option will also give the user the ability to record receipt of outstanding program documents/forms, enter program budget data for grants, and record receipt of Section 8 Financial Settlement Reviews.

Mark "Headquarters Administration" if you are an "HQ" type of user and you require access to screens for overall program management.

Request Additional Screen Options if you require screen functions not associated with any access category listed above.

**13. Personnel Office Certification:** Completing this box by the Office of Personnel is mandatory. It must be filled in only by a personnel official. The name, title, and phone number of the personnel officer are required. The personnel official must also record the dates that the NACI clearance was completed and the date the SF-85P was sent to the Inspector General's Office. Failure to obtain a personnel official's signature will result in access being denied.

The LOCCS user must have a "National Agency Check with Inquiry" (NACI) investigation completed before they will be granted any LOCCS access. The LOCCS user will not be able to receive other than "Query" authority, for any program, if they have not completed a SF-85P, Background Investigation form. To be valid at HUD, the clearance contained in the user's personnel file must have been issued by a Federal Agency not more than fifteen (15) years ago. NACI and Limited Background Investigations over 15 years old will not be accepted. If the NACI is over fifteen years old, the Office of Personnel must initiate and receive a new NACI before they can sign this form.

**14. LOCCS Access Authorizing Official:** Mandatory data. Printed name, social security number, title, phone number, and signature of the LOCCS Access Authorizing Official. The approving official should be the supervisor or higher level of manager of the person cited on line 6. The LOCCS Access Authorizing Official must have previously completed a separate LOCCS Access Authorization Security Form (form HUD-27054-A) and have indicated "HAO" as the user type and have filed an SF 85P.

**Privacy Act Statement:** Public Law 97-253, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information which will be used by HUD to protect disbursement data from fraudulent actions. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the SSN. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS.



U. S. Department of Housing and Urban Development  
Washington, D.C. 20410-8000

OFFICE OF THE ASSISTANT SECRETARY  
FOR HOUSING-FEDERAL HOUSING COMMISSIONER

JUL 17 1995

MEMORANDUM FOR: All Grantees in the Fiscal Year 1995  
Comprehensive Housing Counseling Grant Program

FROM: Emelda P. Johnson, Deputy Assistant Secretary for Single  
Family Housing, HS

SUBJECT: Instructions for Requesting Payment of FY 1995  
Housing Counseling Program Funds

The purpose of this letter is to provide all FY 1995 Comprehensive Housing Counseling Grantees with instructions for requesting payment from the Line of Credit Control System (LOCCS) for housing counseling program funds. This letter replaces HOUSING COUNSELING GRANT LETTER No. 1 -- Voice Response System (LOCCS/VRS) for Payment of Fiscal Year (FY) 1994 Comprehensive Housing Counseling (CHC) Vouchers, date January 23, 1994.

The Line of Credit Control System (LOCCS) is a computerized cash management and disbursement system that stores all of the financial information associated with the housing counseling grant program. The Voice Response System (VRS) is the touch-tone phone system through which requests for payment are made and entered into LOCCS. Following the approval of the voucher request by the appropriate field office, the LOCCS system disburses the funds to the grantees financial institution.

Access to the VRS

The following forms must be completed and submitted to HUD regarding the LOCCS system:

- o Direct Deposit Sign up Form - form HUD SF-1199A  
This form identifies the name of the financial institution, bank account number, type of account, and the American Banking Association (ABA) Transit Routing Number, that the Department of Treasury uses to wire funds to a grantee's account. If you are already receiving payments via direct deposit from HUD, you do not need to resubmit this form.

Note: It is crucial that you report any changes of ABA or bank account numbers to your respective GTR immediately to avoid rejection of funds requested due to inaccurate banking information.



## Appendix 14D

- o LOCCS Voice Response Access Authorization form HUD-27054  
The designation shown on this form must be validated by signature of an authorizing official of the grantee and must also be notarized. The official who executes the form may not be the person named on the form for security access. The completion of this form is necessary to receive a user ID for the LOCCS system, unless you were a HUD funded agency in FY '94. If you were funded in FY '94 your user ID will remain the same. Instructions are attached.
- o LOCCS/VRS Request Voucher for Grant Payment, form HUD-27053  
A completed HUD-27053 is required to document the telephone request for drawdown. This form is to be retained in your files and should be available to HUD upon request. Instructions attached.

Note: For local agencies, the direct deposit form HUD-SF1199A and the LOCCS Voice Response Access Authorization form HUD-27054 should both be mailed to your respective housing counseling Field Office Government Technical Representative (GTR).

National/regional organizations must submit these forms to:

U.S. Department of Housing and Urban Development  
Attention: Housing Counseling Staff, Room 9282  
451 7th Street, S.W.  
Washington, DC 20410

To access the VRS you will need the following information:

- o User ID Number and Password  
For newly funded agencies, the user ID and password will be sent to you in the mail by HUD following the updating of information you supply on the LOCCS Voice Response Access Authorization use form HUD-27054. For agencies funded in FY '94, no further action is needed. Use the same ID provided to you for drawdown on the '94 grant.
- o Voice Response Number  
This ten digit voice response number will be mailed to you in accordance with the tax identification number identified on the Direct Deposit Sign-up Form. This number will be sent out automatically by the LOCCS system.
- o Program Area Name which is CHC

- o **Voucher Number**  
The three digit prefix is 066, the other six digits will be provided by the VRS system when you call in. The entire 9 digit number must be recorded on your LOCCS VRS Request Voucher for Grant Payment form HUD-27053. (More explanation on this form will follow.)
- o **Budget Line Item Number's**  
9515 - Capacity Building (first draw, one time only)  
9500 - 95 Counseling Services
- o **VRS Telephone Number is (703) 391-1400**  
This telephone number must be used to request a drawdown from housing counseling funds.
- o **LOCCS Security is (202) 708-0764**  
Should the caller experience any difficulty accessing the VRS.

**IMPORTANT:** After the above information has been entered into VRS DO NOT HANG UP! You must verify the information that you entered to confirm the payment request.

**Drawdowns**

There will be five requests for drawdowns via VRS for FY 1995 funds:

1. The first drawdown will be for capacity building funds only and should be requested immediately. No back-up is required for this drawdown request.
2. The second drawdown should be requested when 25% of the housing counseling services which are connected to the grant have been delivered. Documentation that must be submitted to the GTR for this request is the proof of purchase for the capacity building component; e.g., computer equipment. No back-up is required for counseling services delivered with this draw.
3. The third drawdown should be requested when 50% of the housing counseling services connected to the grant have been delivered, and the Mid-Term Report must have been approved by the GTR for this third request to be approved.
4. The fourth drawdown request should be submitted when 75% of the housing counseling services connected to the grant have been delivered. No back-up is required for approval of this request.
5. The fifth drawdown request should be submitted when all services connected to this grant have been completed. The Final Report must have been submitted, and approved by the GTR, for this fifth and final request to be approved.

## Appendix 14D

Security Issues

It is crucial to the security of the system that each individual who has access to the VRS safeguard his/her security ID and password. Each grantee must ensure that the persons authorized to request payments do not share their security ID's and passwords with each other or with any other person.

A breach in the security system by the grantee that results in a loss to the Government will result in immediate expiration of security ID's and passwords. Depending on the circumstances, such a breach will be treated as an offense under applicable Federal laws which may result in prosecution, fine or other penalty as appropriate. In addition, the government may have cause for remedial action with respect to the Grant Agreement.

In some cases it may be necessary to cancel security ID's because of loss, theft, or change in personnel. A security ID may be immediately canceled by calling the LOCCS security officer at 202/708-0764. This cancellation must be followed up with a revised copy of form HUD-27054 indicating that the user's security access is to be terminated. New security ID's may be requested by resubmitting form HUD-27054 with the appropriate notarized signature of approval.

An initial password will be established for each Security ID by the LOCCS Security Officer at the time the form HUD-27054 is processed. This password should be changed immediately upon receipt by the authorized user to a password which will be known only to them. The new password will be entered by the user through the VRS.

The authorized user must continue to change the password at least every 60 days from the last time a password was established for his/her ID.

If a person has not accessed the VRS within (6) months, the security ID will automatically expire and access will be terminated. Termination of access due to password expiration will require resubmission of form HUD-27054 with the appropriate notarized approval signatures.

Reconciliation of Account Activity

The grantee should receive a monthly statement from its designated financial institution that includes any deposits and canceled checks written against its bank account. This statement should include both deposits made and checks written in connection with the CHC program for any activities performed under the Grant Agreement. This statement may include other deposits and/or checks.

The grantee must account for all CHC related deposits and checks included in the bank statement. Grantees must follow appropriate accounting and financial management procedures as required by OMB Circular A-110 (for non-profit organizations) in connection with grant funds.

#### Return of Funds to HUD

In some cases there will be a need to return funds to HUD for deposit in the Treasury account. This would be necessary if funds are drawn in error, or funds are not used within 15 days from the time they have been deposited into the grantee's account. If this occurs, then funds should be returned to HUD either by check or by electronic transfer. Your Field Office GTR must be notified of this action.

#### Returning Funds by Check

The grantee should indicate the grant number, tax ID number, and CHC voucher number on the check. The cover letter should state that funds are being returned to the Comprehensive Housing Counseling Grant Program and include the grant number and tax ID number. A copy of this letter should be sent to your Field Office GTR.

Checks should be mailed to the following address:

U.S. Department of Housing and Urban Development  
Cash and Credit Management Division  
Attention: Ms. Janice Edwards  
451 7th Street, S.W.  
Washington, D.C. 20410

#### Returning Funds by Electronic Transfer

Electronic transfer of funds to be returned to HUD should be sent to the Treasury under ABA number 021030004 with an Agency Location Code of BNF=/AC-86010300. Attached are instructions for completing a request to transfer funds by wire to HUD. A copy of this attachment should be provided to the financial institution that will be making the electronic transfer for your organization.

#### LOCCS User Guide

Attached to this letter is a copy of the LOCCS User Guide which will give you more information on LOCCS and VRS processing.

If you have any questions or need clarification regarding this memorandum, please contact Bonnie Adkins, on 202/708-0614 ext. 2034.

Attachments



U. S. Department of Housing and Urban Development  
Washington, D.C. 20410-8000

JUL 21 1995

OFFICE OF THE ASSISTANT SECRETARY  
FOR HOUSING-FEDERAL HOUSING COMMISSIONER

MEMORANDUM FOR: All Field Office Housing Counseling Grant  
GTRs/GTMs

FROM: *Emelda P. Johnson*  
Emelda P. Johnson, Deputy Assistant Secretary for  
Single Family Housing, HS

SUBJECT: Guidelines for Monitoring Housing Counseling Grant  
Payment Requests and Obtaining Access to the Line of  
Credit Control System (LOCCS)

The purpose of this Memorandum is to provide all Field Office GTRs and GTMs with monitoring guidelines for approving CHC vouchers, instructions for acquiring LOCCS access, and using LOCCS to approve CHC vouchers.

Monitoring Guidelines

o Receipt and Transmission of LOCCS forms

GTRs are responsible for receiving the following forms from grantees approved for FY 95 funding. Copies of these forms must be filed and retained in the Field. The originals must be forwarded by the GTRs to Headquarters for processing.

o Direct Deposit Sign Up Form - form HUD SF-1199A

This form identifies the name, bank account, routing number and the type of account of the financial institution that will be receiving funds for the grantees.

This form is required only if the funded FY 95 grantee is NOT already receiving funds via LOCCS or if the tax identification number has changed since the FY 94 funding.

Send this form to:

U.S. Department of Housing and Urban Development  
Office of Finance and Accounting  
ATTENTION: ACH Team  
P.O. Box 44816  
Washington, DC 20026-4816

o LOCCS Voice Response Access Authorization form HUD-27054

This form will provide FY 95 funded grantees access to the VRS to request drawdown of program funds.

It is required only if the funded FY 95 grantee does NOT have a current LOCCS user ID and password.

Send this form to:

U.S. Department of Housing and Urban Development  
Office of Information Policies and Systems (AISAO)  
P.O. Box 23774  
Washington, DC 20026-3774

o Voucher Approval

Outstanding voucher requests must be reviewed in LOCCS at least twice a week. Voucher requests should be approved or cancelled upon review based on the following:

**First drawdown (up to \$4,000)**

Requested for capacity building funds only. No documentation is required.

**Second drawdown**

Requested when 25% of the housing counseling services which are connected to the grant have been delivered. Proof of purchase for the capacity building component; e.g., computer equipment must have been received and approved prior to authorizing this request. No documentation regarding counseling services provided is required at this time.

**Third drawdown**

Requested when 50% of the housing counseling services which are connected to the grant have been delivered. The mid-term report must have been received and approved prior to authorizing this request. This report will document counseling services which have been delivered up to this point.

**Fourth drawdown**

Requested when 75% of the housing counseling services which are connected to the grant have been delivered. No documentation is required.

**Fifth drawdown**

Requested when all services connected to this grant have been delivered. The final report must have been received and approved prior to authorizing this request for final payment.

**o Acquiring LOCCS Access**

If you do not have LOCCS access already, complete the following forms and return them immediately to the LOCCS Security Officer at:

U.S. Department of Housing and Urban Development  
Office of Information Policies and Systems (AISA0)  
P.O. Box 23774  
Washington, DC 20026-3774

**Forms Required for Access to LOCCS**

1. Form HUD-27054-A - LOCCS Access Authorization Security Form for HUD Staff. Every GTR and GTM must individually complete this form. A copy is attached for your convenience although it is also available in "HUD Forms" from your "Office Systems" menu in the LAN.
  - a. Box 12 - Insert "CHC" under Program Area and place an "x" under Query and Field Office Admin.
  - b. Box 13 - The Regional Personnel Officer has the dates needed to complete this box. Your Administrative Officer may be able to obtain the dates from the Regional Personnel Officer and then proceed to fill in the dates and sign in the space provided under Box 13.
  - c. Box 14 - Your supervisor will fill in this box.

**Note:** Please instruct your personnel officer to send a copy of the signed form to you in addition to sending the original to Headquarters. This will prevent unnecessary delays if the original signed forms are misplaced or misdirected.

2. Departmental ADP Policy Statements Forms - The GTR and GTM sign and date the forms and send them to the LOCCS Security Officer (Telephone 202-708-0764):

LOCCS users who have Program Area payment review functions must have a limited Background Investigation Level 2A or higher clearance. If this clearance was not granted in the last 15 years, the following forms must be completed and submitted to your personnel office.

## Appendix 14E

4

3. Form HUD SF-85P - Questionnaire for Public Trust Positions
4. SF-87 - U.S. Civil Service' Fingerprint Chart
5. SF-171 - Application for Federal Employment  
(original and 1 copy)

Notification of User IDs and Passwords

Upon receipt of the completed forms mentioned above, the LOCCS Security Officer at Headquarters will provide the User Identification Number (ID) and password to GTRs and GTMs via pouch mail. GTRs and GTMs must activate their User ID and change their initial password within 45 days of their receipt or the User ID will be terminated. The User ID can be reinstated by calling the LOCCS Security Officer at (202) 708-0764 and faxing a HUD-27054-A with the inscription on top: "User ID is to be reinstated".

Change of Designation of GTRs and GTMs

Call the LOCCS Security Officer at (202) 708-0764 to terminate GTRs' and GTMs' access. Follow-up the verbal request with documentation to support the termination.

Lack of Use of LOCCS

If a GTR or a GTM does not access LOCCS for a period of 6 months, the system will automatically terminate the User ID for that person. LOCCS will send a letter to the User after 4 months of non-use advising that access will be terminated within 2 months if not accessed. By using IDs and Passwords, users keep their IDs active and avoid termination.

Security Issues

Never display or divulge your User ID or password to anyone. ALL activity conducted under your ID and password will appear as if it were conducted by you regardless of who uses the ID and password.

Recertification of LOCCS Access

Users must be recertified every six months by the HUD approving (Certifying) Official through the A67MFG report. The HUD Approving Official is the individual that signs box 14 of the from HUD-27054-A. After receiving the recertification report in the mail, the approving official will follow the instructions on the report for recertification of their employees. Failure to recertify will result in the suspension of the GTRs and GTMs access to LOCCS.



Accessing LOCCS on HINET

LOCCS screen usage is restricted to HUD staff who have been approved for access privileges via a LOCCS Access Authorization Security Form. Field Office GTRs and GTMs should contact their respective Automation Technologies Administrator (ATA) for instructions on how to access LOCCS in their office. Accessing LOCCS will vary from office to office depending on how the office's LAN menu is set-up for selection.

Please take the following steps to access the LOCCS sign-on screen. IMPORTANT: LOCCS requires each action to be followed by pressing the XMIT key.

1. Since the LOCCS resides on HUD's "System 2" UNISYS 2200 mainframe computer, access the UNYSIS environment by typing \$\$OPEN TIP2 and the XMIT key after attaining UNYSIS access.
2. Then enter LOCCS and XMIT key
3. At the LOCCS Sign-On screen enter USER ID and PASSWORD to gain access to LOCCS. Enter your six-character User ID and Password as provided in writing by the LOCCS Security Officer. Do not hit the "Enter" key after entering the required information, the cursor will automatically advance to the next field. To move between fields, use the TAB or Arrow keys.

Note: If an error is found, the user has three attempts to re-enter a correct User ID or Password, or to change the Password. After three attempts, the user will be automatically logged off the system.

Accessing the HUD Program Area Main Menu, Review and Approval Screens

Following are the instructions for accessing the screens you will use to review and approve or reject vouchers.

1. Enter CHC at the Program Area Prompt and tab the cursor to the xmit field and enter to move from the Welcome Menu to the individual Program.
2. Enter Q10 in the Option Field of the Program Area Main Menu to determine if there are any voucher requests to be reviewed.
3. Enter V32 in the Option Field to review vouchers for approval or rejection.
  - a. Enter A to approve the voucher for payment
  - b. Enter B to reject the voucher
  - c. Enter M to return to the main menu

4. Enter V31 in the Option Field at the Program Menu to cancel a voucher that was keyed incorrectly by recipients during a VRS session. This does not delete the voucher. However, a reason that the voucher was cancelled must be provided.

5. Enter E in the Option Field of the Program Menu to exit LOCCS.

6. Enter Alt and the F9 key to return to your LAN menu.

These instructions supercede the memorandum dated February 22, 1995, on the same topic. If you have any questions, please contact Bonnie Adkins, on (202) 708-0614, ext. 2034.

# Housing Counseling Activity and Unit Log

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

Appendix 15  
page 1 or 3

OMB Approval No: 2502-0261 (exp. 4/30/98)

ic reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policy and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

**Instructions.** The grantee must use this format or one on which the grantee records at least the same information. Obtain HUD approval for use of an alternative format. Grantees must follow the Grant Instructions regarding Client No. and Unit Claim. The "Unit Claim" box relates only to HUD Housing Counseling Grants for FY94 and earlier. HUD is reviewing the continued use of counseling units for future grants. If more space is needed, use more forms and attach them to the first one. Non-grant agencies may use this form at their option.

Interviewing Counselor's Name:	Client's Name and Address (street, city, State, zip code):
FHA Case No. (if any):	
Interview Date:	
Date Counseling Terminated:	Client Number:

**Client Type:** (check the box that indicates the status of the client when the client entered your workload via a screening interview. These client types correspond to those on form HUD-9902, Counseling Agency Activity Report.)

- |                                                            |                                                           |                                                             |
|------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Homeowner (mortgage paid off)     | <input type="checkbox"/> Mortgagor (mortgage on property) | <input type="checkbox"/> Potential Mortgagor (wants to buy) |
| <input type="checkbox"/> Renter (occupies rental property) | <input type="checkbox"/> Potential Renter (wants to rent) | <input type="checkbox"/> Homeless                           |
| <input type="checkbox"/> Other:(specify)                   |                                                           |                                                             |

**Results of Counseling:** (check the applicable box(es) at the time each result occurs. These results correspond to those on form HUD-9902. You may achieve more than one result for the same client.)

- |                                                                     |                                                          |                                                                               |
|---------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Obtained a HECM                            | <input type="checkbox"/> Brought mortgage current        | <input type="checkbox"/> Forbearance Agreement                                |
| <input type="checkbox"/> Mortgage assigned to HUD                   | <input type="checkbox"/> Executed Deed-in-Lieu           | <input type="checkbox"/> Sold their property                                  |
| <input type="checkbox"/> Mortgage foreclosed                        | <input type="checkbox"/> Rented alternative housing      | <input type="checkbox"/> Purchased housing                                    |
| <input type="checkbox"/> Decided not to purchase                    | <input type="checkbox"/> Occupied "transitional housing" | <input type="checkbox"/> Occupied "emergency shelter"                         |
| <input type="checkbox"/> Occupied permanent housing for handicapped |                                                          | <input type="checkbox"/> Entered public or private sector traditional housing |
| <input type="checkbox"/> Other: (specify)                           |                                                          |                                                                               |

Interviewer's Notes:

Race/Ethnicity:

- |                                                           |
|-----------------------------------------------------------|
| <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Asian / Pacific Islander         |
| <input type="checkbox"/> Black Non-Hispanic               |
| <input type="checkbox"/> Hispanic                         |
| <input type="checkbox"/> White Non-Hispanic               |

Interviewer's Notes:

Appendix 15  
page 2 of 3

**Housing Counseling Activity and Unit Log**  
Use as much space as necessary to record the counseling activity. Begin each new activity in a separate "activity" block.

Housing Counseling Activity and Unit Claim			Client No.
Name			
Date:	Time Start:	Time End:	
Counselor's Initials:	Activity:		
			Unit Claim
Date:	Time Start:	Time End:	
Counselor's Initials:	Activity:		
			Unit Claim
Date:	Time Start:	Time End:	
Counselor's Initials:	Activity:		
			Unit Claim
Date:	Time Start:	Time End:	
Counselor's Initials:	Activity:		
			Unit Claim
Date:	Time Start:	Time End:	
Counselor's Initials:	Activity:		
			Unit Claim

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

**HUD-Approved Housing Counseling Agency  
Biennial Performance Review Annual Report**

Number of agencies reviewed first year of report period:  
Number of agencies reviewed second year of report period:  
Number of agencies NOT reviewed during 2-yr report period:  
Number of agencies on your approved list: 0  
Office: Report Year:

Appendix 16  
page 1 of 5

No.	HUD-Approved Housing Counseling Agency Information  Enter each agency's Name, City, and State. Include the street address and ZIP code only for agencies with the same or similar name.	Initial Approval Date	Last Performance Review Date	Performance Review Results			Conditional Approvals			
				Renewal Approval Date	Conditional Approval Date	Approval Withdrawal Date	Did agency correct deficien- cies?		If "No" in Column 9, did FO/RO withdraw Approval?	
				5	6	7	Yes 8	No 9	Yes 10	No 11
1	2	3	4	5	6	7	8	9	10	11
1										
2										
3										
4										
5										
6										
7										

## INSTRUCTIONS FOR COMPLETION OF FORM HUD-9922

HUD-APPROVED HOUSING COUNSELING AGENCY  
BIENNIAL PERFORMANCE REVIEWANNUAL REPORT

**General Instructions.** The report consists of Form HUD-9922, HUD-approved Housing Counseling Agency Biennial Performance Review Annual Report, and the documentation indicated in the following instructions.

You may complete this report by using the LOTUS file (HUD-9922.WK1) sent to your office via CC:Mail from Headquarters or you may type your entries on the form. A copy of the form was sent to your office with these instructions. You may also print the form from the LOTUS file. By using the LOTUS file, you have a permanent and easily editable list of your agencies for future reports and other purposes. The file form makes five pages available for listing your agencies.

1. This is an annual report that covers a two-year period. This requires you to report performance reviews (or the lack thereof) for the immediate past two years. This is because the reviews are required on a biennial basis. Include in the report **ONLY** the agencies that were on your approved list as of the last day of the two-year period covered by the report.

**EXAMPLE** - When you prepare the report for 1995, you include your performance review activity, or lack thereof, for 1994 and 1995.

**NOTE:** If you conducted more than one performance review for an agency during the two years covered by this report, report only the most recent review.

2. Field Offices submit two copies of their reports to the Director, Single Family Servicing Division in Headquarters, by January 31.
3. In the block " Office" (LOTUS cells F6 and G6) enter the name of your office.

5. In the block "Report Year:" (LOTUS cell M6) enter the four-digit year designation.
6. In the block "Number of Agencies Reviewed First Year of Report Period" (LOTUS cell 02) enter the number of agencies you reviewed during the first year of this two-year report period.

EXAMPLE: In your report covering 1994 and 1995, enter the number of agencies you reviewed during 1994.

7. In the block "Number of Agencies Reviewed Second Year of Report Period" LOTUS cell 03) enter the number of agencies you reviewed during the second year of this two-year report period.

EXAMPLE: In your report covering 1994 and 1995, enter the number of agencies you reviewed during 1995.

8. In the block "Number of Agencies NOT Reviewed During 2-Year Report Period" (LOTUS cell 04) enter the number of agencies for which you DID NOT conduct a review during the two-year period of this report.

EXAMPLE: You are reporting for 1995. Enter the number agencies for which you did NOT conduct a performance review during 1994 and 1995.

9. In block "Number of Agencies on Your Approved List" (LOTUS cell 05) LOTUS enters the zero (0) that appears on the report form because LOTUS automatically totals the entries in cells 02, 03, and 04. If you type your entries on a copy of the form, erase the "0" and enter the number of agencies your office had on its approved list on the last day of the two-year report period. Regardless of whether you use the LOTUS file or type your entries, this number **MUST** correspond to the number of agencies you list in column 2 of the report form.

#### Columnar Instructions

##### Col

##### Explanation of Entries

1 Self-explanatory.



## Appendix 16

- 2 List every agency on your approved list even if you did NOT conduct a performance review for every agency.
- 3 Enter the date of your initial approval of the agency under HUD Handbook 7610.1 REV-3 or one of its earlier versions.

NOTE: Make date entries in the format MMM DD, YYYY

- 4 Enter the date of your most recent performance review of the agency as required by Handbook 7610.1 REV-4. If your office has not conducted a review, enter "None." For each of your agencies, attach one of the following items to your report.
  - a. A copy of Form HUD-9910, Biennial Performance Review of a HUD-approved Housing Counseling Agency, completed for each review indicated in column 4,

OR

- b. An explanation of why the office did not comply with the Performance Review requirements of Handbook 7610.1 REV-4.

NOTE: COMPLETE COLUMNS 5 THROUGH 11 ONLY IF YOU CONDUCTED THE REQUIRED PERFORMANCE REVIEW

- 5 If you re-approved the agency based on your review of its performance, enter the date of the re-approval. Attach to this report a copy of your renewal letter to the agency.
- 6 If you conditionally re-approved the agency based on your review of its performance, enter the date of the conditional re-approval. Attach to this report a copy of your conditional re-approval letter to the agency and the narrative of the findings. See Handbook 7610.1 REV-4 regarding the content of this letter.
- 7 If you withdrew the agency's approval based on your review of its performance, enter the date of the withdrawal. Attach to this report a copy of your withdrawal letter.

NOTE: COMPLETE COLUMNS 8 THROUGH 11 ONLY IF YOU CONDITIONALLY RE-APPROVED THE AGENCY.

- 8 If the agency corrected, within the time frame you allowed, the deficiencies you identified in your performance review, check this column.

## Appendix 16

- 
- 9 If the agency did NOT correct the deficiencies within the time frame you allowed, check this column.
- 10 If you checked "NO" in column 9, check box 10 if your office withdrew its approval of the agency.
- 11 If you checked "NO" in column 9 but did not withdraw the agency's approval, check box 11. If you check box eleven, attach to this report a written explanation about why you did not follow the procedures in 7610.1 REV-4 to withdraw the approval.

## Appendix 17

# Homeownership Counseling Certification Pre-foreclosure Sale Procedure

U. S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

ATTACHMENT B

OMB Approval No. 2502-0464

Public reporting burden for this collection of information is estimated to average .05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policy and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0464), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Every participant in the Pre-foreclosure Sale (PFS) procedure must sign a certification that he or she has received homeownership counseling before a proposed pre-foreclosure sale transaction can be approved. By signing this form, you certify that you have received information regarding options and alternatives that you may be entitled to, or which may be available to you -- other than the sale of your property to a third party -- to avoid foreclosure. It is important that you, the homeowner, make an informed decision about whether to pursue a pre-foreclosure sale. Finally, you must understand that the pre-foreclosure sale must be an "arm's length" transaction -- the buyer cannot be a family member, business associate or other "favored party," and the real estate broker cannot share a business interest with the mortgagee. No hidden terms or special understandings can exist between seller or buyer and the appraiser, sales agent or mortgagee.

Certification: This will certify that I/we, the undersigned homeowner(s) have received homeownership counseling from a housing counseling agency approved by the Department of Housing and Urban Development (HUD), from the mortgagee or from a HUD staff member. The counseling included a description of the available rights and options at the time the counseling was provided. The intent of the counseling has been to encourage the homeowner to decide on a particular objective -- in dealing with the mortgage default -- from among the available courses of action. The homeowner can then follow up on this decision by choosing certain steps intended either to avoid foreclosure and/or to retain possession of the property. If a pre-foreclosure sale results, I/we understand that it must be an "arm's length" transaction -- the buyer cannot be a family member, business associate or other "favored party." No hidden terms or special understandings can exist between seller or buyer and the sales agent, appraiser or mortgagee.

Homeowner's Signature & Date	Homeowner's Signature & Date
X	X
Name & Agency of Party Providing Homeownership Counseling	Signature of Official & Date
X	X

## Waiver of Right to Apply for Assignment of Mortgage

The Pre-foreclosure Sale procedure is an option for which you may qualify if you meet certain criteria. It is separate from other procedures that you might choose to follow in order to keep your home and avoid foreclosure of your mortgage.

One of these other procedures is known as the Mortgage Assignment Program. Every homeowner with an FHA-insured mortgage has the right to apply for assignment of their mortgage to HUD at a time when they have fallen at least three mortgage payments behind. To be accepted into the Assignment program, applicants must document that their mortgage default was caused by circumstances beyond their control, and also demonstrate that a reasonable prospect exists that they will be able to resume making their regular mortgage payments within 36 months of entering the program. HUD takes over the mortgage and becomes the new "lender" for people who are accepted.

Before a homeowner can be considered for the Pre-foreclosure Sale procedure, he or she must either waive the right to apply for mortgage assignment, or have been turned down for

assignment by HUD. If you are not sure whether you want to give up the right to apply for mortgage assignment, or if you have other questions about how the Assignment Program works, do not sign this waiver. Contact a HUD-approved Housing Counseling Agency or your local HUD Office by making a commitment to a particular method of dealing with your mortgage or financial problems. If you give up the right to apply for assignment, it will only be effective if you are permitted to participate in the Pre-foreclosure Sale procedure.

## Waiver

This will certify that I/we the undersigned homeowner(s) agree to waive (give up) the right to apply to the Department of Housing and Urban Development for assignment of the mortgage identified by the FHA Number above. This decision affects rights arising from the homeowner's present mortgage default only, and is effective only if I am permitted to participate in the Pre-foreclosure Sale procedure. It has been made freely and after consideration of the available courses of action that might be available for avoiding foreclosure and/or retaining ownership of the mortgaged property.

Print Name	Print Name
Homeowner's Signature & Date	Homeowner's Signature & Date
X	X

Form HUD-90038

**HUD-APPROVED HOUSING COUNSELING AGENCY  
TRAINING NEEDS SURVEY**

Before you complete this form, please read paragraph 2-10 of the Housing Counseling Program Handbook 7610.1 REV-4. It contains background information for completion of this form.

Each HUD-approved housing counseling agency is asked to complete this optional form even if the agency does not wish to report any HUD-program training needs. If your agency is not requesting such training, please check this box [ ], enter your agency's name and address, and mail the form to: (HUD Office: Enter your complete address in this space.)

Agency name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

**USE THE BACK OF THIS FORM OR ATTACH ADDITIONAL PAGES IF NECESSARY TO SUBMIT ALL INFORMATION.**

1. List the HUD programs for which you request training. Please use specific HUD program designations.
  
  
  
  
  
  
  
  
  
  
2. Indicate the number of persons from your staff for whom you request training and whose expenses you will underwrite. Indicate their titles. (All training takes place at the HUD office address indicated above with the exception explained in the next paragraph on page 2 of this appendix.)
  
  
  
  
  
  
  
  
  
  
3. The availability of limited travel funds and travel time

Appendix 18

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to HUD staff will severely restrict the possibility that HUD might conduct training at locations other than the HUD office. A HUD-approved housing counseling or a group of such agencies may propose to underwrite all of the costs of HUD staff participation.

The agency(ies) interested in paying these costs should obtain HUD approval for such arrangements prior to arranging the training. You may use the space below to set forth your offer to pay HUD's expenses and state your request that HUD approve such arrangements

Check this box [ ] if this is a request for a group of agencies.

**HOUSING COUNSELING PROGRAM****HUD REPORT OF  
TRAINING NEEDS SURVEY AND PROVISION OF TRAINING**

Before completing this form, please read paragraph 2-10, Training, of Housing Counseling Program Handbook 7610.1 REV-4. It contains additional information.

Each HUD Office must complete this form and submit it to the Single Family Director no later than October 30 of each year.

HUD Office:

Date

Name, Title, and Signature of person approving this report.

1. Fiscal Year Covered by this report:
2. Date on which your office sent the training survey request to its HUD-approved housing counseling agencies:
3. Number of agencies surveyed:
4. Number of agencies that responded to the survey with:
  - a. Requests for training:
  - b. No requests for training:Total number of responses:
5. Number of agencies that did NOT respond:
6. Information on training the office provided based on the survey:
  - a. Date(s):
  - b. Location(s):
  - c. HUD Programs Covered:  
(leave sufficient space)

**NOTE:** If the office did NOT provide training in response the survey responses, on separate attached pages

provide a justification for not providing the training.

- d. Number of agencies participating:
- e. Number of individuals participating:
- f. Names and addresses of agencies, if any, that requested training but did not participate (Provide this information on separate attached sheets and check this box ☐ if you attach such sheets.
- g. In a brief statement on attached separate sheets, evaluate the training in relation to (1) the participants need for the training and (2) whether you think the participants benefitted from the training.

Form HUD-9923. Ref: Handbook 7610.1 REV-4 (07/95) - Report for Field Offices: \_\_\_\_\_ for FY 199\_. See Instructions in WPS.1 file 9923INSTR.UCT.

		Clients Counseled This Report Period											
No.	Counseling Agency Name, City and State	1		2		3		4		5		6	
		All	Grant	All	Grant	All	Grant	All	Grant	All	Grant	All	Grant
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Column No.		1	1	2	2	3	3	4	4	5	5	6	6
Totals		0	0	0	0	0	0	0	0	0	0	0	0



Print Range: A1..AD40					Results of Counseling Homeowners						Results of Counseli									
7 All	7 Grant	8 All	8 Grant	No.	9 All	9 Grant	10 All	10 Grant	11 All	11 Grant	12 All	12 Grant	13 All	13 Grant	14 All	14 Grant	15 All	15 Grant		
				1					0 0											
				2					0 0											
				3					0 0											
				4					0 0											
				5					0 0											
				6					0 0											
				7					0 0											
				8					0 0											
				9					0 0											
				10					0 0											
7	7	8	8		9	9	10	10	11	11	12	12	13	13	14	14	15	15		
0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Report 7610 1 BRY-4 (07/95) - Report for Field Office:

[illegible]

**Form HUD-9923. Ref: Handbook 7610.1 REV-4 (07/95) - Report for Field Office:**

[illegible]

Results of Counting the Homeless										Print Range: DC1..E040		Race/Ethnicity					Total Amount Invoiced for all Grants	Total Number of Clients	Tot Num of Grts	No.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
35 All	35 Grant	36 All	36 Grant	37 All	37 Grant	38 All	38 Grant	39 All	39 Grant	AmerInd Alaska Native	Asian Pacific Island	Black non- Hispan	Hispan- ic	White non- Hispan																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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**HOUSING COUNSELING ACTIVITY SUMMARY REPORT****Form HUD-9923 - Instructions**

Paragraph 4-10 of Housing Counseling Handbook 7610.1 REV-4 dated July, 1995, sets forth the Field Office reporting requirements relating to Form HUD-9923. See paragraph 4-9 of 7610.1 REV-4 regarding revised Form HUD-9902, **Housing Counseling Agency Fiscal Year Activity Report**, that Field Offices must use to create their **Housing Counseling Activity Summary Report** on Form HUD-9923. HUD-approved Housing Counseling Agencies must use form HUD-9902 dated 5/95. Earlier versions of HUD-9902 are obsolete and cannot be used to create the summary reports on HUD-9923. The fiscal year covers the period October 1 through September 30.

Form HUD-9923 is a LOTUS spreadsheet sent to the field via CC:MAIL under file name HUD-9923.WK1. For this reason the file was not printed and distributed in the usual manner. To retrieve and use the file you must use LOTUS software. Although you can print the file and make entries manually, if you use LOTUS it will automatically calculate the total entries for columns.

***LOTUS file HUD-9923.WK1 is a LARGE file!***  
***You need a hard drive or a high density***  
***diskette for copying the file from CC:MAIL.***  
***Your computer will require several minutes***  
***to copy or retrieve the file. Please be patient.***

With the exception of the "Race/Ethnicity" data on Form HUD-9902, the columnar headings in HUD-9923 correspond to the line entries on HUD-9902. The Race/Ethnicity data columns appear as the far-right columns on Form HUD-9923. LOTUS calculates the entries in the "Totals" row at the bottom of each page. The totals are cumulative from one page to the next.

The LOTUS file contains three pages that allow entries for thirty HUD-approved housing counseling agencies--10 per page. This limitation is based upon the fact that the memory capacity of some personal computers now available in the field will not handle a larger file. An office with more than thirty agencies must create additional LOTUS files to handle agencies beyond the initial thirty. This will also require that office to enter the following "Brought Forward" data from their first and subsequent LOTUS files onto the first blank row on the additional LOTUS files before you enter data for the remainder of your agencies.

1. In the counseling agency name column enter the following on line No. 1:  
"Totals brought forward from previous LOTUS file"
2. In columns 1 through "Total Amount Invoiced for All Grants" enter "Totals" row entries from the third (final) page of the previous LOTUS file.
3. Renumber the entries in the "No." column so the entries are numbered sequentially beginning with "1" on the first page.

## Appendix 20 - Instructions

The print ranges for each section of the file appear under the header "Printing the File" on the last page of these instructions.

In the blank spaces in the **HEADER** (See Print/Options in LOTUS), enter your Field Office Name and the Fiscal Year covered by the report.

**Column****Description / Instruction**

**No.** The number for each of the HUD-approved housing counseling agency entries. **FIRST**, enter data from agencies submitting HUD-9902. **SECOND**, enter the name, city and State of the agencies from which you **DO NOT** receive a HUD-9902. For these latter agencies, leave the statistical columns blank.

**Agency** For each of your agencies, enter name, city and State on two lines. Abbreviate where necessary.

**1 - 39** These column numbers correspond to the line-entry items on Form HUD-9902, **Housing Counseling Agency Fiscal Year Activity Report (5/95)**. "All" corresponds to the "All Counseling Activities" column on HUD-9902. "Grant" corresponds to the "HUD Grant Activities" column on HUD-9902. Enter data **ONLY** in the second cell from the top of each block. Enter zeros (0) where an agency reports no activity. See next description/instruction.

**8, 11, 21,  
25, 25 29, 33  
39** Do NOT enter data in these Total columns. They are "Total" entries automatically calculated by LOTUS. If an agency entered a miscalculation and on HUD-9902, LOTUS will enter the correct calculation for each of these columns.

**\*Total Number** Enter the number of grants. For example, if an agency lists two (2) grants in the "HUD Grant No. From Block 3, Form HUD-1044" column, enter a Grants2 in the "Total Number of Grants" column. Do NOT enter the HUD-assigned grant number.

**\*Total Num. of Clients** Enter the total of the entries in the "Number of Clients" column on HUD-9902.

**\*Total Amt. Invoiced for All Grants** Enter the total of the entries in the "Amount Invoiced" column on HUD-9902.

\* from the "HUD Grant Activity - Summary Data" box on HUD-9902

**Race/Ethnicity** In these five columns, enter the corresponding data from lines 8a through d on Form HUD-9902. Headers for these HUD-9923 columns are abbreviated.

See paragraph 4-10 in 7610.1 REV-4 for instructions regarding submitting your summary report to Headquarters. When you send your LOTUS file to Headquarters via CC:Mail change the file name so it will identify your office.

## Appendix 20 - Instructions

1. If you enter all of your agencies within the 30 entry rows on the file, here are examples of how to change the file name. Albany will change the file name "HUD-9923.WK1" to "ALBA9923.WK1"; Houston to "HOUS9923.WK1"; Los Angeles to "LOSA9923.WK1". You **MUST** retrain ".WK1" as part of the file name for LOTUS to recognize it as a LOTUS file.
2. If you require additional copies of the file to enter more than 30 agencies, here is an example of how to change the files' names. Philadelphia will change the file names to "1PHI9923.WK1" for its first file and "2PHI9923.WK1" for its second file and so forth.

### PRINTING THE FILE

For printing purposes, each of the three pages of the file consists of four LOTUS print ranges. Your office's printing requirements depends upon how many HUD-approved counseling agencies you enter on the file:

- 1 to 10 agencies: page 1
- 11 to 20 agencies: pages 1 and 2
- 21 to 30 agencies: pages 1 through 3
- 31 or more agencies: see earlier instructions in the last paragraph starting as "The LOTUS file . . ." on page one of these instructions.

**Print Ranges.** Because of the size of the report, you must print it by section. The print range for each section of the report appears in the column header boxes of each section and in the table below.

Use the following LOTUS print ranges to print the sections of the report. You must use paper size 8 1/2 by 14 inches in the landscape mode with compressed printing (16.5 or 17 cpi). Each section requires a full page for printing.

Section	Page 1	Page 2	Page 3
1	A1..AD40	A42..AD81	A83..AD122
2	AB1..BS40	AB42..BS81	AB83..BS122
3	BQ1..DE40	BQ42..DE81	BQ83..DE122
4	DC1..EO40	DC42..EO81	DC83..EO122

If you need assistance using the LOTUS file, including printing the file, please consult with your Administrative Officer. If you cannot find local assistance, please contact the Office of Administration in your State Office.

9923INST.RUC

7610.1 REV-4

For use by HUD Field Office Staff

Appendix 21

## HOUSING COUNSELING PROGRAM

Applications for Approval as a  
Housing Counseling Agency  
under Handbook 7610.1 REV-4

### Processing Log

Applicant  
Name \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

Prepare and maintain a separate log for each applicant agency. Record dates and summary of activity by HUD or the Applicant. Begin with your first contact with the applicant agency.

Date	Activity	HUD Staff Name



Reproduce this page as needed.

[illegible]



U. S. Department of Housing and Urban Development  
Washington, D.C. 20410-8000

October 18, 1993

OFFICE OF THE ASSISTANT SECRETARY  
FOR HOUSING-FEDERAL HOUSING COMMISSIONER

MORTGAGEE LETTER 93-33

TO: ALL APPROVED MORTGAGEES

ATTENTION: SINGLE FAMILY SERVICING MANAGERS

SUBJECT: Waiver of Prepurchase Housing Counseling Requirement  
under Section 506 of the Housing and Community  
Development Act of 1992

In accordance with the waiver provision of Section 506 of the Housing and Community Development Act of 1992 (HCD), HUD hereby waives the applicability of Section 506 pending the completion of implementing regulations.

Section 506 amends Section 203(b)(2) of the National Housing Act (12 U.S.C. 1709(b)(2)). The amendment prohibits the Secretary from insuring or entering into a commitment to insure a mortgage for a first-time homebuyer involving a principal obligation in excess of 97 percent of the appraised value of the property unless the prospective homebuyer "has completed a program of counseling with respect to the responsibilities and financial management involved in homeownership." The principal obligation includes initial service charges, appraisal, inspection, and other fees approved by the Secretary.

The effective date provided in Section 506 was to be twelve months after passage of the HCD Act on October 28, 1992. However, before the Department can implement this provision we must, among other things, establish minimum requirements for the required "program of counseling," and publish regulations.

When we are ready to implement Section 506, we will notify you by a Mortgagee Letter.

Sincerely yours,

Nicolas P. Retsinas  
Assistant Secretary for Housing-  
Federal Housing Commissioner



**Handbook**

**8000.1 REV-1**

U.S. Department of Housing and Urban Development  
Washington, D.C. 20410

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## **Departmental Staff**

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November 1980

# **Fair Housing and Equal Opportunity Complaint and Compliance Review Reporting and Control Procedures**

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CHAPTER 1. GENERAL

- 1-1 PURPOSE. The purpose of this Handbook is to set forth the reporting and control procedure for all HUD Fair Housing and Equal Opportunity (FHEO) complaints and compliance reviews which will accommodate Headquarters, Regional, Area and Service Office needs for a uniform means of receiving, recording and controlling complaints and compliance reviews and reporting actions taken during the processing of complaints and compliance reviews.
- 1-2 APPLICATION. The following procedure applies to all Fair Housing and Equal Opportunity complaints and compliance reviews under the jurisdiction of the Assistant Secretary for Fair Housing and Equal Opportunity, including complaints filed with HUD pursuant to Title VI of the Civil Rights Act of 1964, Section 109 of the Housing and Community Development Act of 1974, Title VIII of the Civil Rights Act of 1968, Section 3 of the Housing and Urban Development Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and HUD contract provisions involving civil rights or equal opportunity considerations.
- 1-3 RESPONSIBILITY
- a. Headquarters. The Fair Housing and Equal Opportunity Office of Management and Field Coordination is responsible for the development and implementation of the reporting and control procedure for Headquarters, Regional, Area and Service Offices. That office will also analyze Regional Office reporting and control operations and provide needed instructions and guidance with respect to this reporting and control procedure.
  - b. Regional Office. The Director, Office of Regional Fair Housing and Equal Opportunity (Hereinafter referred to as Director, Regional FHEO) is delegated responsibility to administer the reports and control procedure within the Regional Fair Housing and Equal Opportunity Offices to insure that complete, appropriate and timely information is furnished to the Regional Fair Housing and Equal Opportunity Program Management and Control Officer. The Program Management and Control Officer is responsible for implementation and supervision of the procedure. In those offices where Program Management and Control Officers are not assigned, the Director, Regional FHEO will designate a staff member to perform this function and notify the Assistant Secretary for Fair Housing and Equal Opportunity of such designation. It is the responsibility of the Program Management and Control Officer or his designee to

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review logs to insure data reflecting each action taken on the complaint or compliance review as submitted to the Program Management and Control Officer is recorded on the appropriate log.

Actions taken on complaints and compliance reviews are to be reported to the Program Management and Control Officer as each of these actions occurs.

- c. Area and Service Offices. The Fair Housing and Equal Opportunity staff of these offices shall refer promptly all complaints to their Director, Regional FHEO. If an Area Office Fair Housing and Equal Opportunity staff member is assigned a complaint or compliance review at the direction of the Regional Office, it is the duty of the Program Management and Control Officer or designated representative to insure that all actions taken on such complaint or compliance review are recorded on the appropriate log as these actions occur.



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CHAPTER 2. SUBMISSION REQUIREMENTS AND GENERAL INSTRUCTIONS

- 2-1 REPORT SUBMISSION REQUIREMENTS. Each Fair Housing and Equal Opportunity Office shall submit to the Headquarters Fair Housing and Equal Opportunity Office of Management and Field Coordination by the 10th day of each month two (2) copies of the logs described herein. These logs as submitted will be input to the automated Complaint and Compliance Review System (CCRS). All logs shall be maintained on a current basis so that the exact status of each complaint and compliance review is indicated. Accordingly, preparation of the monthly submissions should require little special effort if entries are recorded on the logs as each of these actions occurs.
- 2-2 GENERAL INSTRUCTIONS. Detail instructions for the completion of each individual log are contained in this handbook as follows;

<u>Chapter</u>	<u>Authority</u>	<u>Form Number</u>
3	Title VIII EO 11063 AFHM Regulations	930.1A 930.1B
4	Title VI Section 109	930.2
5	Equal Employment Opportunity Contract Clause	930.3
6	Section 3	930.4
7	Section 504 (temporary manual system - see chapter 7 for general instructions)	930.5
8	State/Local Referral Agency Activity	948

The following general instructions are applicable to the 930.1A, 930.1B, 930.2, 930.3, and 930.4.

When a complaint is received or a compliance review is opened, the following descriptive items shall be recorded on the logs as applicable: file number, date received or opened, complainant and respondent identification, State and County, issue, program, basis, date of violation, EO Specialist assigned, and specifically for compliance reviews the determination code, date of last review, and

file number of initiating complaint. Then, as each milestone action is completed the date of completion shall be entered in the appropriate column.

Finally, when a complaint or compliance review is closed, the date of closure and appropriate closing code shall also be entered on the log. Note that under this system there is no separate closing log and, therefore, no need to transfer closure information to another document.

All entries will be keyed from the original source documents to convert the information into machine readable form. Consequently, it is necessary to identify precisely what information should be keyed in a given month's submission. To properly identify this information the following procedures shall be followed.

- a. Additions. When a complaint or compliance review is recorded for the first time, enter "A" in the left margin in red. This will cause all entries pertaining to the complaint or compliance review to be entered into the system.
- b. Changes. To identify completed milestone actions, the entry of any other new data, or changes to data previously submitted, (1) enter "C" in the left margin in red; (2) circle in red the file number of the complaint or compliance review; and (3) circle in red all new and/or changed items. This procedure also applies to the deletion of items with the exception of the file number. If it becomes necessary to change the file numbers this procedure may not be used. Instead, to effect a file number change, the old case must be deleted and the new case entered as an addition.
- c. Deletions. To delete a complaint or compliance review from the system enter "D" in the left margin in red and circle in red the file number of complaint or compliance review.

In submitting each month the two (2) required copies of the logs it is necessary to submit one (1) copy with all annotations in red. The second copy may be a zerox copy. The first copy with the red annotations will be the copy used to convert the data into machine readable form.

The above instructions do not apply to the HUD 948, the State/Local Referral Agency Reporting Form. As indicated in more detail in Chapter 8, the 948 is the vehicle on which a referral agency records complete information concerning its processing

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of a Title VIII complaint. After referral agency processing of a complaint is completed and the case is recorded as closed on the 930.1A, the completed 948 form is to be submitted to Headquarters in duplicate. Because this form is submitted after a complaint is closed, there should be no need to change entries previously recorded.

CHAPTER 3. STATUS SUMMARY LOGS  
TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968;  
AFFIRMATIVE FAIR HOUSING MARKETING REGULATIONS;  
EXECUTIVE ORDER 11063

3-1 Applicability. The following applies to the status summary log for complaints and the status summary log for compliance reviews under the following authorities:

- a. Title VIII of the Civil Rights Act of 1968
- b. Affirmative Fair Housing Marketing Regulations
- c. Executive Order 11063

The HUD 930.1A shall be used to record the status of all complaints processed under any of the above listed authorities; the HUD 930.1A shall be used to record the status of all compliance reviews conducted under any of the above listed authorities. These logs shall be maintained on a current basis in each Regional Fair Housing Equal Opportunity Office in order that the exact status of a complaint or compliance review can be determined at all times by the Director, Regional FHEO.

3-2 General Description. The HUD 930.1A shall contain identification and status information on Title VIII and EO 11063 complaints. In general, the HUD 930.1A contains a unique case identification code (file number), information describing the allegation, and critical milestone actions associated with proper handling of complaints under these authorities. In addition to providing for the dates of milestone and other activities, the HUD 930.1A provides for milestone and other codes, where relevant, which further describe or identify the result or outcome of a particular action. A unique feature of the HUD 930.1A is the inclusion of a Special Indicator as the last (13th) position of the file number. This one position data item shall be used to provide information on repeated offenders and processing of previously closed complaints. Note also that the milestone actions associated with State and Local Agency referrals under HUD's Substantial Equivalency Regulation are monitoring type activities to be carried by the the Regional Fair Housing Equal Opportunity Compliance Staff. They do not represent the critical actions by State and Local Agencies in their processing of Title VIII complaints. See Chapter 8 of this document for a description of the information gathering and reporting procedures applicable to State and Local Agency processing of Title VIII complaints.

The HUD 930.1B shall contain identification and status information on compliance reviews conducted under the authorities of Title VIII, Affirmative Fair Housing Marketing, and EO 11063. In general, the status summary log for compliance reviews contains a unique case identification code (file number), identification of the respondent or recipient including the program through which he is funded, if applicable, and critical milestone actions associated with the conduct of a compliance review. The HUD 930.1B also contains a Special Indicator as the last (13th) position of the file number. This one position data item on the HUD 930.1B shall be used to provide linkage information between a compliance review and the complaint which gave rise to conduct of the review.

3-3 Instructions for Completion of the HUD 930.1A.

- a. File Number. The file number is used to uniquely identify a complaint in addition to providing information on repeated offenders and reopened complaints. The file number is composed of thirteen (13) digits as follows:

(1) Region Code (Positions 1 - 2)

Two digit number from 01-10 to identify Region in which case is received.

(2) Fiscal Year (Positions 3 - 4)

Fiscal Year of the date of receipt of a verified complaint.

(3) Calendar Month (Positions 5 - 6)

Calendar Month of the date of receipt of a verified complaint.

(4) Serial (Positions 7 - 9)

Unique three digit number assigned chronologically within fiscal year by date of receipt of a verified complaint.

(5) Authority (Positions 10 - 12)

Three digit number which identifies a complaint and the Federal law or HUD regulation under which it is processed.

Below are listed the valid law codes:

<u>Code</u>	<u>Description</u>
200	Title VIII Complaint
260	Executive Order 11063 Complaint

(6) Special Indicator (Position 13)

One (1) digit number which indicates (1) whether or not the complaint is a reopened complaint under the same law; (2) if a complaint was originally referred to State/Local Agency and later recalled; or (3) if the complaint represents a multiple complaint against the same respondent (repeater data). If the complaint is not a reopened complaint and is not a case of a "repeated offender," position thirteen (13) should be left blank. Otherwise, position thirteen (13) should be coded as follows:

- One (1) - if a reopened complaint previously closed by HUD-FHEO activity.
- Two (2) - if a reopened complaint previously recorded on 930.1A as closed by State or Local Agency activity.
- Three (3) - if a second, third, fourth, etc., complaint while respondent is under the terms of a conciliation agreement.
- Four (4) - if a second, third, fourth, etc., complaint and respondent has been party to a conciliation agreement within the previous two (2) years but is not currently under terms of a conciliation agreement.
- Five (5) - if a second, third, fourth, etc., complaint not qualifying under code 3 or 4 above.
- Six (6) - if a complaint originally referred to State/Local Agency and later recalled to be processed by HUD.

NOTE: If codes 3, 4, or 5 above are placed in position thirteen (13) of the file number, the first twelve (12) digits of the file number (excluding the special indicator) of the earliest known complaint against this respondent should be entered on the log as the information item described as file number of previous complaint which immediately precedes name of EO Specialist assigned.

- b. Received. Date of receipt of a verified complaint under the authority of Title VIII, or EO 11063. Note that this and all succeeding dates shall be calendar dates entered in a six-digit format indicating year, month and day. For example: December 25, 1975 shall be entered as 751225.
- c. Closed. Date on which the case is considered closed by the Director, Regional Fair Housing and Equal Opportunity.
- d. Closing Code. Four digit numeric code which provides for the recording of three separate and distinct information items relative to the complaint closure. Specifically, digit one (1), the leftmost digit indicates by whom the case was processed. Digit two (2), from left to right, indicates the last stage of processing completed prior to complaint closure. The last two digits - digits 3 and 4 indicate why the case was closed, final action recommended by Director, Regional FHEO and in the case of conciliation activities, the results of such efforts. Below are listed the valid closing codes for each of the three categories of information:

Primary Category (Digit One (1), from left to right)

<u>Code</u>	<u>Description</u>
1000	HUD-FHEO Closure
2000	State Agency Closure
3000	Local Agency Closure
4000	HUD-FHEO Closure Utilizing Accelerated Processing Procedures

Secondary Category (Digit Two (2), from left to right)

<u>Code</u>	<u>Description</u>
0100	After commencement of preliminary complaint analysis but prior to assignment to investigation.

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<u>Code</u>	<u>Description</u>
0200	After assignment to investigation but prior to commencement of investigation.
0300	After commencement of investigation but prior to completion of investigation.
0400	After completion of full investigation (FIR submitted) but prior to determination.
0500	After completion of limited investigation activity (No FIR submitted) but prior to determination
0600	After determination but prior to commencement of conciliation activities - full investigation, FIR submitted.
0700	After commencement of conciliation activities but prior to completion of conciliation - full investigation, FIR submitted.
0800	After completion of conciliation activities - full investigation, FIR submitted.

Tertiary Category (Digits three (3) and four (4) from left to right)

<u>Code</u>	<u>Description</u>
0011	Dismissed for lack of jurisdiction.
0012	Case transferred to Title VI.
0013	Case transferred to EO 11063.
0014	Case transferred to other appropriate HUD authority (not Title VI or EO 11063).
0015	Transferred to other region.
0016	Title IX complaint, referred to Justice.
0021	Unable to locate complainant.

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<u>Code</u>	<u>Description</u>
0022	Complainant failed to furnish requested information.
0023	Complaint withdrawn by complainant without resolution.
0024	Complaint withdrawn by complainant after resolution.
0025	Complainant plans court action and requests closure.
0026	Unable to identify respondent.
0031	Allegation not supported (determination not to resolve).
0041	Referred to Headquarters with recommendation for referral to Justice for possible pattern or practice.
0042	Referred to Headquarters with recommendation for referral to Justice for other appropriate action.
0043	Referred to Headquarters for other appropriate action.
0051	Conciliation unsuccessful - complainant plans court action.
0052	Conciliation unsuccessful - submitted to Headquarters with recommendation for referral to Justice.
0053	Conciliation unsuccessful - action initiated under other law or HUD regulation.
0054	Conciliation unsuccessful - no further action taken.
0055	Conciliation successful - written agreement with follow-up reporting requirement.
0056	Conciliation successful - written agreement with no follow-up reporting requirement.
0057	Conciliation successful - no formal agreement but with follow-up reporting requirement.
0058	Conciliation successful - no formal agreement and no follow-up reporting requirement.

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- e. Relief. One digit numeric code to indicate existence and type of relief obtained by the complainant as a result of case processing. Below are listed the valid relief codes:

<u>Code</u>	<u>Description</u>
0	No relief obtained.
1	Housing only (contested or next available unit for complainant).
2	Housing only (assigned to other minority).
3	Affirmative Action only.
4	Other relief.
5	Housing and Affirmative Action.
6	Housing and other relief.
7	Affirmative Action and other relief.
8	Housing, Affirmative Action and other relief.

- f. Compensation Awarded. Six digit numeric item to contain dollar amount of award to complainant. Enter dollars only, do not enter cents. Leading zeroes must be entered when an amount is less than six (6) digits. For example: \$250.00 should be entered as 000250.
- g. Complainant. Last name and initials of the complainant. (Note that 25 positions of name fields will be input to the automated complaint and compliance system).
- h. Respondent. Last name and initials of the respondent if an individual; if not an individual, enter other appropriate identification. Care should be taken to consistently record the identification of the same respondent in exactly the same manner as previously recorded. This is necessary to facilitate retrieval of multiple offender information.
- i. State/County. Five digit code to identify location of the incident giving rise to the alleged violation. The valid two digit state codes and three digit county codes are included in the HUD Handbook of Codes 2160.4B and as Appendix 6 of this document.
- j. Basis. Two digit numeric code to indicate the basis of the complaint. The valid bases for Title VIII complaint are: race, color, religion, national origin, and sex.

The valid bases for EO 11063 complaints are: race, color, religion, and national origin. Below are listed the valid basis codes:

<u>Code</u>	<u>Basis</u>	<u>Major Category</u>	<u>Sub-Category</u>
10	Race	White (Not of Hispanic Origin)	N/A
20	Race	Black (Not of Hispanic Origin)	N/A
30	Race	American Indian or Alaskan Native	
31			Aleut
32			Eskimo
40	Race	Hispanic	
41			Cuban
42			Mexican
43			Puerto Rican
50	Race	Asian or Pacific Islander	
51			Chinese
52			Filipino
53			Hawaiian
54			Japanese
55			Korean
56			Micronesian
57			Polynesian
70	<u>1/</u> Sex	Sex	
71			Male
72			Female
75	Color	Color	N/A
77	National Origin	National Origin	N/A
80	Religion		
81			Catholic
82			Protestant
83			Jewish
84			Moslem
85			Hindu
86			Buddhist
87			Other

1/ For use with Title VIII complaints only.

- k. Issue. Three digit numeric code to identify the major primary issue involved in the allegation. Below are listed the valid issue codes:

<u>Code</u>	<u>Description</u>
300	Discriminatory refusal to sell
310	Discriminatory refusal to rent
320	Discriminatory advertising
330	False representation
340	Blockbusting
350	Discriminatory financing
360	Discriminatory brokerage service
370	Discriminatory membership
380	Discriminatory terms and conditions
390	Failure to comply with Poster Regulations
400	Failure to comply with Advertising Guidelines

- l. Date of Violation. Date on which the alleged violation occurred.
- m. Complaint in Section 8 Program. Three digit code to indicate complaint in the Section 8 Program. If the complaint applies to the Section 8 Program, this field shall contain "HAP." Otherwise, this data item shall be left blank.
- n. File Number of Previous Complaint. This twelve digit item shall contain the first 12 positions of the file number of the earliest known complaint against this respondent. If the Special Indicator of the file number contains a 3, 4, or 5, this item of data shall be provided. In all other instances the data item shall be left blank.
- o. State/Local Agency Monitoring Activity Dates. These items of information are applicable only to those instances in which a Title VIII complaint has been referred to a State or Local Agency for handling.

(1) Date Referred

Date Title VIII complaint is referred to a State or Local Agency for handling.

(2) Date of 30-Day Status Check

Date on which the HUD-FHEO Specialist assigned makes the first check with the responsible State or Local Agency to monitor the status of a Title VIII complaint.

(3) Date of 60-Day Status Check

Date on which the HUD-FHEO Specialist assigned makes the second check with the responsible State or Local Agency to monitor the status of a Title VIII complaint.

(4) Date of 90-Day Status Check

Date on which the HUD-FHEO Specialist assigned makes the third check with the responsible State or Local Agency to monitor the status of a Title VIII complaint.

(5) Date Recalled

Date on which a previously referred Title VIII complaint is received by HUD-FHEO staff to process.

- p. HUD-FHEO Milestone Action Completion Dates. The HUD 930.1A contains several columns denoting critical milestone actions in the processing of complaints under Title VIII and EO 11063. Whenever a milestone action listed is completed, the date of completion is to be entered in the appropriate column. Note that all dates shall be calendar dates entered in the six digit format YYMMDD indicating year, month and day of action.

(1) Analysis Completed

Date of completion of the review to make a preliminary determination whether, on its face, the complaint falls within the scope of authority of Title VIII or EO 11063.

(2) Assigned to Investigation

Date on which the complaint is assigned to a specific FHEO Specialist for investigation.

(3) Investigation Commenced

Date of initiation of investigation activity by the FHEO Specialist assigned.

(4) Investigation Completed

Date on which the Final Investigation Report (FIR) is signed by the appropriate personnel and transmitted to the Director, Regional FHEO for a determination.

(5) Determination by Director, Regional FHEO

Date on which the Director, Regional Fair Housing and Equal Opportunity makes a determination to resolve or not to resolve the complaint.

(6) Resolution Code

The result of the determination by the Director, Regional Fair Housing and Equal Opportunity whether or not to resolve the complaint. Enter "1" when the determination is made to resolve the complaint. Enter "2" when the determination is made not to resolve the complaint.

(7) Conciliation Commenced

Date of initiation of conciliation activities by responsible staff person.

(8) Conciliation Completed

Date on which all conciliation activities are completed.

q. FHEO Specialist Assigned. Last name and initials of the FHEO Specialist assigned to handle the complaint.

r. Remarks.

3-4 Instructions for Completion of the HUD 930.1B

a. File Number. The file number is used to uniquely identify a compliance review. It is composed of thirteen (13) digits as follows:

(1) Region Code (Position 1 - 2)

Two digit number from 01-10 to identify Region in which the review is being conducted.

(2) Fiscal Year (Positions 3 - 4)

Fiscal Year of the date the determination is made to conduct a compliance review.

(3) Calendar Month (Positions 5 - 6)

Calendar month of the date the determination is made to conduct a compliance review.

(4) Serial (Positions 7 - 9)

Three digit number assigned chronologically within fiscal year by date of determination to conduct a compliance review. This number should be unique.

(5) Authority (Positions 10 - 12)

Three digit number which identifies a compliance review and the Federal law or other authority under which it is conducted. Below are listed the valid law codes:

<u>Code</u>	<u>Description</u>
211	Compliance Review, Title VIII Conciliation Agreement (Regular or scheduled)
212	Compliance Review, Title VIII Conciliation Agreement (Re-review)
213	Compliance Review, Title VIII Conciliation Agreement (Special Review)
251	Compliance Review, Affirmative Fair Housing Marketing (Regular or scheduled)
252	Compliance Review, Affirmative Fair Housing Marketing (Re-review)

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253	Compliance Review, Affirmative Fair Housing Marketing (Special review)
254	Compliance Review, Affirmative Fair Housing Marketing (City-wide)
261	Compliance Review, Executive Order 11063

(6) Special Indicator (Position 13)

One digit number which indicates (a) whether or not the compliance activity was a review of a conciliation agreement and (b) whether or not the compliance review was initiated by a complaint. If the compliance review does not qualify under a or b above, position thirteen (13) should be left blank.

Otherwise position thirteen (13) should be coded as follows:

One (1) - if a compliance review of a conciliation agreement

Two (2) - if a compliance review initiated by a complaint

Note: If codes 1 or 2 are placed in position thirteen (13) of the file number, the first twelve (12) digits of the file number (excluding the special indicator) of the initiating complaint should be entered on the log as the information item described as file number of initiating complaint which immediately precedes Milestone Action Completion Dates.

- b. Compliance Review Opened. Date the determination is made to conduct the compliance review. Note that this date and all succeeding dates shall be calendar dates entered in a six digit format indicating year, month and day. For example, December 25, 1978 shall be entered as 781225.



- c. Determination Code. Two digit numeric code to indicate the reason the determination was made to conduct a compliance review. Below are listed the valid determination codes:

<u>Code</u>	<u>Description</u>
01	Regularly scheduled
02	Initiated by complaint
03	On request of Area/Service Office
04	Initiated by Director, Regional FHEO for failure to comply with reporting requirement
05	Initiated by Director, Regional FHEO for apparent noncompliance after show cause
06	Initiated by Director, Regional FHEO - other
07	At request of Assistant Secretary for FHEO

- d. Closed. Date on which the compliance review is completed.

- e. Closing Code. Four digit numeric code to indicate the outcome or result of completion of the compliance review. Below are listed the valid closing codes:

<u>Code</u>	<u>Description</u>
1100	No violation found, no corrective action required.
1200	Successful resolution, respondent brought into compliance.
1300	Non-compliance - Transferred to Title VI or EO 11063 for appropriate action.
1400	Non-compliance - recommendation to Headquarters for referral to Justice.
1500	Non-compliance - recommendation to Headquarters for appropriate sanctions.
1600	Non-compliance, other.

Appropriate for Title VIII Conciliation Agreements only:

<u>Code</u>	<u>Description</u>
1700	Compliance obtained after reconciliation, no additional corrective action incorporated.
1800	Compliance obtained after reconciliation, additional corrective action incorporated.
1900	Non-compliance after attempt to reconcile, no further action taken.

Appropriate for Affirmative Fair Housing Marketing only:

2000	Non-compliance-adjustment in plan agreed to and will be re-reviewed after specified time period.
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- f. Respondent or Recipient. Last name and initials of the respondent or recipient if an individual; if not an individual enter other appropriate identification. Care should be taken to consistently record the identification of the respondent or recipient in the exact same manner each time he/she/it is recorded in the logs. This is necessary to facilitate retrieval of information on multiple compliance reviews of a particular recipient or respondent particularly across authorities. Note that all name fields are limited to 25 characters.
- g. State/County. Five digit code to identify the location of the project on which the compliance review is conducted. The valid two digit state codes and three digit county codes are included in the HUD Handbook of Codes and as Appendix 6 of this document.
- h. Program. Three digit alpha code to identify the HUD program through which the recipient agency is funded. Program is not applicable to compliance reviews of Title VIII conciliation agreements and should, therefore, in those instances be left blank. In all other instances this item should be recorded. See Appendix 7 of this document for a list of valid HUD program codes.

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- i. Follow-up Meeting. Date on which a follow-up meeting is held to determine if further enforcement action is needed.
  - j. Date of Last Review. Date of last known compliance review conducted of this respondent or recipient.
  - k. Compliance Review in Section 8 Program. Three digit numeric code to indicate a compliance review in the Section 8 Program. If the compliance review applies to the Section 8 Program, this field shall contain "231." Otherwise this data item shall be left blank.
  - l. File Number of Initiating Complaint. This twelve digit item shall contain the first 12 positions of the file number of the initiating complaint. If the Special Indicator of the file number contains 1 or 2, this item of data shall be provided. In all other instances the data item shall be left blank.
  - m. Milestone Action Completion Dates. The HUD 930.1B contains four columns to record critical milestone actions associated with the conduct of compliance reviews under Title VIII or EO 11063. Whenever a milestone action listed is completed, the date of completion is to be entered in the appropriate columns. Note that all dates shall be calendar dates entered in the six digit format YYMMDD indicating year, month and day of action.

(1) Review Commenced

The date the review is initiated by the FHEO Specialist assigned.

(2) Review Completed

Date on which the compliance review report is completed and transmitted to the Director, Regional FHEO to make a determination.

(3) Determination

Date the Director, Regional FHEO determines whether or not corrective action is required.

(4) Conciliation Conference

Date of completion of the conciliation conference.



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- n. FHEO Specialist Assigned. Last name and initials of the FHEO Specialist assigned responsibility for the conduct of the review.
  - o. Remarks.

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CHAPTER 4. STATUS SUMMARY LOG  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964;  
SECTION 109 OF THE HOUSING AND COMMUNITY  
DEVELOPMENT ACT OF 1974

- 4-1 Applicability. The following applies to the status summary log for Title VI of the Civil Rights Act of 1964 and Section 109 of the Housing and Community Development Act of 1974. The HUD 930.2 Rev. shall be used for recording the status of all complaints and compliance reviews processed under the authority of Title VI and Section 109. This log shall be maintained on a current basis in each Regional Fair Housing and Equal Opportunity Office in order that the exact status of a complaint or compliance review can be determined at all times by the Director, Regional Fair Housing and Equal Opportunity.
- 4-2 General Description. The HUD 930.2 Rev. shall contain identification and status information on Title VI and Section 109 complaints, Section 109 compliance reviews, as well as Title VI compliance reviews of which there are three (3) types - Single Agency Compliance Reviews, Community-wide Compliance Reviews, and Follow-up Reviews. In general, the status summary log contains a unique case identification code (file number), identification of recipient agency, basis of allegation and HUD program involved, and critical milestone activities associated with processing under these statutes. In addition to providing for the dates of milestone actions, the status summary log, in relevant instances, provides for milestone codes which further describe or identify the results of a particular milestone action.
- 4-3 Instructions for Completion of the HUD 930.2
- a. File Number. The file number is used to uniquely identify a complaint or compliance review. It is composed of twelve (12) digits as follows:
- (1) Region Code (Positions 1 - 2)  
  
Two digit number from 01-10 to identify Region in which case is processed.
  - (2) Fiscal Year (Positions 3 - 4)  
  
Fiscal Year of the date of receipt of a complaint or date determination is made to conduct a compliance review.

(3) Calendar Month (Positions 5 - 6)

Calendar month of the date of receipt of a complaint or date determination is made to conduct a compliance review.

(4) Serial (Positions 7 - 9)

Three digit number assigned chronologically within fiscal year by receipt date of complaint or date of determination to conduct a compliance review. This number should be unique.

(5) Authority (Positions 10 - 12)

Three digit number which identifies a complaint or compliance review and the Federal law or HUD regulation under which it is processed. Below are listed the valid authority codes:

<u>Code</u>	<u>Description</u>
300	Title VI Complaint
310	Compliance Review, Title VI (Single Agency)
320	Compliance Review, Title VI (Community-wide)
330	Follow-up Review, Title VI
340	Section 109 Compliance Review
350	Section 109 Complaint
360	Follow-up Review, Section 109

- b. Complaint Received. Date of receipt of a Title VI or Section 109 Complaint. This item applies to complaints only and shall be left blank when recording a compliance review. Note that this and all succeeding dates shall be calendar dates entered in a six digit format indicating year, month and day. For example December 25, 1975 shall be entered as 751225.
- c. Compliance Review Opened. Date of determination to conduct a compliance review. This item applies to compliance reviews only and shall be left blank when recording a complaint.
- d. Recipient. Identification or name of recipient agency under investigation. This and all other name fields shall be limited to 25 characters.

- e. State/County. Five digit code to identify location of the recipient agency under investigation. The valid two digit state codes and three digit county codes are included in the HUD Handbook of Codes 2160.4B and as Appendix 6 of this document.
- f. Basis. Two digit code to indicate the basis of the complaint. The only valid bases for a Title VI complaint are race, color, and national origin; the only valid bases for a Section 109 complaint are race, color, national origin and sex. Below are listed the valid basis codes:

<u>Code</u>	<u>Basis</u>	<u>Major Category</u>	<u>Sub-Category</u>
10	Race	White (Not of Hispanic Origin)	N/A
20	Race	Black (Not of Hispanic Origin)	N/A
30	Race	American Indian or Alaskan Native	
31			Aleut
32			Eskimo
40	Race	Hispanic	
41			Cuban
42			Mexican
43			Puerto Rican
50	Race	Asian or Pacific Islander	
51			Chinese
52			Filipino
53			Hawaiian
54			Japanese
55			Korean
56			Micronesian
57			Polynesian
70 <u>2/</u>	Sex	Sex	
71			Male
72			Female
75	Color	Color	N/A
77	National Origin	National Origin	N/A

2/

For use with Section 109 complaints only.

- g. Program. Three digit alpha code to identify the HUD program through which the recipient agency is funded. See Appendix 7 of this document for a list of valid HUD program codes.
- h. Milestone Actions. The HUD 930.2 Rev. contains several columns denoting critical milestone actions in the processing of complaint and compliance reviews under Title VI and Section 109. Whenever a milestone action listed is completed, the date of completion and appropriate completion code, if applicable, is to be entered in the six digit format YYMMDD indicating year, month and day of action.

(1) Investigation Commenced on Site

Date of the first investigative on-site visit.

(2) Preliminary Report Completed

Date of completion of the narrative preliminary report which outlines the basis for a determination of the compliance status of a recipient.

(3) 30-Day Notice (and/or Referral to City)

Date 30-Day letter is sent to the respondent if a Title VI matter. Date of referral to the unit of local government if a Section 109 matter.

(4) Negotiation Initiated

Date of initiation of negotiations with a recipient to obtain voluntary compliance.

(5) Results of Negotiation

One digit numeric code to indicate outcome of negotiations initiated in (4) above. Below are listed the only valid Results of Negotiation codes:

<u>Code</u>	<u>Description</u>
1	Compliance Achieved
2	Voluntary Plan Secured
3	Recipient failed to voluntarily comply
4	Recipient failed to voluntarily comply. Interim Deferral Imposed.



(6) FIR Completed

Date of completion of the final investigation report containing the signature of the Director, Regional FHEO and other appropriate FHEO personnel.

(7) Consequential Deferral

Effective date of a consequential deferral, i.e., the date of instructions to Area or Service Office to postpone processing applications for assistance in the program under investigation pending initiation of enforcement proceedings. Applicable to Title VI only.

(8) Closed

Date on which the case is considered closed. (See HUD Handbook 8040.1 - Compliance and Enforcement Procedures for Title VI of the Civil Rights Act of 1964, Chapter 8, paragraph 39(i)).

(9) Type of Closure

One digit numeric code to indicate reason for case closure at the Regional Office level. Below are listed the only valid closure codes:

<u>Code</u>	<u>Description</u>
1	Lack of Jurisdiction
2	Substantial Compliance - in compliance (No corrective action needed)
3	Substantial Compliance - voluntary compliance achieved
4	Matter to be handled under Title VIII
5	Matter to be handled under Section 109
6	Matter to be handled under EEO Contract Clause
7	Matter to be handled under other authority
8	Complaint withdrawn
9	Compliance status - undetermined (monitoring in process)
0	Termination of funds after hearing

(10) Referred to Headquarters

Date on which the Director, Regional FHEO refers the matter to Headquarters for appropriate action.

(11) Reason for Headquarters Referral

One digit numeric code to describe the reason for referral to the Assistant Secretary for Fair Housing and Equal Opportunity.

Below are listed the only valid referral codes:

<u>Code</u>	<u>Description</u>
1	Recommendation for initiation of administrative process
2	Recommendation for referral to Justice
3	Recommendation for referral to other Federal agency (other than Justice)
4	For advice

(12) Follow-up

Date of completion of follow-up activity by Regional Office staff.

(13) Type of Follow-up

Two digit numeric code to indicate type of or reason for conduct of follow-up activity and results of that follow-up. Below are listed the only valid follow-up codes:

For digit one, the leftmost digit--

<u>Code</u>	<u>Description</u>
1	Monitoring Activity
2	Activity after case has been sent to and referred from Headquarters for action.



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For digit two, the rightmost digit--

<u>Code</u>	<u>Description</u>
1	Referral to Headquarters for recommendation for initiation of administrative process.
2	Referral to Headquarters for recommendation for referral to Justice.
3	Referral to Headquarters for recommendation for referral to other Federal agency
4	Referral to Headquarters for advice
5	In compliance
6	Compliance achieved or terms of plan being met
7	Interim deferral

i. Remarks.

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CHAPTER 5. STATUS SUMMARY LOG  
EQUAL EMPLOYMENT OPPORTUNITY CONTRACT CLAUSE

- 5-1 Applicability. The following applies to the status summary log for complaints and compliance reviews under the authority of the Equal Employment Opportunity Contract Clause which is contained in every contract entered into by the Department of Housing and Urban Development. The reference to this authority as the Equal Employment Opportunity Contract Clause encompasses the heretofore but no longer referenced Federal Agency Employment and HUD Contract Provision Activities. The HUD 930.3 Rev. shall be used for recording the status of all complaints and compliance reviews processed under the Equal Employment Opportunity Contract Clause. This log shall be maintained on a current basis in each Regional Fair Housing and Equal Opportunity Office in order that the exact status of a complaint or compliance review can be determined at all times by the Director, Regional Fair Housing and Equal Opportunity.
- 5-2 General Description. The HUD 930.3 Rev. shall contain identification and status information on Equal Employment Opportunity Contract Clause Complaints and Compliance Reviews. In general, the status summary log contains a unique case identification code (file number), identification of the HUD contractor involved, basis and issue of the allegations, and critical milestone actions associated with processing under the contract clause. In addition to providing for the dates of milestone actions, the status summary log, in relevant instances, provides for milestone codes which further describe or identify the results of a particular milestone action.
- 5-3 Instructions for Completion of the HUD 930.3.
- a. File Number. The file number is used to uniquely identify a complaint or compliance review. It is composed of twelve (12) digits as follows:
- (1) Region Code (Positions 1 - 2)  
  
Two digit number from 01-10 to identify Region in which case is processed.
  - (2) Fiscal Year (Positions 3 - 4)  
  
Fiscal year of the date of receipt of a complaint or date determination is made to conduct a compliance review.
  - (3) Calendar Month (Positions 5 - 6)  
  
Calendar month of the date of receipt of a complaint or date determination is made to conduct a compliance review.

(4) Serial (Positions 7 - 9)

Three digit number assigned chronologically within fiscal year by receipt date of complaint or date of determination to conduct a compliance review. This number should be unique.

(5) Authority (Positions 10 - 12)

Three digit number which identifies a complaint or compliance review and the Federal law or HUD regulation under which it is processed. Below are listed the valid law codes:

<u>Code</u>	<u>Description</u>
380	Equal Employment Opportunity Contract Clause Complaint
385	Compliance Review, Equal Employment Opportunity Contract Clause

- b. Complaint Received. Date of receipt of a complaint under the EEO Contract Clause authority. This item applies to complaints only and shall be left blank when recording a compliance review. Note that this and all succeeding dates shall be calendar dates entered in a six digit format indicating year, month and day. For example: December 25, 1976 shall be entered as 761225.
- c. Compliance Review Opened. Date of determination to conduct a compliance review. This item applies to compliance reviews only and shall be left blank when recording a complaint.
- d. Complaint/Respondent. If a complaint, enter as item A the last name and initials of the complainant and enter as item B the last name and initial or contractors name of the respondent. If a compliance review, leave item A blank and enter as item B the contractor's name and/or other project identification information. Note that all name fields are limited to 25 characters.
- e. State/County. Five digit code to identify location of the HUD project under investigation. The valid two digit state codes and three digit county codes are included in the HUD Handbook of Codes 2160.4B and as Appendix 6 of this document.

- f. Basis. Two digit numeric code to indicate the basis of the complaint. The valid basis for an Equal Employment Opportunity Contract Clause Complaint are race, color, religion, national origin, and sex. Below are listed the valid basis codes:

<u>Code</u>	<u>Basis</u>	<u>Major Category</u>	<u>Sub-Category</u>
10	Race	White (Not of Hispanic Origin)	N/A
20	Race	Black (Not of Hispanic Origin)	N/A
30	Race	American Indian or Alaskan Native	
31			Aleut
32			Eskimo
40	Race	Hispanic	
41			Cuban
42			Mexican
43			Puerto Rican
50	Race	Asian or Pacific Islander	
51			Chinese
52			Filipino
53			Hawaiian
54			Japanese
55			Korean
56			Micronesian
57			Polynesian
70	Sex	Sex	
71			Male
72			Female
75	Color	Color	N/A
77	Nat- ional Origin	National Origin	N/A
80	Religion		

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<u>Code</u>	<u>Basis</u>	<u>Major Category</u>	<u>Sub-Category</u>
81			Catholic
82			Protestant
83			Jewish
84			Moslem
85			Hindu
86			Buddhist
87			Other

- g. Issue. Three digit code to identify the major or primary issue involved in the allegation. Below are listed the valid issue codes:

<u>Code</u>	<u>Description</u>
700	Discrimination in employment
702	Discrimination in promotion
703	Discrimination in job assignment
704	Discrimination in conditions of employment
705	Discrimination in selection for training
706	Discrimination in layoff or termination policy
707	Discrimination in rates of pay or compensation
708	Discrimination in recruitment policy
709	Other

- h. Program. Three digit alpha code to identify the HUD program through which the contractor is being funded. See Appendix 7 of this document for a list of valid HUD program codes.
- i. Milestone Actions. The HUD 930.3 Rev. contains several columns denoting critical milestone actions in the processing of complaints and compliance reviews under the Equal Employment Opportunity Contract Clause. Whenever a milestone action listed is completed, the date of completion and appropriate completion code, if applicable, is to be entered in the appropriate columns. Note that all dates shall be calendar dates entered in the six digit format YYMMDD indicating year, month and day of action.

(1) Investigation Commenced on Site

Date of first investigative on-site visit.

(2) Preliminary Report Completed

Date of completion of the narrative preliminary report which outlines the basis for a determination of the compliance status of a contractor.

(3) Negotiations Initiated

Date of initiation of negotiations with a contractor to obtain voluntary compliance.

(4) Results of Negotiations

One digit numeric code to indicate outcome of negotiations initiated in (3) above. Below are listed the only valid results of negotiations codes:

<u>Code</u>	<u>Description</u>
1	Voluntary Plan Secured
2	Compliance Achieved
3	Voluntary Compliance Failed

(5) FIR Completed

Date of completion of the final investigation report containing the signature of the Director, Regional FHEO and other appropriate personnel.

(6) Closed

Date on which the case is considered at the Regional Office level by the Director, Regional FHEO.

(7) Type of Closure

One digit numeric code to indicate reason for case closure at the Regional Office level. Below are listed the only valid closure codes:

<u>Code</u>	<u>Description</u>
1	Substantial Compliance
2	Headquarters referral to other agency



(8) Referred to Headquarters

Date on which the Director, Regional FHEO refers the matter to Headquarters for appropriate action.

(9) Reason for Referral to Headquarters

One digit numeric code to describe the reason for referral to AS/FHEO. Below are listed the only valid referral codes:

<u>Code</u>	<u>Description</u>
1	Recommendation for initiation of administrative process
2	Recommendation for referral to Justice
3	Recommendation for referral to other Federal agency (other than Justice)
4	For advice

(10) Follow-up

Date of completion of follow-up activity by Regional Office staff.

(11) Type of Follow-up

Two digit numeric code to indicate (a) type of or reason for conduct of follow-up activity and (b) results of the follow-up activity. Below are listed the only valid follow-up codes:

For digit one, the leftmost digit--

<u>Code</u>	<u>Description</u>
1	Previous requirement to develop AAP
2	Previous requirement to implement AAP
3	Other monitoring activity



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For digit two, the rightmost digit--

<u>Code</u>	<u>Description</u>
1	Referral to Headquarters with recommendation for imposition of sanctions
2	Referral to Headquarters with recommendation for referral to Justice
3	Referral to Headquarters with recommendation for referral to other Federal agency
4	In compliance
5	Compliance achieved or terms of plan being met

j. Remarks.

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CHAPTER 6. STATUS SUMMARY LOG  
SECTION 3 OF THE HOUSING AND URBAN DEVELOPMENT ACT OF 1968

- 6-1 Applicability. The following applies to the status summary log for Section 3 of the Housing and Urban Development Act of 1968. The HUD 930.4 Rev. shall be used for recording the status of all complaints and compliance reviews processed under the authority of Section 3. This log shall be maintained on a current basis in each Regional Fair Housing and Equal Opportunity Office in order that the exact status of a complaint or compliance review can be determined at all times by the Director, Regional FHEO.
- 6-2 General Description. The HUD 930.4 Rev. shall contain identification and status information on Section 3 complaints and Section 3 compliance reviews. In general, the status summary log contains a unique case identification code (file number), identification of recipient, HUD program involved, and critical milestone activities associated with processing procedures under this statute. In addition to providing for the dates of milestone actions, the status summary log, in relevant instances, provides for milestone codes which further describe or identify the results of a particular milestone action.
- 6-3 Instructions for Completion of the HUD 930.4.
- a. File Number. The file number is used to uniquely identify a complaint or compliance review. It is composed of twelve (12) digits as follows:
- (1) Region Code (Positions 1 - 2)  
  
Two digit number from 01-10 to identify Region in which case is processed.
  - (2) Fiscal Year (Positions 3 - 4)  
  
Fiscal Year of the date of receipt of a complaint or date determination is made to conduct a compliance review.
  - (3) Calendar Month (Positions 5 - 6)  
  
Calendar month of the date of receipt of a complaint or date determination is made to conduct a compliance review.

(4) Serial (Positions 7 - 8)

Three digit number assigned chronologically by receipt date of complaint or date of determination to conduct a compliance review. This number should be unique.

(5) Authority (Positions 10 - 12)

Three digit number which identifies a complaint or compliance review and the Federal law or regulation under which it is processed. Below are listed the valid authority codes:

<u>Code</u>	<u>Description</u>
700	Section 3 Complaint, Project Area Training Opportunity
710	Section 3 Complaint, Project Area Employment Opportunity
720	Section 3 Complaint, Project Area Business Opportunity
750	Compliance Review, Section 3 (Routine or Pre-award)
755	Compliance Review, Section 3 (Re-review)

- b. Complaint Received. Date of receipt of Section 3 complaint. This item applies to complaints only and shall be left blank when recording a compliance review. Note that this and all succeeding dates shall be calendar dates entered in a six digit format indicating year, month and day. For example: December 25, 1977 shall be entered as 771225.
- c. Compliance Review Opened. Date of determination to conduct a compliance review. This item applies to compliance reviews only and shall be left blank when recording a complaint.

- d. Determination Code. Two digit code to identify the reason the determination was made to conduct a compliance review. Like item C above, this information item applies to compliance reviews only and shall be left blank when recording a complaint. Below are listed the valid determination codes:

<u>Code</u>	<u>Description</u>
01	Regularly scheduled
02	Initiated by complaint
03	On request of Area/Service Office
04	Initiated by Director, Regional FHEO for failure to comply with reporting requirements.
05	Initiated by Director, Regional FHEO for apparent non- compliance
06	Initiated by Director, Regional FHEO - other
07	At request of AS/FHEO
08	At request of other Federal agency.
09	OFCCP Audit

- e. Grievant, Respondent. If a complaint, enter as item A the last name and initials of the grievant and enter as item B the last name and initials of the contractor or other respondent. If a compliance review, leave item A blank and enter as item B the name of the contractor or recipient agency. Note that all name fields are limited to 25 characters.
- f. State/County. Five digit code to identify the locality of jurisdiction. The valid two digit state codes and three digit county codes are included in the HUD Handbook of Codes 2160.4B and as Appendix 6 of this document.
- g. Basis. This item was used for EO 11246 complaints, it is not applicable under Section 3 and should, therefore, be left blank.

- 
- h. Issue. This item was used for EO 11246 complaints, it is not applicable under Section 3 and should, therefore, be left blank.
- i. Program. Three digit alpha code to identify the HUD program through which the contractor is being funded. See Appendix 7 of this document for a list of valid HUD program codes.
- j. Milestone Actions. The HUD 930.4 Rev. contains several columns denoting critical milestone actions in the processing of complaints and compliance reviews under the authority of Section 3. Whenever a milestone action listed is completed, the date of completion and appropriate completion code, if applicable, is to be entered in the appropriate columns. Note that all dates shall be calendar dates entered in the six digit format YYMMDD indicating year, month and day of action.

(1) Investigation Commenced

Date on which the in-depth investigation of the recipient is begun.

(2) Negotiations Initiated

Date of initiation of negotiations with a recipient to obtain voluntary compliance.

(3) Results of Negotiation

One digit numeric code to indicate outcome of negotiations initiated in (2) above. Below are listed the only valid results of negotiation codes:

<u>Code</u>	<u>Description</u>
1	In Compliance
2	Noncompliance, but remedial commitments obtained
3	Voluntary Compliance Failed

(4) FIR Completed

If a complaint, date of completion of the final investigation report. If a compliance review, date of completion of the re-review.

(5) Show Cause Notice Issued

This item was used for EO 11246 complaints, it is not applicable under Section 3 and should, therefore, be left blank.

(6) Closed

Date on which the case is considered closed at the regional office level by the Director, Regional FHEO.

(7) Type of Closure

Two digit numeric code to indicate reason for case closure at the Regional Office level. Below are listed the valid closure codes in two parts -- part one is applicable primarily to complaints while part two is applicable to compliance reviews.

For complaints --

<u>Code</u>	<u>Description</u>
01	Allegation not supported
02	Grievant failed to furnish requisite information within statutory timeframe
03	Lack of jurisdiction
04	Transferred to EO 11246 (for Section 3 only)
05	Transferred to other authority (not EO 11246)
06	Conciliated successfully - relief for grievant and Affirmative Action
07	Conciliated successfully - no individual relief for grievant
08	Conciliation efforts unsuccessful

For compliance reviews --

<u>Code</u>	<u>Description</u>
20	In compliance (after initial review or re-review)
21	Noncompliance after re-review - show cause notice issued
22	Compliance achieved during show cause period
23	Not in compliance after show cause, referred to Headquarters for hearing

(8) Referred to Headquarters

Date on which the Director, Regional FHEO refers the matter to Headquarters for appropriate action.

(9) Reason for Referral to Headquarters

One digit numeric code to indicate the reason for referral to AS/FHEO. Below are listed the valid referral codes:

<u>Code</u>	<u>Description</u>
1	Recommendation for initiation of enforcement proceedings
2	Recommendation for referral to Labor
3	Recommendation for referral to Justice
4	Recommendation for referral to other Federal Agency
5	Other recommendation to Headquarters

k. Remarks.



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CHAPTER 7

STATUS SUMMARY LOG  
Section 504 of the  
Rehabilitation Act of 1973  
(INTERIM INSTRUCTIONS)

- 7-1 Purpose. To provide interim instructions for receiving, recording and controlling complaints and compliance reviews and reporting actions taken during processing of complaints and compliance reviews under Section 504 of the Rehabilitation Act of 1973. This is a temporary reporting system only and data will not be entered into the computer.
- 7-2 Submission of Reports. Reports will be forwarded in two (2) copies to Headquarters by the 3rd day after the close of the reporting month to:
- Office of Fair Housing and Equal Opportunity  
Attn.: HUD Program Compliance
- 7-3 Applicability. The following applies to the status summary log for Section 504 of the Rehabilitation Act of 1973. The HUD 930.5 shall be used for recording the status of all complaints and compliance reviews processed under the authority of Section 504. This log shall be maintained on a current basis in each Regional Fair Housing and Equal Opportunity Office in order that the exact status of a complaint or compliance review can be determined at all times by the Director, Regional Fair Housing and Equal Opportunity.
- 7-4 General Description. The HUD 930.5 shall contain identification and status information on Section 504 complaints and compliance reviews. In general, the status summary log contains a unique case identification code (file number), identification of recipient agency, basis and issue of allegation and HUD program involved, and critical milestone activities associated with processing under the statute. In addition to providing for the dates of milestone actions, the status summary log, in relevant instances, provides for milestone codes which further describe or identify the results of a particular milestone action.

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7-5 Instructions for Completion of the HUD 930.5.

- a. File Number. The file number is used to uniquely identify a complaint or compliance review. It is composed of twelve (12) digits as follows:

(1) Region Code (Position 1-2)

Two digit number from 01 to 10 to identify Region in which case is processed.

(2) Fiscal Year (Position 3-4)

Fiscal Year of the date of receipt of a complaint or date determination is made to conduct a compliance review.

(3) Calendar Month (Position 5-6)

Calendar month of the date of receipt of a complaint or date determination is made to conduct a compliance review.

(4) Serial (Position 7-9)

Three digit number assigned chronologically within fiscal year by receipt date of complaint or date of determination to conduct a compliance review. This number should be unique.

(5) Authority (Positions 10-12)

Three digit number which identifies a complaint or compliance review and the Federal law or HUD regulation under which it is processed. Below are listed the valid authority codes:

<u>Code</u>	<u>Description</u>
370	Section 504 Complaint
375	Section 504 Compliance Review

- b. Complaints Received. Date of receipt of a Section 504 Complaint. This item applies to complaints only and shall be left blank when recording a compliance review. Note that this and all succeeding dates shall be calendar dates entered in a six digit format indicating year, month, and day. For example, December 25, 1975 shall be entered as 751225.
- c. Compliance Review Opened. Date of determination to conduct a compliance review. This item applies to compliance reviews only and shall be left blank when recording a complaint.
- d. Recipient. Identification or name of recipient agency under investigation. This and all other name fields shall be limited to 25 characters.
- e. State/County. Five digit code to identify location of the recipient agency under investigation. The valid two digit state codes and three digit county codes are included in the HUD Handbook of Codes 2160-4B and as Appendix 6 of this document.
- f. Basis. Two digit code to indicate the basis of the complaint. The only valid basis for a Section 504 complaint is handicap. Below are listed the basis codes assigned to distinguish between physical and mental handicaps.

<u>Code</u>	<u>Description</u>
78	Physical Handicap
79	Mental Handicap

When recording a compliance review, this item shall be left blank.

- g. Issue. Three digit code to identify the major or primary issue involved in a Section 504 allegation.

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<u>Code</u>	<u>Description</u>
700	Discrimination in employment
800	Discrimination in services or facilities

- h. Program. Three digit alpha code to identify the HUD program through which the recipient agency is funded. See Appendix 7 of this document for a list of valid HUD program codes.
- i. Milestone Actions. The HUD 930.5 contains several columns denoting critical milestone actions in the processing of complaints and compliance reviews under Section 504. Whenever a milestone action listed is completed, the date of completion and appropriate completion code, if applicable, is to be entered in the six digit format YYMMDD indicating year, month and day of action.
- (1) Investigation Commenced on Site
- Date of the first on-site investigation.
- (2) Prelim/draft Report Completed
- Date of completion of the narrative prelim/draft report which outlines the basis for a determination of the compliance status of a recipient.
- (3) 30-Day Notice
- Date 30-day letter is sent to the recipient.
- (4) Negotiation Initiated
- Date of initiation of negotiations with a recipient to obtain voluntary compliance.
- (5) Results of Negotiation
- One digit numeric code to indicate outcome of negotiations initiated in (4) above. Below are listed the only valid Results of Negotiation codes:

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<u>Code</u>	<u>Description</u>
1	Compliance achieved
2	Voluntary plan secured
3	Recipient failed to voluntarily comply

(6) FIR Completed

Date of completion of the final investigation report containing the signature of the Director, Regional Fair Housing and Equal Opportunity and other appropriate FHEO personnel.

(7) Closed

Date on which the case is considered closed at the Regional Office level. .

(8) Type of Closure

One digit numeric code to indicate reason for case closure at the Regional Office level. Below are listed the only valid closure codes:

<u>Code</u>	<u>Description</u>
1	Lack of Jurisdiction
2	Substantial Compliance - In compliance (no corrective action needed)
3	Substantial Compliance - Voluntary compliance achieved
7	Matter to be handled under other authority

(9) Referred to Headquarters

Date on which the Director, Regional Fair Housing and Equal Opportunity refers the matter to Headquarters for administrative action.

(10) Reason for Headquarters Referral

One digit numeric code to describe the reason for referral to the Assistant Secretary for Fair Housing and Equal Opportunity.

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Below are listed the only valid referral codes:

<u>Code</u>	<u>Description</u>
1	Recommendation for initiation of administrative process
3	Recommendation for referral to other Federal agency
4	For advice

(11) Follow-Up

Date of completion of follow-up activity by Regional Office staff.

(12) Type of follow-Up

Two digit numeric code to indicate type of or reason for conduct of follow-up activity and results of that follow-up. Below are listed the only valid follow-up codes:

For digit one, the leftmost digit:

<u>Code</u>	<u>Description</u>
1	Additional work required after case has been sent to and referred from Headquarters.
2	Document review of the operation of a voluntary compliance plan.
3	On-site review of the operation of a voluntary compliance plan.

For digit two, the rightmost digit:

<u>Code</u>	<u>Description</u>
1	Referral to Headquarters for recommendation for initiation of administrative process.
3	Referral to Headquarters for recommendation for referral to other Federal agency.
4	Referral to Headquarters for advice.
5	In compliance, no further action necessary.
6	Terms of voluntary plan being met.

j. Remarks.

---

CHAPTER 8. STATE/LOCAL REFERRAL AGENCY REPORTING REQUIREMENTS

- 8-1 Applicability. The following applies to Fair Housing complaints referred to State or local agencies for processing under the HUD Regulation 24 CFR Part 115 - Recognition of Substantially Equivalent Laws. As indicated in Chapter Three of this document, monitoring of Title VIII complaint processing by HUD Regional Compliance Staff shall be recorded on the HUD 930.1A. In addition, date of closure and result of closure activity for complaints handled by State and local agencies is also reported on the HUD 930.1A. All other information on processing of Title VIII complaints referred to State and local agencies deemed substantially equivalent shall be recorded on the HUD 948, State/Local Referral Agency Reporting Form.
- 8-2 General Instructions. A separate State/Local Referral Agency Reporting Form, HUD 948, shall be completed for each and every Title VIII complaint referred to State and handled by a State or Local Referral Agency. That is, for every complaint recorded on the HUD 930.1A as closed by a State or local agency, there will be completed a HUD 948. In general, the State/Local Referral Agency Reporting Form contains case identification information and case disposition information necessary for evaluation and assessment of the State or local agency's administration of its fair housing law to insure that the law is, in fact, providing substantially equivalent rights and remedies.
- 8-3 Procedure for Utilizing the HUD 948. The form is printed in color coordinated NCR paper.

After thirty (30) days, the regional staff should complete the top portion of the form (through respondent identification) retaining the white copy and forward the remaining forms to the referral agency for updating. The referral agency then updates and returns all copies to the regional office.

After sixty (60) days, the regional staff should retain the green copy of the form and forward the yellow, pink and gold copies to the referral agency for updating. The referral agency then updates and returns all copies to the regional office.

After ninety (90) days, the regional staff should retain the yellow copy and forward the pink and gold copies to the referral agency for further updating. After updating, the referral agency retains the gold copy for its record and returns to the regional office the pink copy.

The white copy should have "original copy" printed on it, the green, yellow and pink should have "return to region" and the gold copy should be printed "referral agency's copy."

The region shall keep one copy of the completed form in the Title VIII case folder and will make two copies and send to Headquarters, one copy will go to Office of Management and Field Coordination and the other to Office of Fair Housing and Section 3 Compliance.

8-4 Instructions for Completion of HUD 948

- a. State/Local Agency Case Number. Fifteen character free-form alpha numeric identification as provided for by the State or local agency.
- b. Date State/Local Agency Received Complaint. Date complaint was received from HUD by the State or local agency. Note that this and all succeeding dates shall be calendar dates entered in the six digit format YYMMDD indicating year, month and day. For example, January 31, 1976 shall be entered as 760131.
- c. Date Referred. Date on which the complaint was referred to the State or local agency for processing. This date should be identical to the date referred on the HUD 930.1A.
- d. Referral Agency. Name or other appropriate identification of State or local agency to whom complaint has been referred. Care should be taken to ensure that whatever identification is used, that it be consistently recorded on each and every complaint in exactly the same manner. This is necessary to aggregate and summarize all activity by a particular State or local agency. Note also that this and all name fields are limited to 25 characters.
- e. HUD Case Number. Twelve digit file number (exclusive of the special indicator) as recorded on the HUD 930.1A.
- f. HUD Monitor. Last name and initials of the FHEO Specialist assigned to monitor this complaint.



- 
- g. Date Received by HUD. Date on which the final information on the closed case is received by the HUD-FHEO Specialist assigned to monitor the case.
  - h. Complainant's Name. Last name and initials of the complainant. (Note that 25 positions of name fields will be input to the automated complaint and compliance system).
  - i. Address (Complainant's). Free-form item containing location of of complainant. (This item of information is not electronically stored in the automated system).
  - j. Phone (Complainant's). Free-form item containing the phone number where the complainant may be reached. (This information item is not electronically stored in the automated system).
  - k. Respondent's Name. Last name and initials of the respondent. Care should be taken to consistently record the name of this respondent each time he is recorded in the system. This is necessary to facilitate retrieval of multiple offender information.
  - l. Address (Respondent's). Free-form item containing the location of the respondent. (This item of information is not electronically stored in the automated system).
  - m. Phone (Respondent's). Free-form item containing the phone number where the respondent may be reached. (This information item is not electronically stored in the automated system).
  - n. Basis. See page 14, Item j.
  - o. Issue. See Page 15, Item k.
  - p. Date Assigned. Date on which the complaint is assigned to responsible individual within the agency for handling.
  - q. Date Investigation Commenced. Date of initiation of investigative activity by responsible staff person.
  - r. Date Investigation was Completed. Date on which the final investigation report is completed and transmitted to the responsible official for a decision on probable cause.
-

- 
- s. Date Conciliation was Completed. Date on which all conciliation activities are completed.
  - t. Date Case was Closed. Date on which the case is considered closed by the State or local agency.
  - u. Conciliation in Process. "Yes" is checked if conciliation has begun but has not been completed during the current status check period; otherwise check "no". Note that this item is for use by the HUD monitor only and shall not be input to the automated system.
  - v. Investigation Results. Appropriate item is checked to describe the results of investigation. Only one checked item is permissible to indicate investigation results.
  - w. Final Disposition. Appropriate item is checked to indicate final disposition of the case. This item may be left blank if not applicable to this complaint. Only one checked item is permissible to indicate final disposition.
  - x. Date of Status Report. Appropriate item is checked to indicate latest status report made. All items should eventually be checked. Note that this item is for use by the HUD monitor only and shall not be input to the automated system.
  - y. Conciliated. Appropriate item is checked to indicate whether or not conciliation activity took place.
  - z. Conciliation Results. Appropriate item is checked to indicate outcome of conciliation efforts. Only one item may be checked.
  - aa. Relief Obtained. Appropriate items are checked to indicate the type of relief and amount of any monetary compensation obtained as a result of conciliation. Any number of multiple entries are permissible.
  - bb. Does Conciliation Agreement Provide for Future Monitoring of Respondent's Operation. Appropriate item is checked to indicate whether or not monitoring is provided for in the conciliation agreement.
  - cc. Agency Investigator. Name of investigator responsible for complaint at State or local agency. This item is not input to the automated system.

## APPENDIX 1

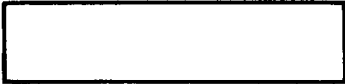
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HUD-930.1A (8-76)



H100-930.2-0-76!





APPENDIX 4

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY										FISCAL YEAR		CURRENT REPORTING MONTH																			
REGIONAL MONTHLY STATUS SUMMARY OF COMPLAINTS RECEIVED AND COMPLIANCE REVIEWS CONDUCTED SECTION 3 OF THE HOUSING AND URBAN DEVELOPMENT ACT OF 1968										PAGE NUMBER		OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEPT																			
										REMARKS																					
INSTRUCTIONS: This form is to be maintained as a complaint and compliance review log in each Region on a fiscal year basis. For complete instructions see 8000.1 (Rev.-1)										MILESTONE ACTIONS														REASON FOR REFERRAL TO HEADQUARTERS							
A. GRIEVANT B. RESPONDENT										STATE/ COUNTY		BASIS		PROGRAM		INVESTIGATION COMMENCED		NEGOTIATIONS INITIATED		RESULTS OF NEGOTIATIONS		FIR COMPLETED		SHOW CAUSE NOTICE ISSUED		CLOSED		TYPE OF CLOSURE		REFERRED TO HEADQUARTERS	
COMPLAINT RECEIVED										COMPLIANCE REVIEW OPENED		DETERMINATION CODE		A. B.		A. B.		A. B.		A. B.		A. B.		A. B.		A. B.		A. B.		A. B.	
REG. FY										MO		SER		AUTH																	
FILE NUMBER																															

HUD-930.1 (9-80)

Previous Editions are Obsolete

8000.1 REV-1

## APPENDIX 5

Form Approved  
OMB No. 63-R1461

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT <b>STATE/LOCAL REFERRAL AGENCY REPORT</b>		
<b>I. NAME OF STATE/LOCAL REFERRAL AGENCY</b>		<b>FOR HUD USE ONLY</b>
		DATE REFERRED
CASE NUMBER	DATE COMPLAINT RECEIVED	NAME OF REFERRAL AGENCY
NAME, ADDRESS AND TELEPHONE NUMBER OF COMPLAINANT		HUD CASE NUMBER
NAME, ADDRESS AND TELEPHONE NUMBER OF RESPONDENT		HUD MONITOR
		DATE RECEIVED IN HUD
BASIS: <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> RELIGION <input type="checkbox"/> SEX <input type="checkbox"/> NATIONAL ORIGIN		
ISSUE		
<b>II. INVESTIGATION</b>		<b>CONCILIATION</b>
DATE ASSIGNED	DATE COMMENCED	CONCILIATION IN PROCESS <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE INVESTIGATION COMPLETED		DATE CONCILIATION COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO
RESULTS <input type="checkbox"/> PROBABLE CAUSE <input type="checkbox"/> NO PROBABLE CAUSE <input type="checkbox"/> COMPLAINT WITHDRAWN		RESULTS <input type="checkbox"/> SUCCESSFUL <input type="checkbox"/> UNSUCCESSFUL <input type="checkbox"/> PARTIAL <input type="checkbox"/> OTHER (Specify) _____
FINAL DISPOSITION		RELIEF OBTAINED (Check Applicable Box(es))
<input type="checkbox"/> LEGAL ACTION BY COMPLAINANT <input type="checkbox"/> FURTHER ACTION BY COMMISSION		<input type="checkbox"/> DWELLING (Contested or next available unit) <input type="checkbox"/> MONETARY COMPENSATION \$ _____ <input type="checkbox"/> AFFIRMATIVE ACTION _____ <input type="checkbox"/> OTHER (Specify) _____
DATE OF STATUS REPORT <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/>		DOES CONCILIATION AGREEMENT PROVIDE FOR FUTURE MONITORING OF RESPONDENT'S OPERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>III. REMARKS</b>		
DATE CASE CLOSED	TYPED NAME OF AGENCY INVESTIGATOR	SIGNATURE OF AGENCY INVESTIGATOR

HUD-948 (11-75)



**INSTRUCTIONS**

This is a HUD Form to be used by State and Local agencies in reporting the status of Title VIII cases referred to them for processing. There is a separate form completed for each Title VIII.

Procedure for utilizing the form: *(Form is printed in color-coordinated NCR Paper).*

1. After thirty (30) days, the regional staff should complete the top portion of the form *(through respondent identification)* retaining the white copy and forwarding the remaining forms to the referral agency for updating. The referral agency then updates and returns all copies to the regional office.
2. After sixty (60) days, the regional staff should retain the green copy of the form and forward the yellow, pink and gold copies to the referral agency for updating. The referral agency then updates and returns all copies to the regional office.
3. After ninety (90) days, the regional staff should retain the yellow copy and forward the pink and gold copies to the referral agency for further updating. After updating, the referral agency retains the gold copy for its record and returns to the regional office the pink copy.

The white copy should have "original copy" printed on it, the green, yellow and pink should have "return to region" and the gold copy should be printed "referral agency's copy."

The region shall keep one copy of the completed form in the Title VIII case folder and make two copies to be sent to the Central Office, one copy will go to Office of Policy Development and Data Analysis and the other to Civil Rights Compliance and Enforcement.

**PRIVACY ACT OF 1974 (PL 93-579) STATEMENT  
HUD-948 (11-75) STATE/LOCAL REFERRAL AGENCY REPORT**

**Authority** - Title VIII of the Civil Rights Act of 1968 *(PL 90-284)*, as amended by Section 808(b) (1), (2) and (3), the Housing and Community Development Act of 1974 *(PL 93-383)*.

**Purpose** - The information requested in this form is to be used by the department to provide information necessary to investigate and conciliate complaints of discrimination in housing and to evaluate the referral agency's ability to meet equivalency requirements.

**Use** This information may be disclosed by the Department of Housing and Urban Development to the Department of Justice in initiating pattern or practice suits of discrimination in housing.

---

1-2. FEDERAL LOCATION CODES

AUTHORITIES: States and Outlying Areas of the United States - Federal Information Processing Standards (FIPS)  
PUB 5-1, National Bureau of Standards, June 15, 1970, and subsequent change notices dated May 22, 1978; July 16, 1979; and December 21, 1979.

Counties and County Equivalents of the States of the United States and the District of Columbia - Federal Information Processing Standards (FIPS)  
PUB 6-3, National Bureau of Standards, December 15, 1979, and subsequent change notice dated June 4, 1980.

Standard Metropolitan Statistical Areas, Revised Edition, 1975 - Prepared by the Statistical Policy Division, Office of Management and Budget (now the Office of Federal Statistical Policy and Standards, Department of Commerce), GPO Stock Number 041-001-00101-8, with subsequent amendments dated June 13, 1977; December 6, 1977; November 14, 1978; April 2, 1979; and October 15, 1979.

Congressional District Atlas, Districts of the 95th Congress - Issued February 1977, U.S. Bureau of the Census, GPO Stock Number 003-024-01257-0.

HUD MAINTENANCE RESPONSIBILITY: Assistant Secretary for Administration, Office of Organization and Management Information, Data Management Division.

## DESCRIPTION OF TABLES:

Table a., State or State Equivalent Names, Abbreviations, and Codes

Table a. contains the name and Federal Information Processing Standard (FIPS) two character alphabetic abbreviation and two character numeric code for every state and state equivalent. The District of Columbia, Puerto Rico, and other outlying areas defined in FIPS PUB 5-1 are listed as state equivalents in this table. The states and

state equivalents are displayed in state numeric code sequence. The appropriate two character numeric HUD Regional Office Code is also displayed for each state and state equivalent. (See page 1-11.)

NOTE: Whenever possible, users of the State Codes are requested to use numeric code in automated data systems since the alphabetic abbreviation must be converted to numeric code prior to machine (ADP) processing.

Table b., Titles and Definitions of Standard Metropolitan Statistical Areas (SMSAs)

Table b. contains the title, definition, and four character numeric FIPS code for each Standard Metropolitan Statistical Area (SMSA). SMSAs not in New England are defined by the counties, or county equivalents, and large municipalities which comprise them. County equivalents in this table are Parishes in Louisiana; Boroughs and Census Areas in Alaska; Municipios in Puerto Rico; Independent Cities in Maryland, Missouri, Nevada, and Virginia; and Columbus, Georgia. In New England, SMSAs are defined by the primary county subdivisions, towns and incorporated municipalities, which comprise them. "(U)" designates an unincorporated municipality as defined by the Bureau of the Census. The table displays the SMSAs in numeric code sequence, which corresponds to the alphabetical sequence of the SMSA titles. (See page 1-13.)

Table c., Standard Consolidated Statistical Areas (SCSAs) and their Constituent Standard Metropolitan Statistical Areas (SMSAs)

Table c. contains the title and two character FIPS numeric code for each Standard Consolidated Statistical Area (SCSA), as well as the titles and FIPS codes for the SMSAs which comprise each SCSA. An SCSA is made up of two or more contiguous SMSAs which satisfy certain criteria of size, urban character, economic integration, and contiguity of urbanized areas. (See page 1-79.)

Table d., County or County Equivalents, Standard Metropolitan Statistical Area (SMSA) Code, and Congressional District (CD) Codes

Table d. contains the name, the three character numeric FIPS code, and the Congressional District (CD) Code(s) of each county and county equivalent in the United States. County equivalents listed in this table are identical to those described for Table b., above, with the addition of the islands of the Virgin Islands of the United States. All associated CDs are listed with each county and county equivalent located in, or containing more than one CD. SMSA codes are listed for those counties and county equivalents located in SMSAs, with multiple SMSA codes listed for New England counties in more than one SMSA. Counties and county equivalents are displayed in alphabetic sequence within state. (See page 1-81.)

NOTE: FIPS county codes are repeated from state to state, so that a combination of the two digit FIPS state code and the three digit FIPS county code is required to uniquely identify a single county. For instance, Autauga County, Alabama, and Apache County, Arizona, have identical county codes (001) and can be differentiated only when the county codes are used with the state codes:

<u>Name</u>	<u>State Code</u>	<u>County Code</u>
Autauga County, Alabama	01	001
Apache County, Arizona	04	001

8000.1 REV-1

APPENDIX 6

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## APPENDIX 6

a. State or State Equivalent Names, Abbreviations, and Codes.

<u>State or State Equivalent Name</u>	<u>Abbreviation</u>	<u>Code</u>	<u>HUD Regional Office Code</u>
Alabama	AL	01	04
Alaska	AK	02	10
Arizona	AZ	04	09
Arkansas	AR	05	06
California	CA	06	09
Colorado	CO	08	08
Connecticut	CT	09	01
Delaware	DE	10	03
District of Columbia	DC	11	03
Florida	FL	12	04
Georgia	GA	13	04
Hawaii	HI	15	09
Idaho	ID	16	10
Illinois	IL	17	05
Indiana	IN	18	05
Iowa	IA	19	07
Kansas	KS	20	07
Kentucky	KY	21	04
Louisiana	LA	22	06
Maine	ME	23	01
Maryland	MD	24	03
Massachusetts	MA	25	01
Michigan	MI	26	05
Minnesota	MN	27	05
Mississippi	MS	28	04
Missouri	MO	29	07
Montana	MT	30	08
Nebraska	NE	31	07
Nevada	NV	32	09
New Hampshire	NH	33	01
New Jersey	NJ	34	02
New Mexico	NM	35	07
New York	NY	36	02
North Carolina	NC	37	04
North Dakota	ND	38	08
Ohio	OH	39	05
Oklahoma	OK	40	06
Oregon	OR	41	10
Pennsylvania	PA	42	03
Rhode Island	RI	44	01
South Carolina	SC	45	04
South Dakota	SD	46	08
Tennessee	TN	47	04

## APPENDIX 6

<u>State or State Equivalent Name</u>	<u>Abbreviation</u>	<u>Code</u>	<u>HUD Regional Office Code</u>
Texas	TX	48	06
Utah	UT	49	08
Vermont	VT	50	01
Virginia	VA	51	03
Washington	WA	53	10
West Virginia	WV	54	03
Wisconsin	WI	55	05
Wyoming	WY	56	08
American Samoa	AQ	60	09
Guam	GQ	66	09
Johnston Atoll	JQ	67	09
Northern Mariana Islands	CQ	69	09
Midway Islands	MQ	71	09
Puerto Rico	RQ	72	02
Trust Territory of the Pacific Islands (Caroline Islands and Marshall Islands)	NQ	75	09
Navassa Island	BQ	76	02
U.S. Miscellaneous Pacific Islands	IQ	77	09
Virgin Islands of the United States	VQ	78	02
Wake Island	WQ	79	09

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b. Titles and Definitions of Standard Metropolitan Statistical Areas (SMSAs).

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
0040	ABILENE, TX Callahan County Jones County Abilene (part) Taylor County Abilene (part)
0080	AKRON, OH Portage County Kent Summit County Akron Barberton Cuyahoga Falls
0120	ALBANY, GA Dougherty County Albany Lee County
0160	ALBANY-SCHENECTADY-TROY, NY Albany County Albany Montgomery County Amsterdam Rensselaer County Troy Saratoga County Schenectady County Rotterdam (U) Schenectady
0200	ALBUQUERQUE, NM Bernalillo County Albuquerque South Valley (U) Sandoval County



<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
0220	ALEXANDRIA, LA Grant Parish Rapides Parish Alexandria
0240	ALLENTOWN-BETHLEHEM-EASTON, PA-NJ Pennsylvania portion Carbon County, PA Lehigh County, PA Allentown Bethlehem (part) Northampton County, PA Bethlehem (part) Easton New Jersey portion Warren County, NJ
0280	ALTOONA, PA Blair County Altoona
0320	AMARILLO, TX Potter County Amarillo (part) Randall County Amarillo (part)
0360	ANAHEIM-SANTA ANA-GARDEN GROVE, CA Orange County Anaheim Buena Park Costa Mesa Cypress Fountain Valley Fullerton Garden Grove Huntington Beach La Habra Newport Beach Orange Placentia

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
0360	ANAHEIM-SANTA ANA-GARDEN GROVE, CA - cont. Santa Ana Seal Beach Tustin Tustin-Foothills (U) Westminster
0380	ANCHORAGE, AK Anchorage Borough Anchorage
0400	ANDERSON, IN Madison County Anderson
0440	ANN ARBOR, MI Washtenaw County Ann Arbor Ypsilanti
0450	ANNISTON, AL Calhoun County Anniston
0460	APPLETON-OSHKOSH, WI Calumet County Appleton (part) Outagamie County Appleton (part) Winnebago County Neenah Oshkosh
0480	ASHEVILLE, NC Buncombe County Asheville Madison County
0520	ATLANTA, GA Butts County Cherokee County Clayton County

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
0520	ATLANTA, GA - cont. Cobb County Marietta De Kalb County Atlanta (part) Decatur Douglas County Fayette County Forsyth County Fulton County Atlanta (part) East Point Gwinnett County Henry County Newton County Paulding County Rockdale County Walton County
0560	ATLANTIC CITY, NJ Atlantic County Atlantic City
0600	AUGUSTA, GA-SC Georgia portion Columbia County, GA Richmond County, GA Augusta South Carolina portion Aiken County, SC
0640	AUSTIN, TX Hays County Travis County Austin Williamson County
0680	BAKERSFIELD, CA Kern County Bakersfield Oildale (U)

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
0720	BALTIMORE, MD Baltimore city Anne Arundel County Annapolis Glen Burnie (U) Baltimore County Arbutus (U) Catonsville (U) Dundalk (U) Essex (U) Lutherville-Timonium (U) Parkville (U) Pikesville (U) Randallstown (U) Towson (U) Woodlawn-Woodmoor (U) Carroll County Harford County Howard County
0760	BATON ROUGE, LA Ascension Parish East Baton Rouge Parish Baton Rouge Scotlandville (U) Livingston Parish West Baton Rouge Parish
0780	BATTLE CREEK, MI Barry County Calhoun County Battle Creek
0800	BAY CITY, MI Bay County Bay City Midland (part)
0840	BEAUMONT-PORT ARTHUR-ORANGE, TX Hardin County Jefferson County Beaumont Port Arthur

## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
0840	BEAUMONT-PORT ARTHUR-ORANGE, TX - cont. Orange County Orange
0880	BILLINGS, MT Yellowstone County Billings
0920	BILOXI-GULFPORT, MS Hancock County Harrison County Biloxi Gulfport Stone County
0960	BINGHAMTON, NY-PA New York portion Broome County, NY Binghamton Tioga County, NY Pennsylvania portion Susquehanna County, PA
1000	BIRMINGHAM, AL Jefferson County Bessemer Birmingham Homewood St. Clair County Shelby County Walker County
1010	BISMARCK, ND Burleigh County Bismarck Morton County
1020	BLOOMINGTON, IN Monroe County Bloomington
1040	BLOOMINGTON-NORMAL, IL McLean County Bloomington Normal

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
1080	BOISE CITY, ID Ada County Boise City
1120	BOSTON, MA Essex County (part) Beverly city Lynn city Peabody city Salem city Boxford town Danvers town Hamilton town Lynnfield town Manchester town Marblehead town Middleton town Nahant town Saugus town Swampscott town Topsfield town Wenham town Middlesex County (part) Cambridge city Everett city Malden city Medford city Melrose city Newton city Somerville city Waltham city Woburn city Acton town Arlington town Ashland town Bedford town Belmont town Boxborough town Burlington town Carlisle town Concord town

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FIPS  
SMSA  
Code

1120

Area Title and Definition

BOSTON, MA - cont.

Framingham town  
Holliston town  
Lexington town  
Lincoln town  
Natick town  
North Reading town  
Reading town  
Sherborn town  
Stoneham town  
Sudbury town  
Wakefield town  
Watertown town  
Wayland town  
Weston town  
Wilmington town  
Winchester town  
Norfolk County (part)  
Quincy city  
Bellingham town  
Braintree town  
Brookline town  
Canton town  
Cohasset town  
Dedham town  
Dover town  
Foxborough town  
Franklin town  
Holbrook town  
Medfield town  
Medway town  
Millis town  
Milton town  
Needham town  
Norfolk town  
Norwood town  
Randolph town  
Sharon town  
Stoughton town  
Walpole town  
Wellesley town  
Westwood town

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
1120	BOSTON, MA - cont. Weymouth town Wrentham town Plymouth County (part) Abington town Duxbury town Hanover town Hanson town Hingham town Hull town Kingston town Marshfield town Norwell town Pembroke town Rockland town Scituate town Suffolk County Boston city Chelsea city Revere city Winthrop town
1140	BRADENTON, FL Manatee County Bradenton
1160	BRIDGEPORT, CT Fairfield County (part) Bridgeport city Shelton city Easton town Fairfield town Monroe town Stratford town Trumbull town New Haven County (part) Derby city Milford city
1170	BRISTOL, CT Hartford County (part) Bristol city Burlington town



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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
1170	BRISTOL, CT - cont. Litchfield County (part) Plymouth town
1200	BROCKTON, MA Bristol County (part) Easton town Norfolk County (part) Avon town Plymouth County (part) Brockton city Bridgewater town East Bridgewater town Halifax town West Bridgewater town Whitman town
1240	BROWNSVILLE-HARLINGEN-SAN BENITO, TX Cameron County Brownsville Harlingen San Benito
1260	BRYAN-COLLEGE STATION, TX Brazos County Bryan College Station
1280	BUFFALO, NY Erie County Buffalo Depew Kenmore Lackawanna Tonawanda Niagara County Lockport Niagara Falls North Tonawanda

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
1300	BURLINGTON, NC Alamance County Burlington
1310	CAGUAS, PR Caguas Municipio Caguas Gurabo Municipio San Lorenzo Municipio
1320	CANTON, OH Carroll County Stark County Alliance Canton Massillon
1360	CEDAR RAPIDS, IA Linn County Cedar Rapids
1400	CHAMPAIGN-URBANA-RANTOUL, IL Champaign County Champaign Rantoul Urbana
1440	CHARLESTON-NORTH CHARLESTON, SC Berkeley County Charleston County Charleston Dorchester County
1480	CHARLESTON, WV Kanawha County Charleston Putnam County
1520	CHARLOTTE-GASTONIA, NC Gaston County Gastonia Mecklenburg County Charlotte Union County

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
1560	CHATTANOOGA, TN-GA Tennessee portion Hamilton County, TN Chattanooga East Ridge Marion County, TN Sequatchie County, TN Georgia portion Catoosa County, GA Dade County, GA Walker County, GA
1600	CHICAGO, IL Cook County Arlington Heights (part) Bellwood Berwyn Blue Island Brookfield Calumet City Chicago (part) Chicago Heights Cicero Des Plaines Dolton Elgin (part) Elk Grove Village (part) Elmwood park Evanston Evergreen Park Franklin Park Glenview Harvey Hoffman Estates Lansing Maywood Melrose Park Morton Grove Mount Prospect Niles Northbrook Oak Lawn

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FIPS  
SMSA  
Code

Area Title and Definition

1600

CHICAGO, IL - cont.

Oak Park  
Palatine  
Park Forest (part)  
Park Ridge  
Skokie  
South Holland  
South Stickney (U)  
Westchester  
Wilmette

Du Page County

Addison  
Chicago (part)  
Downers Grove  
Elk Grove Village (part)  
Elmhurst  
Glen Ellyn  
Lombard  
Naperville  
Villa Park  
Wheaton

Kane County

Aurora  
Carpentersville  
Elgin (part)

Lake County

Arlington Heights (part)  
Highland Park  
North Chicago  
Waukegan

McHenry County

Will County

Joliet  
Park Forest (part)

1640

CINCINNATI, OH-KY-IN

Ohio portion

Clermont County, OH  
Hamilton County, OH  
Cincinnati  
Norwood  
Warren County, OH

## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
1640	CINCINNATI, OH-KY-IN - cont. Kentucky portion Boone County, KY Campbell County, KY Newport Kenton County, KY Covington Indiana portion Dearborn County, IN
1660	CLARKSVILLE-HOPKINSVILLE, TN-KY Tennessee portion Montgomery County Clarksville Kentucky portion Christian County Hopkinsville
1680	CLEVELAND, OH Cuyahoga County Berea Brook Park Cleveland Cleveland Heights East Cleveland Euclid Fairview Park Garfield Heights Lakewood Maple Heights Mayfield Heights North Olmsted Parma Parma Heights Rocky River Shaker Heights South Euclid Geauga County Lake County Mentor Wickliffe Willowick Medina County

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
1720	COLORADO SPRINGS, CO El Paso County Colorado Springs Teller County
1740	COLUMBIA, MO Boone County Columbia
1760	COLUMBIA, SC Lexington County Richland County Columbia
1800	COLUMBUS, GA-AL Georgia portion Chattahoochee County, GA Fort Benning (U) (part) Columbus, GA (Consolidated Government) Alabama portion Russell County, AL Phenix City (part)
1840	COLUMBUS, OH Delaware County Fairfield County Lancaster Franklin County Columbus Upper Arlington Whitehall Madison County Pickaway County
1880	CORPUS CHRISTI, TX Nueces County Corpus Christi San Patricio County

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FIPS  
SMSA  
Code

Area Title and Definition

1920

DALLAS-FORT WORTH, TX

Collin County  
Richardson (part)  
Dallas County  
Dallas  
Farmers Branch  
Garland  
Grand Prairie (part)  
Irving  
Mesquite  
Richardson (part)  
University Park  
Denton County  
Denton  
Ellis County  
Hood County  
Johnson County  
Fort Worth (part)  
Kaufman County  
Parker County  
Rockwall County  
Tarrant County  
Arlington  
Fort Worth (part)  
Grand Prairie (part)  
Haltom City  
Hurst  
Wise County

1930

DANBURY, CT.

Fairfield County (part)  
Danbury city  
Bethel town  
Brookfield town  
New Fairfield town  
Newtown town  
Redding town  
Litchfield County (part)  
New Milford town

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
1960	DAVENPORT-ROCK ISLAND-MOLINE, IA-IL Iowa portion Scott County, IA Bettendorf Davenport Illinois portion Henry County, IL Rock Island County, IL East Moline Moline Rock Island
2000	DAYTON, OH Greene County Fairborn Xenia Miami County Piqua Montgomery County Dayton Kettering Preble County
2020	DAYTONA BEACH, FL Volusia County Daytona Beach
2040	DECATUR, IL Macon County Decatur
2080	DENVER-BOULDER, CO Adams County Arvada (part) Aurora (part) Northglenn Arapahoe County Aurora (part) Englewood Littleton Littleton Southeast (U)

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
2080	DENVER-BOULDER, CO - cont. Boulder County Boulder Longmont Denver County Denver Douglas County Gilpin County Jefferson County Arvada (part) Lakewood Wheat Ridge
2120	DES MOINES, IA Polk County Des Moines Warren County
2160	DETROIT, MI Lapeer County Livingston County Macomb County East Detroit Mount Clemens Roseville St. Clair Shores Sterling Heights Warren Oakland County Berkley Birmingham Ferndale Hazel Park Madison Heights Oak Park Pontiac Royal Oak Southfield Troy St. Clair County Port Huron

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
2160	DETROIT, MI - cont. Wayne County Allen Park Dearborn Dearborn Heights Detroit Garden City Grosse Pointe Woods Hamtramck Harper Woods Highland Park Inkster Lincoln Park Livonia Southgate Taylor Trenton Wayne Westland Wyandotte
2200	DUBUQUE, IA Dubuque County Dubuque
2240	DULUTH-SUPERIOR, MN-WI Minnesota portion St. Louis County, MN Duluth Wisconsin portion Douglas County, WI Superior
2290	EAU CLAIRE, WI Chippewa County Eau Claire (part) Eau Claire County Eau Claire (part)
2320	EL PASO, TX El Paso County El Paso

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
2330	ELKHART, IN Elkhart County Elkhart
2335	ELMIRA, NY Chemung County Elmira
2340	ENID, OK Garfield County Enid
2360	ERIE, PA Erie County Erie
2400	EUGENE-SPRINGFIELD, OR Lane County Eugene Springfield
2440	EVANSVILLE, IN-KY Indiana portion Gibson County, IN Posey County, IN Vanderburgh County, IN Evansville Warrick County, IN Kentucky portion Henderson County, KY Henderson
2480	FALL RIVER, MA-RI Massachusetts portion Bristol County (part), MA Fall River city Dighton town Somerset town Swansea town Westport town

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
2480	FALL RIVER, MA-RI - cont. Rhode Island portion Newport County (part), RI Little Compton town Portsmouth town Tiverton town
2520	FARGO-MOORHEAD, ND-MN North Dakota portion Cass County, ND Fargo Minnesota portion Clay County, MN Moorhead
2560	FAYETTEVILLE, NC Cumberland County Fayetteville Fort Bragg (U)
2580	FAYETTEVILLE-SPRINGDALE, AR Benton County Springdale (part) Washington County Fayetteville Springdale (part)
2600	FITCHBURG-LEOMINSTER, MA Middlesex County (part) Shirley town Townsend town Worcester County (part) Fitchburg city Leominster city Lunenburg town Westminster town
2640	FLINT, MI Genesee County Flint Shiawassee County

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
2650	FLORENCE, AL Colbert County Lauderdale County Florence
2670	FORT COLLINS, CO Larimer County Fort Collins
2680	FORT LAUDERDALE-HOLLYWOOD, FL Broward County Fort Lauderdale Hallandale Hollywood Miramar Plantation Pompano Beach
2700	FORT MYERS-CAPE CORAL, FL Lee County Cape Coral Fort Myers
2720	FORT SMITH, AR-OK Arkansas portion Crawford County, AR Sebastian County, AR Fort Smith Oklahoma portion Le Flore County, OK Sequoyah County, OK
2760	FORT WAYNE, IN Adams County Allen County Fort Wayne De Kalb County Wells County
2840	FRESNO, CA Fresno County Fresno

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
2880	GADSDEN, AL Etowah County Gadsden
2900	GAINESVILLE, FL Alachua County Gainesville
2920	GALVESTON-TEXAS CITY, TX Galveston County Galveston Texas City
2960	GARY-HAMMOND-EAST CHICAGO, IN Lake County East Chicago Gary Hammond Highland Hobart Porter County Valparaiso
2985	GRAND FORKS, ND-MN Grand Forks County, ND Grand Forks Polk County, MN
3000	GRAND RAPIDS, MI Kent County Grand Rapids Kentwood Wyoming Ottawa County Holland (part)
3040	GREAT FALLS, MT Cascade County Great Falls

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
3060	GREELEY, CO Weld County Greeley
3080	GREEN BAY, WI Brown County Green Bay
3120	GREENSBORO-WINSTON-SALEM-HIGH POINT, NC Davidson County High Point (part) Forsyth County Winston-Salem Guilford County Greensboro High Point (part) Randolph County High Point (part) Stokes County Yadkin County
3160	GREENVILLE-SPARTANBURG, SC Greenville County Greenville Pickens County Spartanburg County Spartanburg
3200	HAMILTON-MIDDLETOWN, OH Butler County Hamilton Middletown
3240	HARRISBURG, PA Cumberland County Dauphin County Harrisburg Perry County

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FIPS  
SMSA  
Code

3280

Area Title and Definition

HARTFORD, CT

Hartford County (part)

Hartford city

Avon town

Bloomfield town

Canton town

East Granby town

East Hartford town

East Windsor town

Enfield town

Farmington town

Glastonbury town

Granby town

Manchester town

Marlborough town

Newington town

Rocky Hill town

Simsbury town

South Windsor town

Suffield town

West Hartford town

Wethersfield town

Windsor town

Windsor Locks town

Litchfield County (part)

New Hartford town

Middlesex County (part)

Cromwell town

East Hampton town

Portland town

New London County (part)

Colchester town

Tolland County (part)

Andover town

Bolton town

Columbia town

Coventry town

Ellington town

Hebron town

Stafford town

Tolland town

Vernon town

Willington town



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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
3320	HONOLULU, HI Honolulu County Honolulu Kailua Kaneohe Waipahu
3360	HOUSTON, TX Brazoria County Fort Bend County Houston (part) Harris County Baytown Houston (part) Pasadena Liberty County Montgomery County Houston (part) Waller County
3400	HUNTINGTON-ASHLAND, WV-KY-OH West Virginia portion Cabell County, WV Huntington (part) Wayne County, WV Huntington (part) Kentucky portion Boyd County, KY Ashland Greenup County, KY Ohio portion Lawrence County, OH
3440	HUNTSVILLE, AL Limestone County Madison County Huntsville Marshall County

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
3480	INDIANAPOLIS, IN Boone County Hamilton County Hancock County Hendricks County Johnson County Marion County Indianapolis Morgan County Shelby County
3500	IOWA CITY, IA Johnson County Iowa City
3520	JACKSON, MI Jackson County Jackson
3560	JACKSON, MS Hinds County Jackson (part) Rankin County Jackson (part)
3600	JACKSONVILLE, FL Baker County Clay County Duval County Jacksonville Nassau County St. Johns County
3620	JANESVILLE-BELOIT, WI Rock County Beloit Janesville
3640	JERSEY CITY, NJ Hudson County Bayonne Hoboken

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
3640	JERSEY CITY, NJ - cont. Jersey City Kearny Union City West New York
3660	JOHNSON CITY-KINGSPORT-BRISTOL, TN-VA Tennessee portion Carter County, TN Hawkins County, TN Kingsport (part) Sullivan County, TN Bristol Kingsport (part) Unicoi County, TN Washington County, TN Johnson City Virginia portion Bristol city, VA Scott County, VA Washington, County, VA
3680	JOHNSTOWN, PA Cambria County Johnstown Somerset County
3720	KALAMAZOO-PORTAGE, MI Kalamazoo County Kalamazoo Portage Van Buren County
3740	KANKAKEE, IL Kankakee County Kankakee
3760	KANSAS CITY, MO-KS Missouri portion Cass County, MO

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
3760	KANSAS CITY, MO-KS - cont. Clay County, MO Gladstone Independence (part) Kansas City (part) Jackson County, MO Independence (part) Kansas City (part) Raytown Platte County, MO Kansas City (part) Ray County, MO Kansas portion Johnson County, KS Overland Park Prairie Village Shawnee Wyandotte County, KS Kansas City
3800	KENOSHA, WI Kenosha County Kenosha
3810	KILLEEN-TEMPLE, TX Bell County Fort Hood (U) (part) Killeen Temple Coryell County Fort Hood (U) (part)
3840	KNOXVILLE, TN Anderson County Oak Ridge (part) Blount County Knox County Knoxville Union County
3850	KOKOMO, IN Howard County Kokomo Tipton County

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
3870	LA CROSSE, WI La Crosse County La Crosse
3880	LAFAYETTE, LA Lafayette Parish Lafayette
3920	LAFAYETTE-WEST LAFAYETTE, IN Tippecanoe County Lafayette West Lafayette
3960	LAKE CHARLES, LA Calcasieu Parish Lake Charles
3980	LAKELAND-WINTER HAVEN, FL Polk County Lakeland Winter Haven
4000	LANCASTER, PA Lancaster County Lancaster
4040	LANSING-EAST LANSING, MI Clinton County Lansing (part) Eaton County Lansing (part) Ingham County East Lansing Lansing (part) Ionia County

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
4080	LAREDO, TX Webb County Laredo
4100	LAS CRUCES, NM Dona Ana County Las Cruces
4120	LAS VEGAS, NV Clark County Las Vegas North Las Vegas Paradise (U)
4150	LAWRENCE, KS Douglas County Lawrence
4160	LAWRENCE-HAVERHILL, MA-NH Massachusetts portion Essex County (part), MA Haverhill city Lawrence city Amesbury town Andover town Georgetown town Groveland town Merrimac town Methuen town North Andover town Salisbury town West Newbury town New Hampshire portion Rockingham County (part), NH Atkinson town Hampstead town Kingston town Newton town Plaistow town Salem town Windham town

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
4200	LAWTON, OK Comanche County Fort Sill (U) Lawton
4240	LEWISTON-AUBURN, ME Androscoggin County (part) Auburn city Lewiston city Lisbon town
4280	LEXINGTON-FAYETTE, KY Bourbon County Clark County Fayette County Lexington-Fayette Jessamine County Scott County Woodford County
4320	LIMA, OH Allen County Lima Auglaize County Putnam County Van Wert County
4360	LINCOLN, NE Lancaster County Lincoln
4400	LITTLE ROCK-NORTH LITTLE ROCK, AR Pulaski County Little Rock North Little Rock Saline County
4410	LONG BRANCH-ASBURY PARK, NJ Monmouth County Asbury Park Long Branch

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<u>FIPS</u> <u>SMSA</u> <u>Code</u>	<u>Area Title and Definition</u>
4420	LONGVIEW-MARSHALL, TX Gregg County Longview Harrison County Marshall
4440	LORAIN-ELYRIA, OH Lorain County Elyria Lorain
4480	LOS ANGELES-LONG BEACH, CA Los Angeles County Alhambra Altadena (U) Arcadia Azusa Baldwin Park Bell Bellflower Bell Gardens Beverly Hills Burbank Carson Claremont Compton Covina Culver City Downey East Los Angeles (U) El Monte Florence-Graham (U) Gardena Glendale Glendora Hacienda Heights (U) Hawthorne Huntington Park Inglewood La Canada-Flintridge (U) Lakewood La Mirada

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
4480	LOS ANGELES-LONG BEACH, CA - cont. Lancaster (U) La Puente Lawndale Long Beach Los Angeles Lynwood Manhattan Beach Monrovia Montebello Monterey Park Norwalk Palos Verdes Peninsula (U) Paramount Pasadena Pico Rivera Pomona Redondo Beach Rosemead San Gabriel Santa Monica South Gate South Pasadena South Whittier (U) Temple City Torrance West Covina West Hollywood (U) Westmont (U) West Puente Valley (U) West Whittier-Los Nietos (U) Whittier Willowbrook (U)
4520	LOUISVILLE, KY-IN Kentucky portion Bullitt County, KY Jefferson County, KY Louisville Pleasure Ridge Park (U) Valley Station (U) Oldham County, KY

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
4520	LOUISVILLE, KY-IN - cont. Indiana portion Clark County, IN Jeffersonville Floyd County, IN New Albany
4560	LOWELL, MA-NH Massachusetts portion Middlesex County (part), MA Lowell city Billerica town Chelmsford town Dracut town Tewksbury town Tyngsborough town Westford town New Hampshire portion Hillsborough County (part), NH Pelham town
4600	LUBBOCK, TX Lubbock County Lubbock
4640	LYNCHBURG, VA Lynchburg city Amherst County Appomattox County Campbell County
4680	MACON, GA Bibb County Macon (part) Houston County Warner Robins Jones County Macon (part) Twiggs County
4720	MADISON, WI Dane County Madison

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
4760	MANCHESTER, NH Hillsborough County (part) Manchester city Bedford town Goffstown town Merrimack County (part) Allenstown town Hooksett town Pembroke town Rockingham County (part) Derry town Londonderry town
4800	MANSFIELD, OH Richland County Mansfield
4840	MAYAGUEZ, PR Anasco Municipio Hormigueros Municipio Mayaguez Municipio Mayaguez
4880	McALLEN-PHARR-EDINBURG, TX Hidalgo County Edinburg McAllen Pharr
4900	MELBOURNE-TITUSVILLE-COCOA, FL Brevard County Cocoa Melbourne Merritt Island (U) Titusville
4920	MEMPHIS, TN-AR-MS Tennessee portion Shelby County, TN Memphis Millington Tipton County, TN

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
4920	MEMPHIS, TN-AR-MS - cont. Arkansas portion Crittenden County, AR West Memphis Mississippi portion DeSoto County, MS
4960	MERIDEN, CT New Haven County (part) Meriden city
5000	MIAMI, FL Dade County Browns Village (U) Carol City (U) Coral Gables Hialeah Kendall (U) Miami Miami Beach North Miami North Miami Beach
5040	MIDLAND, TX Midland County Midland
5080	MILWAUKEE, WI Milwaukee County Cudahy Greenfield Milwaukee (part) South Milwaukee Wauwatosa West Allis Ozaukee County Washington County Milwaukee (part) Waukesha County Brookfield Menomonee Falls New Berlin Waukesha

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
5120	MINNEAPOLIS-ST. PAUL, MN-WI Minnesota portion Anoka County, MN Blaine (part) Columbia Heights Coon Rapids Fridley Carver County, MN Chisago County, MN Dakota County, MN South St. Paul Hennepin County, MN Bloomington Brooklyn Center Brooklyn Park Crystal Edina Golden Valley Minneapolis Minnetonka New Hope Richfield St. Louis Park Ramsey County, MN Blaine (part) Maplewood Roseville St. Paul White Bear Lake (part) Scott County, MN Washington County, MN White Bear Lake (part) Wright County, MN Wisconsin portion St. Croix County, WI
5160	MOBILE, AL Baldwin County Mobile County Mobile Prichard

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
5170	MODESTO, CA Stanislaus County Modesto
5200	MONROE, LA Ouachita Parish Monroe
5240	MONTGOMERY, AL Autauga County Elmore County Montgomery County Montgomery
5280	MUNCIE, IN Delaware County Muncie
5320	MUSKEGON-NORTON SHORES-MUSKEGON HEIGHTS, MI Muskegon County Muskegon Muskegon Heights Norton Shores Oceana County
5350	NASHUA, NH Hillsborough County (part) Nashua city Amherst town Hudson town Merrimack town Milford town
5360	NASHVILLE-DAVIDSON, TN Cheatham County Davidson County Nashville-Davidson Dickson County Robertson County Rutherford County Murfreesboro

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## APPENDIX 6

<u>FIPS</u> <u>SMSA</u> <u>Code</u>	<u>Area Title and Definition</u>
5360	NASHVILLE-DAVIDSON, TN - cont. Sumner County Williamson County Wilson County
5380	NASSAU-SUFFOLK, NY Nassau County Baldwin (U) East Meadow (U) Elmont (U) Franklin Square (U) Freeport Garden City Glen Cove Hempstead Hicksville (U) Levittown (U) Long Beach Lynbrook Massapequa (U) Massapequa Park Merrick (U) Mineola North Bellmore (U) North Massapequa (U) Oceanside (U) Plainview (U) Rockville Centre South Farmingdale (U) Uniondale (U) Valley Stream Wantagh (U) West Hempstead (U) Suffolk County Brentwood (U) Central Islip (U) Commack (U) Deer Park (U) Huntington Station (U) Lindenhurst North Babylon (U)

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
5400	NEW BEDFORD, MA Bristol County (part) New Bedford city Acushnet town Dartmouth town Fairhaven town Freetown town Plymouth County (part) Lakeville town Marion town Mattapoissett town
5440	NEW BRITAIN, CT Hartford County (part) New Britain city Berlin town Plainville town Southington town
5460	NEW BRUNSWICK-PERTH AMBOY-SAYREVILLE, NJ Middlesex County Carteret New Brunswick Old Bridge (U) Perth Amboy Sayreville South Plainfield
5480	NEW HAVEN-WEST HAVEN, CT Middlesex County (part) Clinton town New Haven County (part) New Haven city West Haven city Bethany town Branford town East Haven town Guilford town Hamden town Madison town North Branford town

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## APPENDIX 6

<u>FIPS</u> <u>SMSA</u> <u>Code</u>	<u>Area Title and Definition</u>
5480	NEW HAVEN-WEST HAVEN, CT - cont. North Haven town Orange town Wallingford town Woodbridge town
5520	NEW LONDON-NORWICH, CT-RI Connecticut portion Middlesex County (part), CT Old Saybrook town New London County (part), CT New London city Norwich city Bozrah town East Lyme town Griswold town Groton town Ledyard town Lisbon town Montville town Old Lyme town Preston town Sprague town Stonington town Waterford town Rhode Island portion Washington County (part), RI Hopkinton town Westerly town
5560	NEW ORLEANS, LA Jefferson Parish Gretna Marrero (U) Metairie (U) Kenner Orleans Parish New Orleans St. Bernard Parish St. Tammany Parish

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<u>FIPS</u> <u>SMSA</u> <u>Code</u>	<u>Area Title and Definition</u>
5600	NEW YORK, NY-NJ New York portion Bronx County, NY New York (part) Kings County, NY New York (part) New York County, NY New York (part) Putnam County, NY Queens County, NY New York (part) Richmond County, NY New York (part) Rockland County, NY New City (U) Westchester County, NY Eastchester (U) Mount Vernon New Rochelle Ossining Port Chester White Plains Yonkers New Jersey portion Bergen County, NJ Bergenfield East Paterson Englewood Fair Lawn Fort Lee Garfield Hackensack Lodi New Milford Paramus Ridgewood Rutherford
5640	NEWARK, NJ Essex County Belleville Bloomfield East Orange

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
5640	NEWARK, NJ - cont. Irvington Montclair Newark Nutley Orange West Orange Morris County Somerset County North Plainfield Union County Elizabeth Linden Plainfield Rahway Roselle Summit Westfield
5680	NEWPORT NEWS-HAMPTON, VA Hampton city Newport News city Poquoson city Williamsburg city Gloucester County James City County York County
5720	NORFOLK-VIRGINIA BEACH-PORTSMOUTH, VA-NC Virginia portion Chesapeake city, VA Norfolk city, VA Portsmouth city, VA Suffolk city, VA Virginia Beach city, VA North Carolina portion Currituck County, NC
5745	NORTHEAST PENNSYLVANIA Lackawanna County Scranton

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
5745	NORTHEAST PENNSYLVANIA - cont. Luzerne County Hazleton Wilkes-Barre Monroe County
5760	NORWALK, CT Fairfield County (part) Norwalk city Weston town Westport town Wilton town
5800	ODESSA, TX Ector County Odessa
5880	OKLAHOMA CITY, OK Canadian County Oklahoma City (part) Cleveland County Norman Oklahoma City (part) McClain County Oklahoma City (part) Oklahoma County Bethany Del City Midwest City Oklahoma City (part) Pottawatomie County Shawnee Oklahoma City (part)
5920	OMAHA, NE-IA Nebraska portion Douglas County, NE Omaha Sarpy County, NE Iowa portion Pottawattamie County, IA Council Bluffs

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
5960	ORLANDO, FL Orange County Orlando Winter Park Osceola County Seminole County
5990	OWENSBORO, KY Daviness County Owensboro
6000	OXNARD-SIMI VALLEY-VENTURA, CA Ventura County Oxnard Simi Valley Thousand Oaks Ventura (San Buenaventura)
6015	PANAMA CITY, FL Bay County Panama City
6020	PARKERSBURG-MARIETTA, WV-OH West Virginia portion Wirt County, WV Wood County, WV Parkersburg Ohio portion Washington County, OH Marietta
6025	PASCAGOULA-MOSS POINT, MS Jackson County Moss Point Pascagoula
6040	PATERSON-CLIFTON-PASSAIC, NJ Passaic County Clifton Passaic Paterson

## APPENDIX 6

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
6080	PENSACOLA, FL Escambia County Pensacola West Pensacola (U) Santa Rosa County
6120	PEORIA, IL Peoria County Pekin (part) Peoria Tazewell County Pekin (part) Woodford County
6140	PETERSBURG-COLONIAL HEIGHTS-HOPEWELL, VA Colonial Heights city Hopewell city Petersburg city Dinwiddie County Prince George County
6160	PHILADELPHIA, PA-NJ Pennsylvania portion Bucks County, PA Chester County, PA Delaware County, PA Chester Montgomery County, PA Norristown Penn Square-Plymouth Valley (U) Pottstown Philadelphia County, PA Philadelphia New Jersey portion Burlington County, NJ Fort Dix (U) Camden County, NJ Camden Gloucester County, NJ

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
6200	PHOENIX, AZ Maricopa County Glendale Mesa Phoenix Scottsdale Tempe
6240	PINE BLUFF, AR Jefferson County Pine Bluff
6280	PITTSBURGH, PA Allegheny County Baldwin Bethel Park McKeesport Monroeville Pittsburgh Plum West Mifflin Wilkinsburg Beaver County Aliquippa Washington County Westmoreland County New Kensington
6320	PITTSFIELD, MA Berkshire County (part) Pittsfield city Adams town Cheshire town Dalton town Lanesborough town Lee town Lenox town Stockbridge town
6360	PONCE, PR Juana Diaz Municipio Ponce Municipio Ponce Villalba Municipio

FIPS  
SMSA  
Code

Area Title and Definition

6400

PORTLAND, ME  
Cumberland County (part)  
Portland city  
South Portland city  
Westbrook city  
Cape Elizabeth town  
Cumberland town  
Falmouth town  
Freeport town  
Gorham town  
Scarborough town  
Windham town  
Yarmouth town  
York County (part)  
Saco city  
Old Orchard Beach town

6440

PORTLAND, OR-WA  
Oregon portion  
Clackamas County, OR  
Portland (part)  
Multnomah County, OR  
Portland (part)  
Washington County, OR  
Portland (part)  
Washington portion  
Clark County, WA  
Vancouver

6460

POUGHKEEPSIE, NY  
Dutchess County  
Poughkeepsie

6480

PROVIDENCE-WARWICK-PAWTUCKET, RI-MA  
Rhode Island portion  
Bristol County, RI  
Barrington town  
Bristol town  
Warren town  
Kent County (part), RI  
Warwick city  
Coventry town  
East Greenwich town  
West Warwick town



## APPENDIX 6

<u>FIPS</u> <u>SMSA</u> <u>Code</u>	<u>Area Title and Definition</u>
6480	PROVIDENCE-WARWICK-PAWTUCKET, RI-MA - cont. Newport County (part), RI Jamestown town Providence County (part), RI Central Falls city Cranston city East Providence city Pawtucket city Providence city Woonsocket city Burrillville town Cumberland town Johnston town Lincoln town North Providence town North Smithfield town Scituate town Smithfield town Washington County (part), RI Narragansett town North Kingstown town South Kingstown town Massachusetts portion Bristol County (part), MA Attleboro city North Attleborough town Norton town Rehoboth town Seekonk town Norfolk County (part), MA Plainville town Worcester County (part), MA Blackstone town Millville town
6520	PROVO-OREM, UT Utah County Orem Provo
6560	PUEBLO, CO Pueblo County Pueblo

## APPENDIX 6

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
6600	RACINE, WI Racine County Racine
6640	RALEIGH-DURHAM, NC Durham County Chapel Hill (part) Durham Orange County Chapel Hill (part) Wake County Raleigh
6660	RAPID CITY, SD Pennington County Rapid City Meade County
6680	READING, PA Berks County Reading
6720	RENO, NV Washoe County Reno Sparks
6740	RICHLAND-KENNEWICK-PASCO, WA Benton County Kennewick Richland Franklin County Pasco
6760	RICHMOND, VA Richmond city Charles City County Chesterfield County Goochland County Hanover County Henrico County New Kent County Powhatan County

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## APPENDIX 6

<u>FIPS MSA Code</u>	<u>Area Title and Definition</u>
6780	RIVERSIDE-SAN BERNARDINO-ONTARIO, CA Riverside County Corona Palm Springs Riverside San Bernardino County Chino Fontana Montclair Ontario Redlands Rialto San Bernardino Upland
6800	ROANOKE, VA Roanoke city Salem city Botetourt County Craig County Roanoke County
6820	ROCHESTER, MN Olmsted County Rochester
6840	ROCHESTER, NY Livingston County Monroe County Rochester Ontario County Orleans County Wayne County
6880	ROCKFORD, IL Boone County Winnebago County Rockford
6920	SACRAMENTO, CA Placer County Sacramento County Arden-Arcade (U)

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
6920	SACRAMENTO, CA - cont. Carmichael (U) Citrus Heights (U) North Highlands (U) Parkway-Sacramento South (U) Rancho Cordova (U) Sacramento Yolo County Davis Woodland
6960	SAGINAW, MI Saginaw County Saginaw
6980	ST. CLOUD, MN Benton County St. Cloud (part) Sherburne County St. Cloud (part) Stearns County St. Cloud (part)
7000	ST. JOSEPH, MO Andrew County Buchanan County St. Joseph
7040	ST. LOUIS, MO-IL Missouri portion St. Louis city, MO Franklin County, MO Jefferson County, MO St. Charles County, MO St. Charles St. Louis County, MO Affton (U) Concord (U) Ferguson Florissant Kirkwood Lemay (U) Overland University City Webster Groves

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
7040	ST. LOUIS, MO-IL - cont. Illinois portion Clinton County, IL Madison County, IL Alton Granite City Monroe County, IL St. Clair County, IL Belleville Cahokia East St. Louis
7080	SALEM, OR Marion County Salem (part) Polk County Salem (part)
7120	SALINAS-SEASIDE-MONTEREY, CA Monterey County Monterey Salinas Seaside
7160	SALT LAKE CITY-OGDEN, UT Davis County Bountiful Salt Lake County East Millcreek (U) Holladay (U) Murray Salt Lake City Tooele County Weber County Ogden
7200	SAN ANGELO, TX Tom Green County San Angelo

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
7240	SAN ANTONIO, TX Bexar County San Antonio Comal County Guadalupe County
7320	SAN DIEGO, CA San Diego County Chula Vista Coronado El Cajon Escondido Imperial Beach La Mesa National City Oceanside San Diego Santee (U) Spring Valley (U) Vista
7360	SAN FRANCISCO-OAKLAND, CA Alameda County Alameda Berkeley Castro Valley (U) Fremont Hayward Livermore Newark Oakland San Leandro San Lorenzo (U) Contra Costa County Antioch Concord El Cerrito Lafayette Pittsburg Pleasant Hill Richmond San Pablo Walnut Creek

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## APPENDIX 6

FIPS  
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Code

Area Title and Definition

7360

## SAN FRANCISCO-OAKLAND, CA - cont.

Marian County  
Novato  
San Rafael  
San Francisco County  
San Francisco  
San Mateo County  
Belmont  
Burlingame  
Daly City  
Menlo Park  
Millbrae  
Pacifica  
Redwood City  
San Bruno  
San Carlos  
San Mateo  
South San Francisco

7400

## SAN JOSE, CA

Santa Clara County  
Campbell  
Los Altos  
Los Gatos  
Milpitas  
Mountain View  
Palo Alto  
San Jose  
Santa Clara  
Saratoga  
Sunnyvale

7440

## SAN JUAN, PR

Bayamon Municipio  
Bayamon  
Canovanas Municipio  
Carolina Municipio  
Carolina  
Catano Municipio  
Catano  
Guaynabo Municipio  
Guaynabo  
Loiza Municipio

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
7440	SAN JUAN, PR - cont. San Juan Minicipio San Juan Toa Baja Municipio Trujillo Alto Municipio
7480	SANTA BARBARA-SANTA MARIA-LOMPOC, CA Santa Barbara County Lompoc Santa Barbara Santa Maria
7485	SANTA CRUZ, CA Santa Cruz County Santa Cruz
7500	SANTA ROSA, CA Sonoma County Petaluma Santa Rosa
7510	SARASOTA, FL Sarasota County Sarasota
7520	SAVANNAH, GA Bryan County Chatham County Savannah Effingham County
7600	SEATTLE-EVERETT, WA King County Auburn Bellevue Kent Renton Seattle Snohomish County Edmonds Everett

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
7640	SHERMAN-DENISON, TX Grayson County Denison Sherman
7680	SHREVEPORT, LA Bossier Parish Bossier City Shreveport (part) Caddo Parish Shreveport (part) Webster Parish
7720	SIOUX CITY, IA-NE Iowa portion Woodbury County, IA Sioux City Nebraska portion Dakota County, NE
7760	SIOUX FALLS, SD Minnehaha County Sioux Falls (part)
7800	SOUTH BEND, IN Marshall County St. Joseph County Mishawaka South Bend
7840	SPOKANE, WA Spokane County Spokane
7880	SPRINGFIELD, IL Menard County Sangamon County Springfield
7920	SPRINGFIELD, MO Christian County Greene County Springfield

## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
7960	SPRINGFIELD, OH Champaign County Clark County Springfield
8000	SPRINGFIELD-CHICOPEE-HOLYOKE, MA-CT Massachusetts portion Hampden County (part), MA Chicopee city Holyoke city Springfield city Westfield city Agawam town East Longmeadow town Hampden town Longmeadow town Ludlow town Monson town Palmer town Southwick town West Springfield town Wilbraham town Hampshire County (part), MA Northampton city Belchertown town Easthampton town Granby town Hadley town Hatfield town South Hadley town Southampton town Worcester County (part), MA Warren town Connecticut portion Tolland County (part), CT Somers town
8040	STAMFORD, CT Fairfield County (part) Stamford city Darien town Greenwich town New Canaan town

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
8080	STEUBENVILLE-WEIRTON, OH-WV Ohio portion Jefferson County, OH Steubenville West Virginia portion Brooke County, WV Weirton (part) Hancock County, WV Weirton (part)
8120	STOCKTON, CA San Joaquin County Lodi Stockton
8160	SYRACUSE, NY Madison County Onondaga County Syracuse Oswego County Oswego
8200	TACOMA, WA Pierce County Fort Lewis (U) Lakes District (U) Parkland (U) Tacoma
8240	TALLAHASSEE, FL Leon County Tallahassee Wakulla County
8280	TAMPA-ST. PETERSBURG, FL Hillsborough County Tampa Pasco County Pinellas County Clearwater Largo Pinellas Park St. Petersburg

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
8320	TERRE HAUTE, IN Clay County Sullivan County Vermillion County Vigo County Terre Haute
8360	TEXARKANA, TX-TEXARKANA, AR Texas portion Bowie County, TX Texarkana Arkansas portion Little River County, AR Miller County, AR Texarkana
8400	TOLEDO, OH-MI Ohio portion Fulton County, OH Lucas County, OH Toledo Ottawa County, OH Wood County, OH Bowling Green Michigan portion Monroe County, MI Monroe
8440	TOPEKA, KS Jefferson County Osage County Shawnee County Topeka
8480	TRENTON, NJ Mercer County Mercerville-Hamilton Square (U) Trenton
8520	TUCSON, AZ Pima County Tucson

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Area Title and Definition

8560	TULSA, OK Creek County Mayes County Osage County Bartlesville (part) Tulsa (part) Rogers County Tulsa County Tulsa (part) Wagoner County
8600	TUSCALOOSA, AL Tuscaloosa County Tuscaloosa
8640	TYLER, TX Smith County Tyler
8680	UTICA-ROME, NY Herkimer County Oneida County Rome Utica
8720	VALLEJO-FAIRFIELD-NAPA, CA Napa County Napa Solano County Fairfield Vacaville Vallejo
8760	VINELAND-MILLVILLE-BRIDGETON, NJ Cumberland County Bridgeton Millville Vineland
8800	WACO, TX McLennan County Waco

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<u>FIPS</u> <u>SMSA</u> <u>Code</u>	<u>Area Title and Definition</u>
8840	WASHINGTON, DC-MD-VA District of Columbia portion Washington, D.C. Washington Maryland portion Charles County, MD Montgomery County, MD Bethesda (U) Rockville Silver Spring (U) Wheaton (U) Prince Georges County, MD Bowie Camp Springs (U) Chillum (U) College Park Hillcrest Heights (U) Suitland-Silver Hill (U) Virginia portion Alexandria city, VA Fairfax city, VA Falls Church city, VA Manassas city, VA Manassas Park city, VA Arlington County, VA Arlington (U) Fairfax County, VA Annandale (U) Long Branch (U) Jefferson (U) Loudoun County, VA Prince William County, VA Woodbridge-Marumsko (U)
8880	WATERBURY, CT Litchfield County (part) Thomaston town Watertown town Woodbury town New Haven County (part) Waterbury city Naugatuck borough

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
8880	WATERBURY, CT - cont. Beacon Falls town Cheshire town Middlebury town Prospect town Southbury town Wolcott town
8920	WATERLOO-CEDAR FALLS, IA Black Hawk County Cedar Falls Waterloo
8960	WEST PALM BEACH-BOCA RATON, FL Palm Beach County Boca Raton Lake Worth Riviera Beach West Palm Beach
9000	WHEELING, WV-OH West Virginia portion Marshall County, WV Ohio County, WV Wheeling Ohio portion Belmont County, OH
9040	WICHITA, KS Butler County Sedgwick County Wichita
9080	WICHITA FALLS, TX Clay County Wichita County Wichita Falls
9140	WILLIAMSPORT, PA Lycoming County Williamsport

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<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
9160	WILMINGTON, DE-NJ-MD Delaware portion New Castle County, DE Newark Wilmington New Jersey portion Salem County, NJ Maryland portion Cecil County, MD
9200	WILMINGTON, NC Brunswick County New Hanover County Wilmington
9240	WORCESTER, MA Worcester County (part) Worcester city Auburn town Berlin town Boylston town Brookfield town Charlton town East Brookfield town Grafton town Holden town Leicester town Millbury town Northborough town Northbridge town North Brookfield town Oxford town Paxton town Shrewsbury town Spencer town Sterling town Sutton town Upton town Uxbridge town Webster town Westborough town West Boylston town

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## APPENDIX 6

<u>FIPS SMSA Code</u>	<u>Area Title and Definition</u>
9260	YAKIMA, WA Yakima County Yakima
9280	YORK, PA Adams County York County York
9320	YOUNGSTOWN-WARREN, OH Mahoning County Austintown (U) Boardman (U) Youngstown (part) Trumbull County Niles Warren Youngstown (part)

c. Standard Consolidated Statistical Areas (SCSAs) and their  
Constituent Standard Metropolitan Statistical Areas (SMSAs).

SCSA Title	SCSA Code	Constituent SMSA Title	SMSA Codes
Boston-Lawrence-Lowell, MA-NH	07	Boston, MA	1120
		Brockton, MA	1200
		Lawrence-Haverhill, MA-NH	4160
		Lowell, MA-NH	4560
Chicago-Gary, IL-IN	14	Chicago, IL	1600
		Gary-Hammond-East Chicago, IN	2960
Cincinnati-Hamilton, OH-KY-IN	21	Cincinnati, OH-KY-IN	1640
		Hamilton-Middletown, OH	3200
Cleveland-Akron-Lorain, OH	28	Cleveland, OH	1680
		Akron, OH	0080
		Lorain-Elyria, OH	4440
Detroit-Ann Arbor, MI	35	Detroit, MI	2160
		Ann Arbor, MI	0440
Houston-Galveston, TX	42	Houston, TX	3360
		Galveston-Texas City, TX	2920
Los Angeles-Long Beach-Anaheim, CA	49	Los Angeles-Long Beach, CA	4480
		Anaheim-Santa Ana-Garden Grove, CA	0360
		Oxnard-Simi Valley-Ventura, CA	6000
		Riverside-San Bernardino-Ontario, CA	6780
Miami-Fort Lauderdale, FL	56	Miami, FL	5000
		Fort Lauderdale-Hollywood, FL	2680

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SCSA Title	SCSA Code	Constituent SMSA Title	SMSA Codes
Milwaukee-Racine, WI	63	Milwaukee, WI Racine, WI	5080 6600
New York-Newark- Jersey City, NY-NJ-CT	70	New York, NY-NJ Nassau-Suffolk, NY Newark, NJ Jersey City, NJ New Brunswick- Perth Amboy- Sayerville, NJ Paterson-Clifton- Passaic, NJ Long Branch- Asbury Park, NJ Stamford, CT Norwalk, CT	5600 5380 5640 3640 5460  6040 4410  8040 5760
Philadelphia- Wilmington-Trenton, PA-DE-NJ-MD	77	Philadelphia, PA-NJ Trenton, NJ Wilmington, DE-NJ-MD	6160 8480 9160
San Francisco-Oakland San Jose, CA	84	San Francisco- Oakland, CA San Jose, CA Vallejo-Fairfield- Napa, CA	7360  7400 8720
Seattle-Tacoma, WA	91	Seattle-Everett, WA Tacoma, WA	7600 8200

d. County or County Equivalent, Standard Metropolitan Statistical Area (SMSA) Code, and Congressional District (CD) Codes.

<u>County or County Equivalent Name</u>	<u>County Code</u>	<u>SMSA Code</u>	<u>CD Codes</u>
<u>Alabama 01</u>			
Autauga	001	5240	3
Baldwin	003	5160	1
Barbour	005		2
Bibb	007		7
Blount	009		4
Bullock	011		2
Butler	013		2
Calhoun	015	0450	3
Chambers	017		3
Cherokee	019		4
Chilton	021		7
Choctaw	023		7
Clarke	025		1
Clay	027		3
Cleburne	029		3
Coffee	031		2
Colbert	033	2650	5
Conecuh	035		2
Coosa	037		3
Covington	039		2
Crenshaw	041		2
Cullman	043		4
Dale	045		2
Dallas	047		7
De Kalb	049		4
Elmore	051	5240	3
Escambia	053		1
Etowah	055	2880	4
Fayette	057		4
Franklin	059		4
Geneva	061		2
Greene	063		7
Hale	065		7
Henry	067		2
Houston	069		2
Jackson	071		5
Jefferson	073	1000	4,6,7
Lamar	075		4

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Alabama 01 (cont.)</u>			
Lauderdale	077	2650	5
Lawrence	079		5
Lee	081		3
Limestone	083	3440	5
Lowndes	085		3
Macon	087		3
Madison	089	3440	5
Marengo	091		7
Marion	093		4
Marshall	095	3440	4
Mobile	097	5160	1
Monroe	099		1
Montgomery	101	5240	2
Morgan	103		5
Perry	105		7
Pickens	107		4
Pike	109		2
Randolph	111		3
Russell	113	1800	3
St. Clair	115	1000	4
Shelby	117	1000	7
Sumter	119		7
Talladega	121		3
Tallapoosa	123		3
Tuscaloosa	125	8600	7
Walker	127	1000	4
Washington	129		1
Wilcox	131		1
Winston	133		4

Alaska 02 1/

Aleutian Islands	010		1
*Anchorage	020	0380	1
Bethel	050		1
*Bristol Bay	060		1
Dillingham	070		1
*Fairbanks North Star	090		1
*Haines	100		1

1/ In Alaska, Boroughs and Census Areas are listed as County Equivalents.

\* Indicates name of an organized borough; other names are of census areas within the unorganized borough.

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Alaksa 02 (cont.)</u>			
*Juneau	110		1
*Kenai Peninsula	122		1
*Ketchikan Gateway	130		1
Kobuk	140		1
*Kodiak Island	150		1
*Matanuska-Susitna	170		1
Nome	180		1
*North Slope	185		1
Prince of Wales-Outer Ketchikan	201		1
*Sitka	220		1
Skagway-Yakutat-Angoon	231		1
Southeast Fairbanks	240		1
Valdez-Cordova	261		1
Wade Hampton	270		1
Wrangell-Petersburg	280		1
Yukon-Koyukuk	290		1

Arizona 04

Apache	001		4
Cochise	003		2
Coconino	005		3
Gila	007		4
Graham	009		4
Greenlee	011		4
Maricopa	013	6200	1-4
Mohave	015		3
Navajo	017		4
Pima	019	8520	2
Pinal	021		2,4
Santa Cruz	023		2
Yavapai	025		3
Yuma	027		3

Arkansas 05

Arkansas	001		2
Ashley	003		4
Baxter	005		3

## APPENDIX 6

<u>County or County Equivalent Name</u>	<u>County Code</u>	<u>SMSA Code</u>	<u>CD Codes</u>
<u>Arkansas 05 (cont.)</u>			
Benton	007	2580	3
Boone	009		3
Bradley	011		4
Calhoun	013		4
Carroll	015		3
Chicot	017		4
Clark	019		4
Clay	021		1
Cleburne	023		2
Cleveland	025		4
Columbia	027		4
Conway	029		2
Craighead	031		1
Crawford	033	2720	3
Crittenden	035	4920	1
Cross	037		1
Dallas	039		4
Desha	041		4
Drew	043		4
Faulkner	045		2
Franklin	047		3
Fulton	049		1
Garland	051		3
Grant	053		4
Greene	055		1
Hempstead	057		4
Hot Spring	059		4
Howard	061		4
Independence	063		1
Izard	065		1
Jackson	067		1
Jefferson	069	6240	4
Johnson	071		3
Lafayette	073		4
Lawrence	075		1
Lee	077		1
Lincoln	079		4
Little River	081	8360	4
Logan	083		3
Lonoke	085		2
Madison	087		3

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Arkansas 05 (cont.)</u>			
Marion	089		3
Miller	091	8360	4
Mississippi	093		1
Monroe	095		1
Montgomery	097		3
Nevada	099		4
Newton	101		3
Ouachita	103		4
Perry	105		3
Phillips	107		1
Pike	109		4
Poinsett	111		1
Polk	113		3
Pope	115		3
Prairie	117		2
Pulaski	119	4400	2
Randolph	121		1
St. Francis	123		1
Saline	125	4400	2
Scott	127		3
Searcy	129		3
Sebastian	131	2720	3
Sevier	133		4
Sharp	135		1
Stone	137		1
Union	139		4
Van Buren	141		1
Washington	143	2580	3
White	145		2
Woodruff	147		1
Yell	149		3

California 06

Alameda	001	7360	8-10
Alpine	003		14
Amador	005		14
Butte	007		1
Calaveras	009		14
Colusa	011		4



## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>California 06 (cont.)</u>			
Contra Costa	013	7360	7-9
Del Norte	015		2
El Dorado	017		14
Fresno	019	2840	15,17
Glenn	021		1
Humboldt	023		2
Imperial	025		43
Inyo	027		18
Kern	029	0680	18
Kings	031		17
Lake	033		2
Lassen	035		1
Los Angeles	037		18,20-35
Madera	039		15
Marin	041	7360	5
Mariposa	043		15
Mendocino	045		2
Merced	047		15
Modoc	049		1
Mono	051		14
Monterey	053	7120	16
Napa	055	8720	2
Nevada	057		1
Orange	059	0360	34,38-40
Placer	061	6920	1
Plumas	063		1
Riverside	065	6780	36,37,43
Sacramento	067	6920	1,3,4,14
San Benito	069		16
San Bernardino	071	6780	35-37
San Diego	073	7320	40-43
San Francisco	075	7360	5,6
San Joaquin	077	8120	14
San Luis Obispo	079		16,19
San Mateo	081	7360	11,12
Santa Barbara	083	7480	19
Santa Clara	085	7400	10,12,13
Santa Cruz	087	7485	16
Shasta	089		1
Sierra	091		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>California 06 (cont.)</u>			
Siskiyou	093		1
Solano	095	8720	4
Sonoma	097	7500	2,5
Stanislaus	099	5170	14,15
Sutter	101		4
Tehama	103		1
Trinity	105		1
Tulare	107		17,18
Tuolumne	109		14
Ventura	111	6000	19,20
Yolo	113	6920	4
Yuba	115		1

Colorado 08

Adams	001	2080	4,5
Alamosa	003		3
Arapahoe	005	2080	1,5
Archuleta	007		3
Baca	009		3
Bent	011		3
Boulder	013	2080	2
Chaffee	015		3
Cheyenne	017		5
Clear Creek	019		4
Conejos	021		3
Costilla	023		3
Crowley	025		3
Custer	027		3
Delta	029		3
Denver	031	2080	1,2,5
Dolores	033		3
Douglas	035	2080	5
Eagle	037		4
Elbert	039		5
El Paso	041	1720	3,5
Fremont	043		3
Garfield	045		4
Gilpin	047	2080	4
Grand	049		4

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Colorado 08 (cont.)</u>			
Gunnison	051		3
Hinsdale	053		3
Huerfano	055		3
Jackson	057		4
Jefferson	059	2080	1,2
Kiowa	061		3
Kit Carson	063		5
Lake	065		3
La Plata	067		3
Larimer	069	2670	4
Las Animas	071		3
Lincoln	073		5
Logan	075		4
Mesa	077		4
Mineral	079		3
Moffat	081		4
Montezuma	083		3
Montrose	085		3
Morgan	087		4
Otero	089		3
Ouray	091		3
Park	093		3
Phillips	095		4
Pitkin	097		4
Prowers	099		3
Pueblo	101	6560	3
Rio Blanco	103		4
Rio Grande	105		3
Routt	107		4
Saguache	109		3
San Juan	111		3
San Miguel	113		3
Sedgwick	115		4
Summit	117		4
Teller	119	1720	3
Washington	121		4
Weld	123	3060	4
Yuma	125		4

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Connecticut 09</u>			
Fairfield	001	1160, 1930, 5760, 8040	3-6
Hartford	003	1170, 3280, 5440	1,6
Litchfield	005	1170, 1930, 3280, 8880	6
Middlesex	007	3280, 5480, 5520	1-3
New Haven	009	1160, 4960, 5480, 8880	3,5,6
New London	011	3280, 5520	2
Tolland	013	3280, 8000	1,2,6
Windham	015		2
<u>Delaware 10</u>			
Kent	001		1
New Castle	003	9160	1
Sussex	005		1
<u>District of Columbia 11</u>			
Washington	001	8840	1
Washington, D.C. is a "State-equivalent area" and unique in that it is not an independent city or county.			

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Florida 12</u>			
Alachua	001	2900	2
Baker	003	3600	2
Bay	005	6015	1
Bradford	007		2
Brevard	009	4900	9
Broward	011	2680	11-13
Calhoun	013		2
Charlotte	015		10
Citrus	017		5
Clay	019	3600	4
Collier	021		10
Columbia	023		2
Dade	025	5000	13-15
De Soto	027		10
Dixie	029		2
Duval	031	3600	3,4
Escambia	033	6080	1
Flagler	035		4
Franklin	037		2
Gadsden	039		2
Gilchrist	041		2
Glades	043		10
Gulf	045		1
Hamilton	047		2
Hardee	049		8
Hendry	051		10
Hernando	053		5
Highlands	055		10
Hillsborough	057	8280	7,8
Holmes	059		1,2
Indian River	061		10
Jackson	063		2
Jefferson	065		2
Lafayette	067		2
Lake	069		4,5
Lee	071	2700	10
Leon	073	8240	2
Levy	075		2
Liberty	077		2
Madison	079		2
Manatee	081	1140	8

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Florida 12 (cont.)</u>			
Marion	083		2,4
Martin	085		10
Monroe	087		15
Nassau	089	3600	3
Ocala	091		1
Okeechobee	093		10
Orange	095	5960	5,9,10
Osceola	097	5960	10
Palm Beach	099	8960	10,11
Pasco	101	8280	5
Pinellas	103	8280	5,6
Polk	105	3980	8
Putnam	107		4
St. Johns	109	3600	4
St. Lucie	111		10
Santa Rosa	113	6080	1
Sarasota	115	7510	8,10
Seminole	117	5960	4,5
Sumter	119		5
Suwannee	121		2
Taylor	123		2
Union	125		2
Volusia	127	2020	4
Wakulla	129	8240	2
Walton	131		1
Washington	133		1

Georgia 13

Appling	001		8
Atkinson	003		8
Bacon	005		8
Baker	007		2
Baldwin	009		8
Banks	011		9
Barrow	013		9
Bartow	015		7
Ben Hill	017		8
Berrien	019		2
Bibb	021	4680	8

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Georgia 13 (cont.)</u>			
Bleckley	023		8
Brantley	025		8
Brooks	027		2
Bryan	029	7520	1
Bulloch	031		1
Burke	033		1
Butts	035	0520	6
Calhoun	037		2
Camden	039		1
Candler	043		1
Carroll	045		6
Catoosa	047	1560	9
Charlton	049		1
Chatham	051	7520	1
Chattahoochee	053	1800	3
Chattooga	055		7
Cherokee	057	0520	9
Clarke	059		10
Clay	061		2
Clayton	063	0520	6
Clinch	065		8
Cobb	067	0520	7
Coffee	069		8
Colquitt	071		2
Columbia	073	0600	10
*Columbus	510	1800	3
Cook	075		2
Coweta	077		6
Crawford	079		3
Crisp	081		2
Dade	083	1560	7
Dawson	085		9
Decatur	087		2
De Kalb	089	0520	4
Dodge	091		8
Dooly	093		3
Dougherty	095	0120	2
Douglas	097	0520	6

\* Consolidated Government

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Georgia 13 (cont.)</u>			
Early	099		2
Echols	101		8
Effingham	103	7520	1
Elbert	105		10
Emanuel	107		1
Evans	109		1
Fannin	111		9
Fayette	113	0520	6
Floyd	115		7
Forsyth	117	0520	9
Franklin	119		9
Fulton	121	0520	4-6
Gilmer	123		9
Glascock	125		10
Glynn	127		1
Gordon	129		7
Grady	131		2
Greene	133		10
Gwinnett	135	0520	9
Habersham	137		9
Hall	139		9
Hancock	141		10
Haralson	143		6
Harris	145		3
Hart	147		9
Heard	149		6
Henry	151	0520	6
Houston	153	4680	3
Irwin	155		8
Jackson	157		9
Jasper	159		6
Jeff Davis	161		8
Jefferson	163		10
Jenkins	165		1
Johnson	167		1
Jones	169	4680	8
Lamar	171		6
Lanier	173		2
Laurens	175		8
Lee	177	0120	2
Liberty	179		1



## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Georgia 13 (cont.)</u>			
Lincoln	181		10
Long	183		1
Lowndes	185		2
Lumpkin	187		9
McDuffie	189		10
McIntosh	191		1
Macon	193		3
Madison	195		10
Marion	197		3
Meriwether	199		3
Miller	201		2
Mitchell	205		2
Monroe	207		3
Montgomery	209		1
Morgan	211		10
Murray	213		9
Muscogee (See Columbus)			
Newton	217	0520	10
Oconee	219		10
Oglethorpe	221		10
Paulding	223	0520	7
Peach	225		3
Pickens	227		9
Pierce	229		8
Pike	231		6
Polk	233		7
Pulaski	235		8
Putnam	237		10
Quitman	239		2
Rabun	241		9
Randolph	243		2
Richmond	245	0600	10
Rockdale	247	0520	4
Schley	249		3
Screven	251		1
Seminole	253		2
Spalding	255		6
Stephens	257		9
Stewart	259		2
Sumter	261		3
Talbot	263		3

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Georgia 13 (cont.)</u>			
Taliaferro	265		10
Tattnall	267		1
Taylor	269		3
Telfair	271		8
Terrell	273		2
Thomas	275		2
Tift	277		2
Toombs	279		1
Towns	281		9
Treutlen	283		8
Troup	285		3
Turner	287		2
Twiggs	289	4680	8
Union	291		9
Upson	293		3
Walker	295	1560	7
Walton	297	0520	10
Ware	299		8
Warren	301		10
Washington	303		10
Wayne	305		8
Webster	307		2
Wheeler	309		8
White	311		9
Whitfield	313		7,9
Wilcox	315		8
Wilkes	317		10
Wilkinson	319		8
Worth	321		2

Hawaii 15

Hawaii	001		2
Honolulu	003	3320	1,2
*Kalawao	005		2
Kauai	007		2
Maui	009		2

\* Kalawao County has no local county government and is administered by the State of Hawaii.

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Idaho 16</u>			
Ada	001	1080	1,2
Adams	003		1
Bannock	005		2
Bear Lake	007		2
Benewah	009		1
Bingham	011		2
Blaine	013		2
Boise	015		1
Bonner	017		1
Bonneville	019		2
Boundary	021		1
Butte	023		2
Camas	025		2
Canyon	027		1
Caribou	029		2
Cassia	031		2
Clark	033		2
Clearwater	035		1
Custer	037		2
Elmore	039		2
Franklin	041		2
Fremont	043		2
Gem	045		1
Gooding	047		2
Idaho	049		1
Jefferson	051		2
Jerome	053		2
Kootenai	055		1
Latah	057		1
Lemhi	059		2
Lewis	061		1
Lincoln	063		2
Madison	065		2
Minidoka	067		2
Nez Perce	069		1
Oneida	071		2
Owyhee	073		1
Payette	075		1
Power	077		2
Shoshone	079		1
Teton	081		2

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Idaho 16 (cont.)</u>			
Twin Falls	083		2
Valley	085		1
Washington	087		1
<u>Illinois 17</u>			
Adams	001		19,20
Alexander	003		24
Bond	005		24
Boone	007	6880	16
Brown	009		18
Bureau	011		18,19
Calhoun	013		20
Carroll	015		19
Cass	017		18
Champaign	019	1400	21
Christian	021		22
Clark	023		22
Clay	025		22
Clinton	027	7040	24
Coles	029		22
Cook	031	1600	1-12,17
Crawford	033		22
Cumberland	035		22
De Kalb	037		15
De Witt	039		21
Douglas	041		22
Du Page	043	1600	6,14
Edgar	045		22
Edwards	047		22
Effingham	049		22
Fayette	051		22
Ford	053		15
Franklin	055		24
Fulton	057		19
Gallatin	059		24
Greene	061		20
Grundy	063		15
Hamilton	065		24
Hancock	067		19

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Illinois 17 (cont.)</u>			
Hardin	069		24
Henderson	071		19
Henry	073	1960	19
Iroquois	075		17
Jackson	077		24
Jasper	079		22
Jefferson	081		24
Jersey	083		20
Jo Daviess	085		16
Johnson	087		24
Kane	089	1600	13,15
Kankakee	091	3740	17
Kendall	093		15
Knox	095		18
Lake	097	1600	12,13
La Salle	099		15
Lawrence	101		22
Lee	103		16,19
Livingston	105		15
Logan	107		21
McDonough	109		19
McHenry	111	1600	13,16
McLean	113	1040	21
Macon	115	2040	21,22
Macoupin	117		20
Madison	119	7040	20,23
Marion	121		24
Marshall	123		15
Mason	125		18
Massac	127		24
Menard	129	7880	21
Mercer	131		19
Monroe	133	7040	24
Montgomery	135		20,22
Morgan	137		20
Moultrie	139		22
Ogle	141		16
Peoria	143	6120	18
Perry	145		24
Piatt	147		21
Pike	149		20

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Illinois 17 (cont.)</u>			
Pope	151		24
Pulaski	153		24
Putnam	155		15
Randolph	157		24
Richland	159		22
Rock Island	161	1960	19
St. Clair	163	7040	23
Saline	165		24
Sangamon	167	7880	20
Schuyler	169		18
Scott	171		20
Shelby	173		22
Stark	175		18
Stephenson	177		16
Tazewell	179	6120	18
Union	181		24
Vermilion	183		22
Wabash	185		22
Warren	187		19
Washington	189		24
Wayne	191		22
White	193		24
Whiteside	195		19
Will	197	1600	17
Williamson	199		24
Winnebago	201	6880	16
Woodford	203	6120	15

Indiana 18

Adams	001	2760	4,10
Allen	003	2760	4
Bartholomew	005		9
Benton	007		2
Blackford	009		10
Boone	011	3480	6,7
Brown	013		9
Carroll	015		7
Cass	017		2,5
Clark	019	4520	9

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Indiana 18 (cont.)</u>			
Clay	021	8320	7
Clinton	023		7
Crawford	025		8
Daviess	027		8
Dearborn	029	1640	9
Decatur	031		9
De Kalb	033	2760	4
Delaware	035	5280	10
Dubois	037		8
Elkhart	039	2330	3
Fayette	041		9
Floyd	043	4520	9
Fountain	045		7
Franklin	047		9
Fulton	049		5
Gibson	051	2440	8
Grant	053		5
Greene	055		7,8
Hamilton	057	3480	5,7
Hancock	059	3480	10
Harrison	061		9
Hendricks	063	3480	6
Henry	065		10
Howard	067	3850	5
Huntington	069		4
Jackson	071		9
Jasper	073		2
Jay	075		10
Jefferson	077		9
Jennings	079		9
Johnson	081	3480	6
Knox	083		8
Kosciusko	085		2
Lagrange	087		4
Lake	089	2960	1,2
La Porte	091		2,3
Lawrence	093		8
Madison	095	0400	5,10
Marion	097	3480	5,6,11
Marshall	099	7800	2
Martin	101		8

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Indiana 18 (cont.)</u>			
Miami	103		5
Monroe	105	1020	7,9
Montgomery	107		7
Morgan	109	3480	6
Newton	111		2
Noble	113		4
Ohio	115		9
Orange	117		8
Owen	119		7
Parke	121		7
Perry	123		8
Pike	125		8
Porter	127	2960	2
Posey	129	2440	8
Pulaski	131		2
Putnam	133		7
Randolph	135		10
Ripley	137		9
Rush	139		10
St. Joseph	141	7800	3
Scott	143		9
Shelby	145	3480	6
Spencer	147		8
Starke	149		2
Steuben	151		4
Sullivan	153	8320	7
Switzerland	155		9
Tippecanoe	157	3920	2
Tipton	159	3850	5
Union	161		9,10
Vanderburgh	163	2440	8
Vermillion	165	8320	7
Vigo	167	8320	7
Wabash	169		2,4
Warren	171		7
Warrick	173	2440	8
Washington	175		9
Wayne	177		10
Wells	179	2760	10
White	181		2
Whitley	183		4



## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Iowa 19</u>			
Adair	001		5
Adams	003		5
Allamakee	005		2
Appanoose	007		4
Audubon	009		5
Benton	011		1
Black Hawk	013	8920	3
Boone	015		5
Bremer	017		3
Buchanan	019		3
Buena Vista	021		6
Butler	023		3
Calhoun	025		6
Carroll	027		5
Cass	029		5
Cedar	031		2
Cerro Gordo	033		3
Cherokee	035		6
Chickasaw	037		3
Clarke	039		5
Clay	041		6
Clayton	043		2
Clinton	045		2
Crawford	047		6
Dallas	049		5
Davis	051		4
Decatur	053		5
Delaware	055		2
Des Moines	057		1
Dickinson	059		6
Dubuque	061	2200	2
Emmet	063		6
Fayette	065		2
Floyd	067		3
Franklin	069		3
Fremont	071		5
Greene	073		5
Grundy	075		3
Guthrie	077		5
Hamilton	079		3
Hancock	081		3

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Iowa 19 (cont.)</u>			
Hardin	083		3
Harrison	085		5
Henry	087		1
Howard	089		3
Humboldt	091		6
Ida	093		6
Iowa	095		1
Jackson	097		2
Jasper	099		4
Jefferson	101		1
Johnson	103	3500	1
Jones	105		2
Keokuk	107		4
Kossuth	109		6
Lee	111		1
Linn	113	1360	2
Louisa	115		1
Lucas	117		4
Lyon	119		6
Madison	121		5
Mahaska	123		4
Marion	125		4
Marshall	127		3
Mills	129		5
Mitchell	131		3
Monona	133		6
Monroe	135		4
Montgomery	137		5
Muscatine	139		1
O'Brien	141		6
Osceola	143		6
Page	145		5
Palo Alto	147		6
Plymouth	149		6
Pocahontas	151		6
Polk	153	2120	4
Pottawattamie	155	5920	5
Poweshiek	157		1
Ringgold	159		5
Sac	161		6
Scott	163	1960	1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Iowa 19 (cont.)</u>			
Shelby	165		5
Sioux	167		6
Story	169		5
Tama	171		3
Taylor	173		5
Union	175		5
Van Buren	177		1
Wapello	179		4
Warren	181	2120	5
Washington	183		1
Wayne	185		5
Webster	187		6
Winnebago	189		6
Winneshiek	191		2
Woodbury	193	7720	6
Worth	195		3
Wright	197		3

Kansas 20

Allen	001		5
Anderson	003		5
Atchison	005		2
Barber	007		1
Barton	009		1
Bourbon	011		5
Brown	013		2
Butler	015	9040	5
Chase	017		5
Chautauqua	019		5
Cherokee	021		5
Cheyenne	023		1
Clark	025		1
Clay	027		1
Cloud	029		1
Coffey	031		5
Comanche	033		1
Cowley	035		5
Crawford	037		5
Decatur	039		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Kansas 20 (cont.)</u>			
Dickinson	041		2
Doniphan	043		2
Douglas	045	4150	3
Edwards	047		1
Elk	049		5
Ellis	051		1
Ellsworth	053		1
Finney	055		1
Ford	057		1
Franklin	059		3
Geary	061		2
Gove	063		1
Graham	065		1
Grant	067		1
Gray	069		1
Greeley	071		1
Greenwood	073		5
Hamilton	075		1
Harper	077		5
Harvey	079		4
Haskell	081		1
Hodgeman	083		1
Jackson	085		2
Jefferson	087	8440	2
Jewell	089		1
Johnson	091	3760	3
Kearny	093		1
Kingman	095		4
Kiowa	097		1
Labette	099		5
Lane	101		1
Leavenworth	103		2
Lincoln	105		1
Linn	107		5
Logan	109		1
Lyon	111		5
McPherson	113		4
Marion	115		4
Marshall	117		2
Meade	119		1
Miami	121		5

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Kansas 20 (cont.)</u>			
Mitchell	123		1
Montgomery	125		5
Morris	127		5
Morton	129		1
Nemaha	131		2
Neosho	133		5
Ness	135		1
Norton	137		1
Osage	139	8440	5
Osborne	141		1
Ottawa	143		1
Pawnee	145		1
Phillips	147		1
Pottawatomie	149		2
Pratt	151		1
Rawlins	153		1
Reno	155		4
Republic	157		1
Rice	159		1
Riley	161		2
Rooks	163		1
Rush	165		1
Russell	167		1
Saline	169		1
Scott	171		1
Sedgwick	173	9040	4,5
Seward	175		1
Shawnee	177	8440	2
Sheridan	179		1
Sherman	181		1
Smith	183		1
Stafford	185		1
Stanton	187		1
Stevens	189		1
Sumner	191		5
Thomas	193		1
Trego	195		1
Wabaunsee	197		2
Wallace	199		1
Washington	201		1
Wichita	203		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Kansas 20 (cont.)</u>			
Wilson	205		5
Woodson	207		5
Wyandotte	209	3760	2,3
<u>Kentucky 21</u>			
Adair	001		5
Allen	003		2
Anderson	005		2
Ballard	007		1
Barren	009		2
Bath	011		7
Bell	013		5
Boone	015	1640	4
Bourbon	017	4280	6
Boyd	019	3400	7
Boyle	021		6
Bracken	023		7
Breathitt	025		7
Breckinridge	027		2
Bullitt	029	4520	2
Butler	031		1
Caldwell	033		1
Calloway	035		1
Campbell	037	1640	4,6
Carlisle	039		1
Carroll	041		4
Carter	043		7
Casey	045		5
Christian	047	1660	1
Clark	049	4280	6
Clay	051		5
Clinton	053		5
Crittenden	055		1
Cumberland	057		5
Daviess	059	5990	2
Edmonson	061		2
Elliott	063		7
Estill	065		5
Fayette	067	4280	6

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Kentucky 21 (cont.)</u>			
Fleming	069		7
Floyd	071		7
Franklin	073		6
Fulton	075		1
Gallatin	077		4
Garrard	079		5
Grant	081		6
Graves	083		1
Grayson	085		2
Green	087		5
Greenup	089	3400	7
Hancock	091		2
Hardin	093		2
Harlan	095		5
Harrison	097		6
Hart	099		2
Henderson	101	2440	1
Henry	103		6
Hickman	105		1
Hopkins	107		1
Jackson	109		5
Jefferson	111	4520	3,4
Jessamine	113	4280	5,6
Johnson	115		7
Kenton	117	1640	4,6
Knott	119		7
Knox	121		5
Larue	123		2
Laurel	125		5
Lawrence	127		7
Lee	129		5
Leslie	131		5
Letcher	133		5,7
Lewis	135		7
Lincoln	137		5
Livingston	139		1
Logan	141		1
Lyon	143		1
McCracken	145		1
McCreary	147		5
McLean	149		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Kentucky 21 (cont.)</u>			
Madison	151		5
Magoffin	153		7
Marion	155		2
Marshall	157		1
Martin	159		7
Mason	161		7
Meade	163		2
Menifee	165		7
Mercer	167		6
Metcalfe	169		5
Monroe	171		5
Montgomery	173		7
Morgan	175		7
Muhlenberg	177		1
Nelson	179		2
Nicholas	181		7
Ohio	183		1,2
Oldham	185	4520	4
Owen	187		6
Owsley	189		5
Pendleton	191		6
Perry	193		7
Pike	195		7
Powell	197		7
Pulaski	199		5
Robertson	201		7
Rockcastle	203		5
Rowan	205		7
Russell	207		5
Scott	209	4280	6
Shelby	211		6
Simpson	213		2
Spencer	215		2
Taylor	217		5
Todd	219		1
Trigg	221		1
Trimble	223		4
Union	225		1
Warren	227		2
Washington	229		2
Wayne	231		5



## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Kentucky 21 (cont.)</u>			
Webster	233		1
Whitley	235		5
Wolfe	237		7
Woodford	239	4280	6
<u>Louisiana 22 2/</u>			
Acadia	001		7
Allen	003		7,8
Ascension	005	0760	8
Assumption	007		8
Avoyelles	009		8
Beauregard	011		7
Bienville	013		5
Bossier	015	7680	4
Caddo	017	7680	4
Calcasieu	019	3960	7
Caldwell	021		5
Cameron	023		7
Catahoula	025		5
Claiborne	027		4
Concordia	029		5
De Soto	031		4
East Baton Rouge	033	0760	6
East Carroll	035		5
East Feliciana	037		6
Evangeline	039		8
Franklin	041		5
Grant	043	0220	5
Iberia	045		3
Iberville	047		8
Jackson	049		5
Jefferson	051	5560	2,3
Jefferson Davis	053		7
Lafayette	055	3880	7
LaFourche	057		3
La Salle	059		5
Lincoln	061		5
Livingston	063	0760	6,8

2/ In Louisiana, Parishes are listed as County Equivalents.

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Louisiana 22 (cont.)</u>			
Madison	065		5
Morehouse	067		5
Natchitoches	069		5
Orleans	071	5560	1,2
Ouachita	073	5200	5
Plaquemines	075		1
Pointe Coupee	077		8
Rapides	079	0220	5,8
Red River	081		4
Richland	083		5
Sabine	085		4
St. Bernard	087	5560	1
St. Charles	089		3
St. Helena	091		6
St. James	093		8
St. John the Baptist	095		8
St. Landry	097		8
St. Martin	099		3,7
St. Mary	101		3
St. Tammany	103	5560	1
Tangipahoa	105		6
Tensas	107		5
Terrebonne	109		3
Union	111		5
Vermilion	113		7
Vernon	115		4
Washington	117		6
Webster	119	7680	4
West Baton Rouge	121	0760	8
West Carroll	123		5
West Feliciana	125		6,8
Winn	127		5

Maine 23

Androscoggin	001	4240	2
Aroostook	003		2
Cumberland	005	6400	1
Franklin	007		2
Hancock	009		2

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Maine 23 (cont.)</u>			
Kennebec	011		1
Knox	013		1
Lincoln	015		1
Oxford	017		2
Penobscot	019		2
Piscataquis	021		2
Sagadahoc	023		1
Somerset	025		2
Waldo	027		1
Washington	029		2
York	031	6400	1

Maryland 24

Allegany	001		6
Anne Arundel	003	0720	4
Baltimore	005	0720	2,3,6
*Baltimore City	510	0720	2,3,7
Calvert	009		1
Caroline	011		1
Carroll	013	0720	6
Cecil	015	9160	1
Charles	017	8840	1
Dorchester	019		1
Frederick	021		6
Garrett	023		6
Harford	025	0720	1
Howard	027	0720	6
Kent	029		1
Montgomery	031	8840	5,6,8
Prince Georges	033	8840	4,5
Queen Annes	035		1
St. Marys	037		1
Somerset	039		1
Talbot	041		1
Washington	043		6
Wicomico	045		1
Worcester	047		1

\* Independent City

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Massachusetts 25</u>			
Barnstable	001		12
Berkshire	003	6320	1
Bristol	005	1200	10,12
		2480	
		5400	
		6480	
Dukes	007		12
Essex	009	1120	5-7
		4160	
Franklin	011		1,2
Hampden	013	8000	1,2
Hampshire	015	8000	1
Middlesex	017	1120	3-5,
		2600	7,8,10
		4560	
Nantucket	019		12
Norfolk	021	1120	3,4,
		1200	9-12
		6480	
Plymouth	023	1120	10-12
		1200	
		5400	
Suffolk	025	1120	7-9,11
Worcester	027	2600	2-4
		6480	
		8000	
		9240	

Michigan 26

Alcona	001		11
Alger	003		11
Allegan	005		9
Alpena	007		11
Antrim	009		10,11
Arenac	011		8,10
Baraga	013		11
Barry	015	0780	3,5
Bay	017	0800	8,10
Benzie	019		9,10

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Michigan 26 (cont.)</u>			
Berrien	021		4
Branch	023		4
Calhoun	025	0780	3,4
Cass	027		4
Charlevoix	029		11
Cheboygan	031		11
Chippewa	033		11
Clare	035		10
Clinton	037	4040	3,5, 6,10
Crawford	039		10,11
Delta	041		11
Dickinson	043		11
Eaton	045	4040	3,5
Emmet	047		11
Genesee	049	2640	7
Gladwin	051		10
Gogebic	053		11
Grand Traverse	055		10
Gratiot	057		10
Hillsdale	059		3,4
Houghton	061		11
Huron	063		8
Ingham	065	4040	6,10
Ionia	067	4040	3,5
Iosco	069		11
Iron	071		11
Isabella	073		10
Jackson	075	3520	3,6
Kalamazoo	077	3720	3
Kalkaska	079		10
Kent	081	3000	3,5
Keweenaw	083		11
Lake	085		9
Lapeer	087	2160	8
Leelanau	089		9
Lenawee	091		4
Livingston	093	2160	6,19
Luce	095		11
Mackinac	097		11
Macomb	099	2160	12,14, 18

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Michigan 26 (cont.)</u>			
Manistee	101		9
Marquette	103		11
Mason	105		9
Mecosta	107		10
Menominee	109		11
Midland	111		10
Missaukee	113		10
Monroe	115	8400	2,15
Montcalm	117		5,10
Montmorency	119		11
Muskegon	121	5320	9
Newaygo	123		9
Oakland	125	2160	12,17-19
Oceana	127	5320	9
Ogemaw	129		10
Ontonagon	131		11
Osceola	133		10
Oscoda	135		11
Otsego	137		11
Ottawa	139	3000	9
Presque Isle	141		11
Roscommon	143		10
Saginaw	145	6960	7,8,10
St. Clair	147	2160	12
St. Joseph	149		3,4
Sanilac	151		8,12
Schoolcraft	153		11
Shiawassee	155	2640	7,10
Tuscola	157		7,8
Van Buren	159	3720	4
Washtenaw	161	0440	2,6
Wayne	163	2160	1,2, 13-17
Wexford	165		9,10

Minnesota 27

Aitkin	001		7
Anoka	003	5120	5,8

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Minnesota 27 (cont.)</u>			
Becker	005		7
Beltrami	007		7
Benton	009	6980	6
Big Stone	011		6
Blue Earth	013		2
Brown	015		2
Carlton	017		8
Carver	019	5120	2
Cass	021		7
Chippewa	023		6
Chisago	025	5120	8
Clay	027	2520	7
Clearwater	029		7
Cook	031		8
Cottonwood	033		6
Crow Wing	035		7
Dakota	037	5120	1,2
Dodge	039		1
Douglas	041		7
Faribault	043		2
Fillmore	045		1
Freeborn	047		2
Goodhue	049		1
Grant	051		7
Hennepin	053	5120	2,3, 5,6
Houston	055		1
Hubbard	057		7
Isanti	059		8
Itasca	061		8
Jackson	063		6
Kanabec	065		8
Kandiyohi	067		6
Kittson	069		7
Koochiching	071		8
Lac Qui Parle	073		6
Lake	075		8
Lake of the Woods	077		7
Le Sueur	079		2
Lincoln	081		6
Lyon	083		6

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Minnesota 27 (cont.)</u>			
McLeod	085		2
Mahnomen	087		7
Marshall	089		7
Martin	091		2
Meeker	093		6
Mille Lacs	095		6
Morrison	097		7
Mower	099		2
Murray	101		6
Nicollet	103		2
Nobles	105		6
Norman	107		7
Olmsted	109	6820	1
Otter Tail	111		7
Pennington	113		7
Pine	115		8
Pipestone	117		6
Polk	119	2985	7
Pope	121		7
Ramsey	123	5120	4,5
Red Lake	125		7
Redwood	127		6
Renville	129		6
Rice	131		1
Rock	133		6
Roseau	135		7
St. Louis	137	2240	8
Scott	139	5120	2
Sherburne	141	6980	6
Sibley	143		2
Stearns	145	6980	6
Steele	147		1
Stevens	149		7
Swift	151		7
Todd	153		7
Traverse	155		7
Wabasha	157		1
Wadena	159		7
Waseca	161		2
Washington	163	5120	1
Watsonwan	165		2



## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Minnesota 27 (cont.)</u>			
Wilkin	167		7
Winona	169		1
Wright	171	5120	6
Yellow Medicine	173		6
<u>Mississippi 28</u>			
Adams	001		4
Alcorn	003		1
Amite	005		4
Attala	007		2
Benton	009		1
Bolivar	011		2
Calhoun	013		2
Carroll	015		2
Chickasaw	017		2
Choctaw	019		2
Claiborne	021		4
Clarke	023		3
Clay	025		2
Coahoma	027		1
Copiah	029		4
Covington	031		3
De Soto	033	4920	1
Forrest	035		5
Franklin	037		4
George	039		5
Greene	041		5
Grenada	043		1
Hancock	045	0920	5
Harrison	047	0920	5
Hinds	049	3560	4
Holmes	051		3
Humphreys	053		3
Issaquena	055		3
Itawamba	057		1
Jackson	059	6025	5
Jasper	061		3
Jefferson	063		4
Jefferson Davis	065		3

## APPENDIX 6

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<u>County or County Equivalent Name</u>	<u>County Code</u>	<u>SMSA Code</u>	<u>CD Codes</u>
<u>Mississippi 28 (cont.)</u>			
Jones	067		5
Kemper	069		3
Lafayette	071		1
Lamar	073		5
Lauderdale	075		3
Lawrence	077		3
Leake	079		3
Lee	081		1
Leflore	083		2
Lincoln	085		4
Lowndes	087		2
Madison	089		3
Marion	091		3
Marshall	093		1
Monroe	095		2
Montgomery	097		2
Neshoba	099		3
Newton	101		3
Noxubee	103		3
Oktibbeha	105		2
Panola	107		1
Pearl River	109		5
Perry	111		5
Pike	113		4
Pontotoc	115		1
Prentiss	117		1
Quitman	119		1
Rankin	121	3560	3
Scott	123		3
Sharkey	125		3
Simpson	127		3
Smith	129		3
Stone	131	0920	5
Sunflower	133		2
Tallahatchie	135		1
Tate	137		1
Tippah	139		1
Tishomingo	141		1
Tunica	143		1
Union	145		1
Walthall	147		4

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## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Mississippi 28 (cont.)</u>			
Warren	149		4
Washington	151		2
Wayne	153		5
Webster	155		2
Wilkinson	157		4
Winston	159		2
Yalobusha	161		1
Yazoo	163		3

Missouri 29

Adair	001		6
Andrew	003	7000	6
Atchison	005		6
Audrain	007		9
Barry	009		7
Barton	011		4
Bates	013		4
Benton	015		4
Bollinger	017		10
Boone	019	1740	8
Buchanan	021	7000	6
Butler	023		10
Caldwell	025		6
Callaway	027		9
Camden	029		8
Cape Girardeau	031		10
Carroll	033		6
Carter	035		10
Cass	037	3760	4
Cedar	039		7
Chariton	041		6
Christian	043	7920	7
Clark	045		9
Clay	047	3760	6
Clinton	049		6
Cole	051		8
Cooper	053		4
Crawford	055		8
Dade	057		7

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Missouri 29 (cont.)</u>			
Dallas	059		7
Daviess	061		6
De Kalb	063		6
Dent	065		8
Douglas	067		7
Dunklin	069		10
Franklin	071	7040	8
Gasconade	073		8
Gentry	075		6
Greene	077	7920	7
Grundy	079		6
Harrison	081		6
Henry	083		4
Hickory	085		4
Holt	087		6
Howard	089		4
Howell	091		8
Iron	093		10
Jackson	095	3760	4,5
Jasper	097		7
Jefferson	099	7040	10
Johnson	101		4
Knox	103		9
Laclede	105		7
Lafayette	107		4
Lawrence	109		7
Lewis	111		9
Lincoln	113		9
Linn	115		6
Livingston	117		6
McDonald	119		7
Macon	121		9
Madison	123		10
Maries	125		8
Marion	127		9
Mercer	129		6
Miller	131		8
Mississippi	133		10
Moniteau	135		8
Monroe	137		9
Montgomery	139		9

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Missouri 29 (cont.)</u>			
Morgan	141		4
New Madrid	143		10
Newton	145		7
Nodaway	147		6
Oregon	149		8
Osage	151		8
Ozark	153		7
Pemiscot	155		10
Perry	157		10
Pettis	159		4
Phelps	161		8
Pike	163		9
Platte	165	3760	6
Polk	167		7
Pulaski	169		8
Putnam	171		9
Ralls	173		9
Randolph	175		9
Ray	177	3760	6
Reynolds	179		10
Ripley	181		10
St. Charles	183	7040	9
St. Clair	185		4
Ste. Genevieve	186		10
St. Francois	187		10
St. Louis	189	7040	1-3, 8,9
*St. Louis City	510	7040	1,3
Saline	195		4
Schuyler	197		9
Scotland	199		9
Scott	201		10
Shannon	203		8
Shelby	205		9
Stoddard	207		10
Stone	209		7
Sullivan	211		6
Taney	213		7
Texas	215		8

\*Independent City

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Missouri 28 (cont.)</u>			
Vernon	217		4
Warren	219		9
Washington	221		8
Wayne	223		10
Webster	225		7
Worth	227		6
Wright	229		7

Montana 30

Beaverhead	001		1
Big Horn	003		2
Blaine	005		2
Broadwater	007		1
Carbon	009		2
Carter	011		2
Cascade	013	3040	2
Chouteau	015		2
Custer	017		2
Daniels	019		2
Dawson	021		2
Deer Lodge	023		1
Fallon	025		2
Fergus	027		2
Flathead	029		1
Gallatin	031		1
Garfield	033		2
Glacier	035		1
Golden Valley	037		2
Granite	039		1
Hill	041		2
Jefferson	043		1
Judith Basin	045		2
Lake	047		1
Lewis and Clark	049		1
Liberty	051		1
Lincoln	053		1
McCone	055		2
Madison	057		1
Meagher	059		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Montana 30 (cont.)</u>			
Mineral	061		1
Missoula	063		1
Musselshell	065		2
Park	067		1
Petroleum	069		2
Phillips	071		2
Pondera	073		1
Powder River	075		2
Powell	077		1
Prairie	079		2
Ravalli	081		1
Richland	083		2
Roosevelt	085		2
Rosebud	087		2
Sanders	089		1
Sheridan	091		2
Silver Bow	093		1
Stillwater	095		2
Sweet Grass	097		2
Teton	099		2
Toole	101		1
Treasure	103		2
Valley	105		2
Wheatland	107		2
Wibaux	109		2
Yellowstone	111	0880	2
Yellowstone National Park (Part)	113		1

Nebraska 31

Adams	001		3
Antelope	003		3
Arthur	005		3
Banner	007		3
Blaine	009		3
Boone	011		3
Box Butte	013		3
Boyd	015		3
Brown	017		3

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Nebraska 31 (cont.)</u>			
Buffalo	019		3
Burt	021		2
Butler	023		1
Cass	025		2
Cedar	027		1
Chase	029		3
Cherry	031		3
Cheyenne	033		3
Clay	035		3
Colfax	037		1
Cuming	039		1
Custer	041		3
Dakota	043	7720	1
Dawes	045		3
Dawson	047		3
Deuel	049		3
Dixon	051		1
Dodge	053		1
Douglas	055	5920	2
Dundy	057		3
Fillmore	059		1
Franklin	061		3
Frontier	063		3
Furnas	065		3
Gage	067		1
Garden	069		3
Garfield	071		3
Gosper	073		3
Grant	075		3
Greeley	077		3
Hall	079		3
Hamilton	081		3
Harlan	083		3
Hayes	085		3
Hitchcock	087		3
Holt	089		3
Hooker	091		3
Howard	093		3
Jefferson	095		1
Johnson	097		1
Kearney	099		3



## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Nebraska 31 (cont.)</u>			
Keith	101		3
Keya Paha	103		3
Kimball	105		3
Knox	107		1
Lancaster	109	4360	1
Lincoln	111		3
Logan	113		3
Loup	115		3
McPherson	117		3
Madison	119		1
Merrick	121		3
Morrill	123		3
Nance	125		3
Nemaha	127		1
Nuckolls	129		3
Otoe	131		1
Pawnee	133		1
Perkins	135		3
Phelps	137		3
Pierce	139		1
Platte	141		3
Polk	143		3
Red Willow	145		3
Richardson	147		1
Rock	149		3
Saline	151		1
Sarpy	153	5920	2
Saunders	155		1
Scotts Bluff	157		3
Seward	159		1
Sheridan	161		3
Sherman	163		3
Sioux	165		3
Stanton	167		1
Thayer	169		1
Thomas	171		3
Thurston	173		1
Valley	175		3
Washington	177		2
Wayne	179		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Nebraska 31 (cont.)</u>			
Webster	181		3
Wheeler	183		3
York	185		1

Nevada 32

*Carson City	510		
Churchill	001		1
Clark	003	4120	1
Douglas	005		1
Elko	007		1
Esmeralda	009		1
Eureka	011		1
Humboldt	013		1
Lander	015		1
Lincoln	017		1
Lyon	019		1
Mineral	021		1
Nye	023		1
Ormsby (See Carson City)			
Pershing	027		1
Storey	029		1
Washoe	031	6720	1
White Pine	033		1

\* Independent City

New Hampshire 33

Belknap	001		1
Carroll	003		1
Cheshire	005		2
Coos	007		2
Grafton	009		2
Hillsborough	011	4560	1,2
		4760	
		5350	
Merrimack	013	4760	1,2

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>New Hampshire 33 (cont.)</u>			
Rockingham	015	4160 4760	1,2
Strafford	017		1
Sullivan	019		2
<u>New Jersey 34</u>			
Atlantic	001	0560	2
Bergen	003	5600	7-9,11
Burlington	005	6160	2,4,6
Camden	007	6160	1,6
Cape May	009		2
Cumberland	011	8760	2
Essex	013	5640	5,10,11
Gloucester	015	6160	1
Hudson	017	3640	9,10,14
Hunterdon	019		13
Mercer	021	8480	4,5,13
Middlesex	023	5460	4,5,15
Monmouth	025	4410	3,4
Morris	027	5640	5,13
Ocean	029		2,3,6
Passaic	031	6040	8,11
Salem	033	9160	2
Somerset	035	5640	5
Sussex	037		13
Union	039	5640	11,12,15
Warren	041	0240	13
<u>New Mexico 35</u>			
Bernalillo	001	0200	1
Catron	003		2
Chaves	005		2
Colfax	007		1
Curry	009		2

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>New Mexico 35 (cont.)</u>			
De Baca	011		2
Dona Ana	013	4100	2
Eddy	015		2
Grant	017		2
Guadalupe	019		1
Harding	021		1
Hidalgo	023		2
Lea	025		2
Lincoln	027		2
Los Alamos	028		1
Luna	029		2
McKinley	031		2
Mora	033		1
Otero	035		2
Quay	037		1
Rio Arriba	039		1
Roosevelt	041		2
Sandoval	043	0200	1
San Juan	045		2
San Miguel	047		1
Santa Fe	049		1
Sierra	051		2
Socorro	053		2
Taos	055		1
Torrance	057		1
Union	059		1
Valencia	061		2

New York 36

Albany	001	0160	28,29
Allegany	003		39
Bronx	005	5600	10,20-23
Broome	007	0960	27
Cattaraugus	009		39
Cayuga	011		33
Chautauqua	013		39
Chemung	015	2335	27,39

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>New York 36 (cont.)</u>			
Chenango	017		32
Clinton	019		30
Columbia	021		25,29
Cortland	023		32
Delaware	025		27,32
Dutchess	027	6460	25
Erie	029	1280	36-39
Essex	031		29,30
Franklin	033		30
Fulton	035		31
Genesee	037		35
Greene	039		29
Hamilton	041		31
Herkimer	043	8680	31
Jefferson	045		30
Kings	047	5600	11-16
Lewis	049		30
Livingston	051	6840	35
Madison	053	8160	32
Monroe	055	6840	34-36
Montgomery	057	0160	28,31
Nassau	059	5380	3-6
New York	061	5600	17-20
Niagara	063	1280	36
Oneida	065	8680	31
Onondaga	067	8160	32,33
Ontario	069	6840	33,35
Orange	071		26
Orleans	073	6840	36
Oswego	075	8160	30,33
Otsego	077		31,32
Putnam	079	5600	25
Queens	081	5600	6-11
Rensselaer	083	0160	29
Richmond	085	5600	17
Rockland	087	5600	26
St. Lawrence	089		30
Saratoga	091	0160	29
Schenectady	093	0160	28,31
Schoharie	095		31

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>New York 36 (cont.)</u>			
Schuyler	097		33
Seneca	099		33
Steuben	101		33,39
Suffolk	103	5380	1-3
Sullivan	105		27
Tioga	107	0960	27
Tompkins	109		27,33
Ulster	111		25-27
Warren	113		29
Washington	115		29
Wayne	117	6840	34
Westchester	119	5600	23-25
Wyoming	121		35
Yates	123		33

North Carolina 37

Alamance	001	1300	6
Alexander	003		10
Alleghany	005		5
Anson	007		8
Ashe	009		5
Avery	011		11
Beaufort	013		1
Bertie	015		1
Bladen	017		3
Brunswick	019	9200	7
Buncombe	021	0480	11
Burke	023		10
Cabarrus	025		8
Caldwell	027		10
Camden	029		1
Carteret	031		1
Caswell	033		2
Catawba	035		10
Chatham	037		4
Cherokee	039		11
Chowan	041		1
Clay	043		11
Cleveland	045		10

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>North Carolina 37 (cont.)</u>			
Columbus	047		7
Craven	049		1
Cumberland	051	2560	7
Currituck	053	5720	1
Dare	055		1
Davidson	057	3120	5
Davie	059		8
Duplin	061		3
Durham	063	6640	4
Edgecombe	065		2
Forsyth	067	3120	5
Franklin	069		2
Gaston	071	1520	10
Gates	073		1
Graham	075		11
Granville	077		2
Greene	079		1
Guilford	081	3120	6
Halifax	083		2
Harnett	085		3
Haywood	087		11
Henderson	089		11
Hertford	091		1
Hoke	093		7
Hyde	095		1
Iredell	097		9
Jackson	099		11
Johnston	101		3
Jones	103		1
Lee	105		3
Lenoir	107		1
Lincoln	109		9
McDowell	111		11
Macon	113		11
Madison	115	0480	11
Martin	117		1
Mecklenburg	119	1520	9
Mitchell	121		11
Montgomery	123		8
Moore	125		8
Nash	127		2

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>North Carolina 37 (cont.)</u>			
New Hanover	129	9200	7
Northampton	131		2
Onslow	133		3
Orange	135	6640	2
Pamlico	137		1
Pasquotank	139		1
Pender	141		3
Perquimans	143		1
Person	145		2
Pitt	147		1
Polk	149		11
Randolph	151	3120	4
Richmond	153		8
Robeson	155		7
Rockingham	157		6
Rowan	159		8
Rutherford	161		11
Sampson	163		3
Scotland	165		8
Stanly	167		8
Stokes	169	3120	5
Surry	171		5
Swain	173		11
Transylvania	175		11
Tyrrell	177		1
Union	179	1520	8
Vance	181		2
Wake	183	6640	4
Warren	185		2
Washington	187		1
Watauga	189		10
Wayne	191		3
Wilkes	193		5
Wilson	195		2
Yadkin	197	3120	8
Yancey	199		11



## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>North Dakota 38</u>			
Adams	001		1
Barnes	003		1
Benson	005		1
Billings	007		1
Bottineau	009		1
Bowman	011		1
Burke	013		1
Burleigh	015	1010	1
Cass	017	2520	1
Cavalier	019		1
Dickey	021		1
Divide	023		1
Dunn	025		1
Eddy	027		1
Emmons	029		1
Foster	031		1
Golden Valley	033		1
Grand Forks	035	2985	1
Grant	037		1
Griggs	039		1
Hettinger	041		1
Kidder	043		1
La Moure	045		1
Logan	047		1
McHenry	049		1
McIntosh	051		1
McKenzie	053		1
McLean	055		1
Mercer	057		1
Morton	059	1010	1
Mountrail	061		1
Nelson	063		1
Oliver	065		1
Pembina	067		1
Pierce	069		1
Ramsey	071		1
Ransom	073		1
Renville	075		1
Richland	077		1
Rolette	079		1
Sargent	081		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>North Dakota 38 (cont.)</u>			
Sheridan	083		1
Sioux	085		1
Slope	087		1
Stark	089		1
Steele	091		1
Stutsman	093		1
Towner	095		1
Traill	097		1
Walsh	099		1
Ward	101		1
Wells	103		1
Williams	105		1

Ohio 39

Adams	001		6
Allen	003	4320	4
Ashland	005		17
Ashtabula	007		11
Athens	009		10
Auglaize	011	4320	4
Belmont	013	9000	18
Brown	015		6
Butler	017	3200	8
Carroll	019	1320	18
Champaign	021	7960	7
Clark	023	7960	7
Clermont	025	1640	1,6
Clinton	027		6
Columbiana	029		18
Coshocton	031		17
Crawford	033		4,17
Cuyahoga	035	1680	20-23
Darke	037		8
Defiance	039		5
Delaware	041	1840	12
Erie	043		13,17
Fairfield	045	1840	10
Fayette	047		6

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Ohio 39 (cont.)</u>			
Franklin	049	1840	12,15
Fulton	051	8400	5
Gallia	053		10
Geauga	055	1680	11,22
Greene	057	2000	7
Guernsey	059		18
Hamilton	061	1640	1,2
Hancock	063		4
Hardin	065		4
Harrison	067		18
Henry	069		5
Highland	071		6
Hocking	073		10
Holmes	075		17
Huron	077		17
Jackson	079		10
Jefferson	081	8080	18
Knox	083		17
Lake	085	1680	11,22
Lawrence	087	3400	10
Licking	089		17
Logan	091		4,7
Lorain	093	4440	13
Lucas	095	8400	5,9
Madison	097	1840	15
Mahoning	099	9320	19
Marion	101		7
Medina	103	1680	13,16
Meigs	105		10
Mercer	107		4,8
Miami	109	2000	4
Monroe	111		18
Montgomery	113	2000	3,7,8
Morgan	115		10
Morrow	117		12
Muskingum	119		10
Noble	121		10,18
Ottawa	123	8400	5
Paulding	125		5
Perry	127		10
Pickaway	129	1840	6

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Ohio 39 (cont.)</u>			
Pike	131		6
Portage	133	0080	11,14
Preble	135	2000	8
Putnam	137	4320	5
Richland	139	4800	17
Ross	141		6
Sandusky	143		5
Scioto	145		6
Seneca	147		4,5
Shelby	149		4
Stark	151	1320	16
Summit	153	0080	11,13, 14,22
Trumbull	155	9320	11,19
Tuscarawas	157		18
Union	159		7
Van Wert	161	4320	5
Vinton	163		6,10
Warren	165	1640	1,6,8
Washington	167	6020	10
Wayne	169		16
Williams	171		5
Wood	173	8400	4,5
Wyandot	175		4

Oklahoma 40

Adair	001		2
Alfalfa	003		6
Atoka	005		3
Beaver	007		6
Beckham	009		6
Blaine	011		6
Bryan	013		3
Caddo	015		4
Canadian	017	5880	6
Carter	019		3
Cherokee	021		2
Choctaw	023		3
Cimarron	025		6

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Oklahoma 40 (cont.)</u>			
Oklahoma	109	5880	4-6
Okmulgee	111		2
Osage	113	8560	1,2,6
Ottawa	115		2
Pawnee	117		1
Payne	119		6
Pittsburg	121		3
Pontotoc	123		3
Pottawatomie	125	5880	4
Pushmataha	127		3
Roger Mills	129		6
Rogers	131	8560	2
Seminole	133		3
Sequoyah	135	2720	2
Stephens	137		3
Texas	139		6
Tillman	141		4
Tulsa	143	8560	1
Wagoner	145	8560	1,2
Washington	147		1,2
Washita	149		6
Woods	151		6
Woodward	153		6

Oregon 41

Baker	001		2
Benton	003		1,4
Clackamas	005	6440	1-3
Clatsop	007		1
Columbia	009		1
Coos	011		4
Crook	013		2
Curry	015		4
Deschutes	017		2
Douglas	019		4
Gilliam	021		2
Grant	023		2
Harney	025		2
Hood River	027		2

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Oregon 41 (cont.)</u>			
Jackson	029		4
Jefferson	031		2
Josephine	033		4
Klamath	035		2
Lake	037		2
Lane	039	2400	4
Lincoln	041		1
Linn	043		2,4
Malheur	045		2
Marion	047	7080	2
Morrow	049		2
Multnomah	051	6440	1,3
Polk	053	7080	1
Sherman	055		2
Tillamook	057		1
Umatilla	059		2
Union	061		2
Wallowa	063		2
Wasco	065		2
Washington	067	6440	1
Wheeler	069		2
Yamhill	071		1

Pennsylvania 42

Adams	001	9280	19
Allegheny	003	6280	14,18, 20-22,25
Armstrong	005		12
Beaver	007	6280	25
Bedford	009		9
Berks	011	6680	6
Blair	013	0280	9
Bradford	015		10
Bucks	017	6160	8
Butler	019		25
Cambria	021	3680	12
Cameron	023		23
Carbon	025	0240	11

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Pennsylvania 42 (cont.)</u>			
Centre	027		23
Chester	029	6160	5,16
Clarion	031		12,23
Clearfield	033		23
Clinton	035		23
Columbia	037		11
Crawford	039		24
Cumberland	041	3240	9,19
Dauphin	043	3240	17
Delaware	045	6160	5,7
Elk	047		23
Erie	049	2360	24
Fayette	051		22
Forest	053		23
Franklin	055		9
Fulton	057		9
Greene	059		22
Huntingdon	061		9
Indiana	063		12
Jefferson	065		12
Juniata	067		9
Lackawanna	069	5745	10
Lancaster	071	4000	16
Lawrence	073		25
Lebanon	075		16,17
Lehigh	077	0240	15
Luzerne	079	5745	11
Lycoming	081	9140	17
McKean	083		23
Mercer	085		24
Mifflin	087		9
Monroe	089	5745	10
Montgomery	091	6160	5,8,13
Montour	093		11
Northampton	095	0240	15
Northumberland	097		6,17
Perry	099	3240	9
Philadelphia	101	6160	1-4,13
Pike	103		10
Potter	105		23
Schuylkill	107		6

## APPENDIX 6

<u>County or County Equivalent Name</u>	<u>County Code</u>	<u>SMSA Code</u>	<u>CD Codes</u>
<u>Pennsylvania 42 (cont.)</u>			
Snyder	109		9
Somerset	111	3680	12
Sullivan	113		11
Susquehanna	115	0960	10
Tioga	117		10
Union	119		17
Venango	121		23
Warren	123		23
Washington	125	6280	22
Wayne	127		10
Westmoreland	129	6280	21
Wyoming	131		10
York	133	9280	19

Rhode Island 44

Bristol	001	6480	1
Kent	003	6480	2
Newport	005	2480	1
		6480	
Providence	007	6480	1,2
Washington	009	5520	2
		6480	

South Carolina 45

Abbeville	001		3
Aiken	003	0600	3
Allendale	005		2
Anderson	007		3
Bamberg	009		2
Barnwell	011		2
Beaufort	013		1
Berkeley	015	1440	1
Calhoun	017		2
Charleston	019	1440	1
Cherokee	021		5
Chester	023		5



## APPENDIX 6

<u>County or County Equivalent Name</u>	<u>County Code</u>	<u>SMSA Code</u>	<u>CD Codes</u>
<u>South Carolina 45 (cont.)</u>			
Chesterfield	025		5
Clarendon	027		6
Colleton	029		1
Darlington	031		6
Dillon	033		6
Dorchester	035	1440	1
Edgefield	037		3
Fairfield	039		5
Florence	041		6
Georgetown	043		6
Greenville	045	3160	4
Greenwood	047		3
Hampton	049		1
Horry	051		6
Jasper	053		1
Kershaw	055		5
Lancaster	057		5
Laurens	059		5
Lee	061		6
Lexington	063	1760	2
McCormick	065		3
Marion	067		6
Marlboro	069		6
Newberry	071		3
Oconee	073		3
Orangeburg	075		2
Pickens	077	3160	3
Richland	079	1760	2
Saluda	081		3
Spartanburg	083	3160	4
Sumter	085		5
Union	087		5
Williamsburg	089		6
York	091		5

South Dakota 46

Aurora	003	2
Beadle	005	2
Bennett	007	2

## APPENDIX 6

<u>County or County Equivalent Name</u>	<u>County Code</u>	<u>SMSA Code</u>	<u>CD Codes</u>
<u>South Dakota 46 (cont.)</u>			
Bon Homme	009		2
Brookings	011		1
Brown	013		1
Brule	015		2
Buffalo	017		2
Butte	019		2
Campbell	021		2
Charles Mix	023		2
Clark	025		1
Clay	027		1
Codington	029		1
Corson	031		2
Custer	033		2
Davison	035		2
Day	037		1
Deuel	039		1
Dewey	041		2
Douglas	043		2
Edmunds	045		2
Fall River	047		2
Faulk	049		2
Grant	051		1
Gregory	053		2
Haakon	055		2
Hamlin	057		1
Hand	059		2
Hanson	061		2
Harding	063		2
Hughes	065		2
Hutchinson	067		1
Hyde	069		2
*Jackson	071		2
Jerauld	073		2
Jones	075		2
Kingsbury	077		1
Lake	079		1
Lawrence	081		2
Lincoln	083		1
Lyman	085		2
McCook	087		1
McPherson	089		2

\* Washabaugh County merged with Jackson County.

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>South Dakota 46 (cont.)</u>			
Marshall	091		1
Meade	093	6660	2
Mellette	095		2
Miner	097		2
Minnehaha	099	7760	1
Moody	101		1
Pennington	103	6660	2
Perkins	105		2
Potter	107		2
Roberts	109		1
Sanborn	111		2
Shannon	113		2
Spink	115		2
Stanley	117		2
Sully	119		2
Todd	121		2
Tripp	123		2
Turner	125		1
Union	127		1
Walworth	129		2
Washabaugh (merged with Jackson County 071)			
Yankton	135		1
Ziebach	137		2

Tennessee 47

Anderson	001	3840	3
Bedford	003		4
Benton	005		7
Bledsoe	007		3
Blount	009	3840	2
Bradley	011		3
Campbell	013		2
Cannon	015		4
Carroll	017		7
Carter	019	3660	1
Cheatham	021	5360	5
Chester	023		6
Claiborne	025		2
Clay	027		4

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Tennessee 47 (cont.)</u>			
Cocke	029		1
Coffee	031		4
Crockett	033		7
Cumberland	035		4
Davidson	037	5360	5
Decatur	039		6
De Kalb	041		4
Dickson	043	5360	6
Dyer	045		7
Fayette	047		6
Fentress	049		4
Franklin	051		4
Gibson	053		7
Giles	055		6
Grainger	057		1
Greene	059		1
Grundy	061		4
Hamblen	063		1
Hamilton	065	1560	3
Hancock	067		1
Hardeman	069		6
Hardin	071		6
Hawkins	073	3660	1
Haywood	075		7
Henderson	077		6
Henry	079		7
Hickman	081		6
Houston	083		6
Humphreys	085		6
Jackson	087		4
Jefferson	089		1
Johnson	091		1
Knox	093	3840	2
Lake	095		7
Lauderdale	097		7
Lawrence	099		6
Lewis	101		6
Lincoln	103		4
Loudon	105		2
McMinn	107		2
McNairy	109		6

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Tennessee 47 (cont.)</u>			
Macon	111		4
Madison	113		7
Marion	115	1560	3
Marshall	117		4
Maury	119		6
Meigs	121		3
Monroe	123		2
Montgomery	125	1660	6
Moore	127		4
Morgan	129		3
Obion	131		7
Overton	133		4
Perry	135		6
Pickett	137		4
Polk	139		3
Putnam	141		4
Rhea	143		3
Roane	145		3
Robertson	147	5360	5
Rutherford	149	5360	4
Scott	151		2
Sequatchie	153	1560	3
Sevier	155		1
Shelby	157	4920	6-8
Smith	159		4
Stewart	161		7
Sullivan	163	3660	1
Sumner	165	5360	4
Tipton	167	4920	7
Trousdale	169		4
Unicoi	171	3660	1
Union	173	3840	2
Van Buren	175		4
Warren	177		4
Washington	179	3660	1
Wayne	181		6
Weakley	183		7
White	185		4
Williamson	187	5360	6
Wilson	189	5360	4

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Texas 48</u>			
Anderson	001		2
Andrews	003		19
Angelina	005		2
Aransas	007		14
Archer	009		13
Armstrong	011		13
Atascosa	013		23
Austin	015		10
Bailey	017		19
Bandera	019		21
Bastrop	021		10
Baylor	023		17
Bee	025		15,23
Bell	027	3810	11
Bexar	029	7240	20,21, 23
Blanco	031		10
Borden	033		17
Bosque	035		11
Bowie	037	8360	1
Brazoria	039	3360	22
Brazos	041	1260	6
Brewster	043		21
Briscoe	045		13
Brooks	047		15
Brown	049		11
Burleson	051		10
Burnet	053		11
Caldwell	055		10,23
Calhoun	057		14
Callahan	059	0040	17
Cameron	061	1240	15
Camp	063		1
Carson	065		13
Cass	067		1
Castro	069		19
Chambers	071		9
Cherokee	073		1
Childress	075		13
Clay	077	9080	13
Cochran	079		19

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Texas 48 (cont.)</u>			
Coke	081		21
Coleman	083		11,17
Collin	085	1920	3,4
Collingsworth	087		13
Colorado	089		10,14
Comal	091	7240	21
Comanche	093		11,17
Concho	095		21
Cooke	097		4,17
Coryell	099	3810	11
Cottle	101		13
Crane	103		21
Crockett	105		21
Crosby	107		17
Culberson	109		16
Dallam	111		13
Dallas	113	1920	3,5,6, 24
Dawson	115		17,19
Deaf Smith	117		19
Delta	119		1
Denton	121	1920	3,4
De Witt	123		23
Dickens	125		13
Dimmit	127		23
Donley	129		13
Duval	131		15
Eastland	133		17
Ector	135	5800	16,19
Edwards	137		21
Ellis	139	1920	6
El Paso	141	2320	16
Erath	143		11,17
Falls	145		11
Fannin	147		1
Fayette	149		10
Fisher	151		17
Floyd	153		17
Foard	155		13
Fort Bend	157	3360	22
Franklin	159		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Texas 48 (cont.)</u>			
Freestone	161		2,6
Frio	163		23
Gaines	165		19
Galveston	167	2920	9
Garza	169		17
Gillespie	171		21
Glasscock	173		21
Goliad	175		23
Gonzales	177		10,23
Gray	179		13
Grayson	181	7640	4
Gregg	183	442C	4
Grimes	185		2
Guadalupe	187	7240	23
Hale	189		19
Hall	191		13
Hamilton	193		11
Hansford	195		13
Hardeman	197		13
Hardin	199	084C	2
Harris	201	336C	7-9
			18,22
Harrison	203	442C	1
Hartley	205		13
Haskell	207		17
Hays	209	064C	10
Hemphill	211		13
Henderson	213		1
Hidalgo	215	488C	15
Hill	217		6
Hockley	219		19
Hood	221	192C	11
Hopkins	223		1
Houston	225		2
Howard	227		17
Hudspeth	229		16
Hunt	231		1,4
Hutchinson	233		13
Irion	235		21
Jack	237		17
Jackson	239		14



## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Texas 48 (cont.)</u>			
Jasper	241		2
Jeff Davis	243		16,21
Jefferson	245	0840	9
Jim Hogg	247		15
Jim Wells	249		15
Johnson	251	1920	6
Jones	253	0040	17
Karnes	255		15,23
Kaufman	257	1920	4
Kendall	259		21
Kenedy	261		15
Kent	263		17
Kerr	265		21
Kimble	267		21
King	269		13
Kinney	271		23
Kleberg	273		15
Knox	275		17
Lamar	277		1
Lamb	279		19
Lampasas	281		11
La Salle	283		23
Lavaca	285		10,14
Lee	287		10
Leon	289		2
Liberty	291	3360	2
Limestone	293		6
Lipscomb	295		13
Live Oak	297		15
Llano	299		21
Loving	301		16
Lubbock	303	4600	19
Lynn	305		17
McCulloch	307		11
McLennan	309	8800	11
McMullen	311		15
Madison	313		2
Marion	315		1
Martin	317		19
Mason	319		21
Matagorda	321		14

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Texas 48 (cont.)</u>			
Maverick	323		23
Medina	325		21,23
Menard	327		21
Midland	329	5040	19
Milam	331		11
Mills	333		11
Mitchell	335		17
Montague	337		17
Montgomery	339	3360	2
Moore	341		13
Morris	343		1
Motley	345		13
Nacogdoches	347		2
Navarro	349		6
Newton	351		2
Nolan	353		17
Nueces	355	1880	14
Ochiltree	357		13
Oldham	359		13
Orange	361	0840	2
Palo Pinto	363		17
Panola	365		1
Parker	367	1920	6,17
Parmer	369		19
Pecos	371		21
Polk	373		2
Potter	375	0320	13
Presidio	377		16
Rains	379		1,4
Randall	381	0320	13
Reagan	383		21
Real	385		21
Red River	387		1
Reeves	389		16,21
Refugio	391		14
Roberts	393		13
Robertson	395		6
Rockwall	397	1920	4
Runnels	399		21
Rusk	401		1
Sabine	403		2

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Texas 48 (cont.)</u>			
San Augustine	405		1
San Jacinto	407		2
San Patricio	409	1880	14
San Saba	411		11
Schleicher	413		21
Scurry	415		17
Shackelford	417		17
Shelby	419		1
Sherman	421		13
Smith	423	8640	4
Somervell	425		11
Starr	427		15
Stephens	429		17
Sterling	431		21
Stonewall	433		17
Sutton	435		21
Swisher	437		13
Tarrant	439	1920	6,12,24
Taylor	441	0040	17
Terrell	443		21
Terry	445		19
Throckmorton	447		17
Titus	449		1
Tom Green	451	7200	21
Travis	453	0640	10
Trinity	455		2
Tyler	457		2
Upshur	459		1
Upton	461		21
Uvalde	463		23
Val Verde	465		21
Van Zandt	467		4
Victoria	469		14
Walker	471		2
Waller	473	3360	10,22
Ward	475		16
Washington	477		10
Webb	479	4080	23
Wharton	481		14

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Texas 48 (cont.)</u>			
Wheeler	483		13
Wichita	485	9080	13
Wilbarger	487		13
Willacy	489		15
Williamson	491	0640	10,11
Wilson	493		23
Winkler	495		16
Wise	497	1920	17
Wood	499		1
Yoakum	501		19
Young	503		17
Zapata	505		15
Zavala	507		23

Utah 49

Beaver	001		2
Box Elder	003		1
Cache	005		1
Carbon	007		1
Daggett	009		1
Davis	011	7160	1
Duchesne	013		1
Emery	015		1
Garfield	017	2340	2
Grand	019		1
Iron	021		2
Juab	023		2
Kane	025		2
Millard	027		2
Morgan	029		1
Piute	031		2
Rich	033		1
Salt Lake	035	7160	2
San Juan	037		1
Sanpete	039		1
Sevier	041		1
Summit	043		1
Tooele	045	7160	2
Uintah	047		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Utah 49 (cont.)</u>			
Utah	049	6520	1
Wasatch	051		1
Washington	053		2
Wayne	055		2
Weber	057	7160	1
<u>Vermont 50</u>			
Addison	001		1
Bennington	003		1
Caledonia	005		1
Chittenden	007		1
Essex	009		1
Franklin	011		1
Grand Isle	013		1
Lamoille	015		1
Orange	017		1
Orleans	019		1
Rutland	021		1
Washington	023		1
Windham	025		1
Windsor	027		1
<u>Virginia 51</u>			
Accomack	001		1
Albemarle	003		7
*Alexandria	510	8840	8
Alleghany	005		6
Amelia	007		5
Amherst	009	4640	6
Appomattox	011	4640	5
Arlington	013	8840	10
Augusta	015		6
Bath	017		6
Bedford	019		6
*Bedford	515		6

\* Independent City

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Virginia 51 (cont.)</u>			
Bland	021		9
Botetourt	023	6800	6
*Bristol	520	3660	9
Brunswick	025		5
Buchanan	027		9
Buckingham	029		5
*Buena Vista	530		6
Campbell	031	4640	5
Caroline	033		7
Carroll	035		9
Charles City	037	6760	1
Charlotte	039		5
*Charlottesville	540		7
*Chesapeake	550	5720	4
Chesterfield	041	6760	3,5
Clarke	043		7
*Clifton Forge	560		6
*Colonial Heights	570	6140	4
*Covington	580		6
Craig	045	6800	9
Culpeper	047		7
Cumberland	049		5
*Danville	590		5
Dickenson	051		9
Dinwiddie	053	6140	4
*Emporia	595		4
Essex	057		1
Fairfax	059	8840	8,10
*Fairfax	600	8840	10
*Falls Church	610	8840	10
Fauquier	061		7
Floyd	063		5
Fluvanna	065		7
Franklin	067		5
*Franklin	620		4
Frederick	069		7
*Fredericksburg	630		7
*Galax	640		9
Giles	071		9

\* Independent City

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Virginia 51 (cont.)</u>			
Gloucester	073	5680	1
Goochland	075	6760	7
Grayson	077		9
Greene	079		7
Greensville	081		4
Halifax	083		5
*Hampton	650	5680	1
Hanover	085	6760	7
*Harrisonburg	660		7
Henrico	087	6760	3
Henry	089		5
Highland	091		6
*Hopewell	670	6140	4
Isle of Wight	093		4
James City	095	5680	1
King and Queen	097		1
King George	099		1
King William	101		1
Lancaster	103		1
Lee	105		9
*Lexington	678		6
Loudoun	107	8840	10
Louisa	109		7
Lunenburg	111		5
*Lynchburg	680	4640	6
Madison	113		7
*Manassas	683	8840	8
*Manassas Park	685	8840	8
*Martinsville	690		5
Mathews	115		1
Mecklenburg	117		5
Middlesex	119		1
Montgomery	121		9
Nelson	125		7
New Kent	127	6760	1
*Newport News	700	5680	1
*Norfolk	710	5720	2
Northampton	131		1
Northumberland	133		1

\* Independent City

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Virginia 51 (cont.)</u>			
*Norton	720		9
Nottoway	135		5
Orange	137		7
Page	139		7
Patrick	141		5
*Petersburg	730	6140	4
Pittsylvania	143		5
*Poquoson	735	5680	1
*Portsmouth	740	5720	4
Powhatan	145	6760	5
Prince Edward	147		5
Prince George	149	6140	4
Prince William	153	8840	8
Pulaski	155		9
*Radford	750		9
Rappahannock	157		7
Richmond	159		1
*Richmond	760	6760	3
Roanoke	161	6800	6
*Roanoke	770	6800	6
Rockbridge	163		6
Rockingham	165		7
Russell	167		9
*Salem	775	6800	6
Scott	169	3660	9
Shenandoah	171		7
Smyth	173		9
*South Boston	780		5
Southampton	175		4
Spotsylvania	177		7
Stafford	179		7,8
*Staunton	790		6
*Suffolk	800	5720	4
Surry	181		4
Sussex	183		4
Tazewell	185		9
*Virginia Beach	810	5720	2,4
Warren	187		7
Washington	191	3660	9

\* Independent City



County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Virginia 51 (cont.)</u>			
*Waynesboro	820		6
Westmoreland	193		1
*Williamsburg	830	5680	1
*Winchester	840		7
Wise	195		9
Wythe	197		9
York	199	5680	1

\* Independent City

Washington 53

Adams	001		5
Asotin	003		5
Benton	005	6740	4
Chelan	007		4
Clallam	009		3
Clark	011	6440	3,4
Columbia	013		5
Cowlitz	015		3
Douglas	017		4
Ferry	019		5
Franklin	021	6740	5
Garfield	023		5
Grant	025		4,5
Grays Harbor	027		3
Island	029		2
Jefferson	031		3
King	033	7600	1-3, 6,7
Kitsap	035		6
Kittitas	037		4
Klickitat	039		4
Lewis	041		3
Lincoln	043		5
Mason	045		3
Okanogan	047		4,5
Pacific	049		3
Pend Oreille	051		5
Pierce	053	8200	3,6

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Washington 53 (cont.)</u>			
San Juan	055		2
Skagit	057		2
Skamania	059		4
Snohomish	061	7600	1,2
Spokane	063	7840	5
Stevens	065		5
Thurston	067		3
Wahkiakum	069		3
Walla Walla	071		5
Whatcom	073		2
Whitman	075		5
Yakima	077		4

West Virginia 54

Barbour	001		2
Berkeley	003		2
Boone	005		3
Braxton	007		3
Brooke	009	8080	1
Cabell	011	3400	4
Calhoun	013		3
Clay	015		3
Doddridge	017		1
Fayette	019		2
Gilmer	021		3
Grant	023		2
Greenbrier	025		2
Hampshire	027		2
Hancock	029	8080	1
Hardy	031		2
Harrison	033		1
Jackson	035		3
Jefferson	037		2
Kanawha	039	1480	3
Lewis	041		2
Lincoln	043		3
Logan	045		4
McDowell	047		4
Marion	049		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>West Virginia 54 (cont.)</u>			
Marshall	051	9000	1
Mason	053		3
Mercer	055		4
Mineral	057		2
Mingo	059		4
Monongalia	061		2
Monroe	063		2
Morgan	065		2
Nicholas	067		3
Ohio	069	9000	1
Pendleton	071		2
Pleasants	073		1
Pocahontas	075		2
Preston	077		2
Putnam	079	1480	3
Raleigh	081		4
Randolph	083		2
Ritchie	085		3
Roane	087		3
Summers	089		2
Taylor	091		2
Tucker	093		2
Tyler	095		1
Upshur	097		2
Wayne	099	3400	4
Webster	101		2
Wetzel	103		1
Wirt	105	6020	3
Wood	107	6020	1
Wyoming	109		4

Wisconsin 55

Adams	001		6
Ashland	003		7
Barron	005		3
Bayfield	007		7
Brown	009	3080	6,8
Buffalo	011		3
Burnett	013		7

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Wisconsin 55 (cont.)</u>			
Calumet	015	0460	6
Chippewa	017	2290	7
Clark	019		7
Columbia	021		2
Crawford	023		3
Dane	025	4720	2
Dodge	027		2,9
Door	029		8
Douglas	031	2240	7
Dunn	033		3
Eau Claire	035	2290	3
Florence	037		8
Fond Du Lac	039		2,6
Forest	041		8
Grant	043		3
Green	045		1,2
Green Lake	047		6
Iowa	049		2
Iron	051		7
Jackson	053		3
Jefferson	055		1,9
Juneau	057		6
Kenosha	059	3800	1
Kewaunee	061		8
La Crosse	063	3870	3
Lafayette	065		2
Langlade	067		8
Lincoln	069		7
Manitowoc	071		6
Marathon	073		7
Marinette	075		8
Marquette	077		6
Menominee	078		8
Milwaukee	079	5080	4,5,9
Monroe	081		3,6
Oconto	083		8
Oneida	085		7,8
Outagamie	087	0460	8
Ozaukee	089	5080	9
Pepin	091		3
Pierce	093		3

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Wisconsin 55 (cont.)</u>			
Polk	095		3
Portage	097		7
Price	099		7
Racine	101	6600	1
Richland	103		3
Rock	105	3620	1
Rusk	107		7
St. Croix	109	5120	3
Sauk	111		2
Sawyer	113		7
Shawano	115		8
Sheboygan	117		6
Taylor	119		7
Trempealeau	121		3
Vernon	123		3
Vilas	125		8
Walworth	127		1
Washburn	129		7
Washington	131	5080	9
Waukesha	133	5080	9
Waupaca	135		8
Waushara	137		6
Winnebago	139	0460	6
Wood	141		7

Wyoming 56

Albany	001		1
Big Horn	003		1
Campbell	005		1
Carbon	007		1
Converse	009		1
Crook	011		1
Fremont	013		1
Goshen	015		1
Hot Springs	017		1
Johnson	019		1
Laramie	021		1
Lincoln	023		1

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Wyoming 56 (cont.)</u>			
Natrona	025		1
Niobrara	027		1
Park	029		1
Platte	031		1
Sheridan	033		1
Sublette	035		1
Sweetwater	037		1
Teton	039		1
Uinta	041		1
Washakie	043		1
Weston	045		1

Puerto Rico 72 3/

Adjuntas	001		1
Aguada	003		1
Aguadilla	005		1
Aguas Buenas	007		1
Aibonito	009		1
Anasco	011	4840	1
Arecibo	013		1
Arroyo	015		1
Barceloneta	017		1
Barranquitas	019		1
Bayamon	021	7440	1
Cabo Rojo	023		1
Caguas	025	1310	1
Camuy	027		1
Canovanas	029	7440	1
Carolina	031	7440	1
Catano	033	7440	1
Cayey	035		1
Ceiba	037		1
Ciales	039		1
Cidra	041		1
Coamo	043		1

3/ In Puerto Rico, Municipios are listed as County Equivalents.

## APPENDIX 6

County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Puerto Rico 72 (cont.)</u>			
Comerio	045		1
Corozal	047		1
Culebra	049		1
Dorado	051		1
Fajardo	053		1
Florida	054		1
Guanica	055		1
Guayama	057		1
Guayanilla	059		1
Guaynabo	061	7440	1
Gurabo	063	1310	1
Hatillo	065		1
Hormigueros	067	4840	1
Humacao	069		1
Isabela	071		1
Jayuya	073		1
Juana Diaz	075	6360	1
Juncos	077		1
Lajas	079		1
Lares	081		1
Las Marias	083		1
Las Piedras	085		1
Loiza	087	7440	1
Luquillo	089		1
Manati	091		1
Maricao	093		1
Maunabo	095		1
Mayaguez	097	4840	1
Moca	099		1
Morovis	101		1
Naguabo	103		1
Naranjito	105		1
Orocovis	107		1
Patillas	109		1
Penuelas	111		1
Ponce	113	6360	1
Quebradillas	115		1
Rincon	117		1

## APPENDIX 6

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County or County Equivalent Name	County Code	SMSA Code	CD Codes
<u>Puerto Rico 72 (cont.)</u>			
Rio Grande	119		1
Sabana Grande	121		1
Salinas	123		1
San German	125		1
San Juan	127	7440	1
San Lorenzo	129	1310	1
San Sebastian	131		1
Santa Isabel	133		1
Toa Alta	135		1
Toa Baja	137	7440	1
Trujillo Alto	139	7440	1
Utuado	141		1
Vega Alta	143		1
Vega Baja	145		1
Vieques	147		1
Villalba	149	6360	1
Yabucoa	151		1
Yauco	153		1

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Virgin Islands of the United States 78 4/

St. Croix	010
St. John	020
St. Thomas	030

4/ In the Virgin Islands, the islands are listed as County  
Equivalents.



## PROGRAM CODES

VALID AS OF OCTOBER 1, 1979PROGRAM CODEDEFINITION

CHP	College Housing
CPM	Comprehensive Planning Program (701)
HAP	Section 8
LR1	PHA - Small (1 - 500 Units)
LR2	PHA - Medium (501 - 1200 Units)
LR3	PHA - Large (over 1200 Units)
MCP	Model Cities
MSP	Subsidized HUD Projects (235, 236, Rent Supplement, 221(d)(3) (BMIR)
MUP	Unsubsidized HUD Projects
NCM	New Communities
RCG	Urban Renewal

CDBG Entitlement  
Grantees

PE1	CR Problem - Small (population 24,999 or less)
PE2	CR Problem - Medium (population 25,000 to 99,999)
PE3	CR Problem - Large (population 100,000 to 499,000)
PE4	CR Problem - Extra Large (population 500,000 and more)
NE1	No Problem - Small (population 24,999 or less)
NE2	No Problem - Medium (population 25,000 to 99,999)
NE3	No Problem - Large (population 100,000 to 499,999)
NE4	No Problem - Extra Large (population 500,000 or more)

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CDBG Small Cities/  
Discretionary Grantees

PS1	CR Problem - Small (population 24,999 or less)
PS2	CR Problem - Medium (population 25,000 to 99,999)
PS3	CR Problem - Large (population 100,000 to 499,999)
PS4	CR Problem - Extra Large (population 500,000 and more)
NS1	No Problem - Small (population 24,999 or less)
NS2	No Problem - Medium (population 25,000 to 99,999)
NS3	No Problem - Large (population 100,000 to 499,999)
NS4	No Problem - Extra Large (population 500,000 or more)

8000.1 REV-1

HUD-930.5 (11-80)



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Special Attention of:**Notice** H 82-20(HUD)Regional Administrators; Directors,  
Offices of Regional Housing; Area  
Managers and Service Office  
SupervisorsIssued: 6/4/82  
Expires: 12/31/82

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Cross References:


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Subject: Cancellation of Housing Handbooks and Other Issuances

The following Housing Issuances are cancelled.

4035.1	4375.1	7505.1
4035.2	4515.3	
4035.3	4540.1	
4035.4	4590.1	
4075.1	7400.1	
4075.2	7401.1	
4075.3	7407.1	
4075.4	6260.3	
4075.5	6260.4	
4075.6	7412.1	
4075.7	7460.1	
4075.8	7485.1 (6/70)	
4075.9	7495.1	
4075.10	7610.3	
4075.11	7610.4	
4075.13	7690.1	
4075.14	7750.1	
4075.16	G7800.1	
4370.3	7831.1	

Any questions concerning this Notice shall receive answers from  
Jim Hosier, 755-6650.

  
General Deputy Assistant Secretary for Housing-  
Deputy Federal Housing Commissioner

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H : Distribution: W-3-1, W-1, W-2, W-3, W-4, R-1, R-2, R-3, R-3-1(H), R-3-2  
R-4, R-4-1, R-4-2, R-5, R-5-1, R-5-2

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
FAIR HOUSING AND EQUAL OPPORTUNITY

# TRANSMITTAL

8000.2

August, 1980

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1. This Transmits:

Handbook 8000.2, Fair Housing and Equal Opportunity Complaint and Compliance Review System - User's Manual.

2. Purpose:

This Handbook is designed to provide the users of the Fair Housing and Equal Opportunity Complaint and Compliance Review System with an explanation of the functions of the management information and reporting system. All aspects of the user system interface are included, as well as a complete definition of all systems reports.

3. Filing Instructions:

Insert:  
Handbook 8000.2  
dated 8/80

FHEO:Distribution: W-1, W-2, W-3, W-3-1, R-1, R-2, R-3-1 (FHEO & ADM),



**Handbook**

**8000.2**

**U.S. Department of Housing and Urban Development**  
Office of Fair Housing and Equal Opportunity

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## **Departmental Staff**

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August 1980

# **Fair Housing and Equal Opportunity Complaint and Compliance Review System - User's Manual**

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FAIR HOUSING AND EQUAL OPPORTUNITY  
COMPLAINT AND COMPLIANCE REVIEW SYSTEM  
USER'S MANUAL

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CHAPTER 1. GENERAL

1-1. PURPOSE. The Fair Housing and Equal Opportunity (FHEO) Complaint and Compliance Review System (CCRS) is an automated management information and reporting system designed to meet the basic needs for management control and evaluation of the complaint and compliance review program provided for under the following Civil Rights authorities:

- a. Title VIII of the Civil Rights Act of 1968
- b. Title VI of the Civil Rights Act of 1964
- c. Section 109 of the Housing and Community Development Act of 1974
- d. Section 3 of the Housing and Urban Development Act of 1968
- e. Executive Order 11063
- f. Affirmative Fair Housing Marketing Regulation (AFHM)
- g. Equal Employment Opportunity Contract Clause (EEO)

1-2. OVERVIEW. The Complaint and Compliance Review System is composed of three basic phases: (1) Input or source document preparation; (2) Edit error correction and data base creation; and (3) Output report preparation.

- a. The input or source documents which form the basis of the system are the complaint and compliance review logs: i.e., the HUD 930.1A, Regional Monthly Status Summary of Complaints Received - Title VIII of the CRA of 1968 and Executive Order 11063; HUD 930.1B, Regional Monthly Status Summary of Compliance Reviews - Title VIII of the CRA of 1968 and Affirmative Fair Housing Marketing; HUD 930.2, Regional Monthly Status Summary of Complaints Received and Compliance Reviews Conducted - Title VI of the CRA of 1964 and Section 109 of the Housing and Community Development Act of 1974; HUD 930.3, Regional Monthly Status Summary - Equal Employment Opportunity Contract Clause; HUD 930.4, Regional Monthly Status Summary of Complaints Received and Compliance Reviews Conducted - Section 3 of the Housing and Urban Development Act of 1968; and the HUD 948, State/Local Referral Agency Report. These logs are maintained by Regional FHEO personnel in the FHEO Compliance Division and reflect the procedures for complaint and compliance review processing under the before-listed Civil Rights authorities. A complete explanation of the format and content of these documents is found in Handbook 8000.1, Fair Housing and Equal Opportunity Complaint and Compliance Review Reporting and Control Procedure.



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- b. Data reported on the HUD 930.1A through 930.4 and HUD 948 are entered into the automated data base via Linolex terminals located in each of the ten Regional Offices. These data are then batched and processed weekly at the central computer sight in Headquarters. Initial processing consists of a series of computer edits on the six data base files which correspond to the six input documents. A computer generated edit-error correction listing is produced for each file and is transmitted each week to each Region.
- (1) Additions and changes to the data are prepared manually by FHEO personnel utilizing the procedures set forth in 8000.1, Chapter 2 Section 5. These additions and changes are then re-entered via terminal to begin the next edit/update cycle.
- c. The final phase consists of preparation of output reports which are produced from the six files which compose the automated data base. There are four categories of reports: summary reports of workload under the various authorities, reports by Region of the status of case handling; a query report capability which allows the user to query each of the six data files for selected detailed information; and special reports. The query reports are requested via terminal by the Regional Office, produced at the Headquarters computer site, and transmitted over terminal lines for printing in the Regional Office. All other reports are requested through contacting FHEO Headquarters, Management Systems and Services Division and relayed over terminal lines for printing in the Regional Office. In addition, all reports may be requested by FHEO Headquarters and produced at the central site for Headquarters use. In addition, each Regional Office may request and have prepared summary and status reports on an "as needed" basis. Summary and status reports, however, will contain data for all Regions.
- 1-3. SCHEDULING. It is recommended that the input be keyed in by each Region on a weekly basis. On a schedule coordinated with that of the Department's Operating Plan System (OPLAN), FHEO Headquarters will have prepared status reports on a monthly and fiscal year cumulative basis for all Regional data bases. Concurrently, data will be automatically extracted from the system and input to the Department's OPLAN System to satisfy Executive Management Report (EMR) and Operating Plan Report requirements. On a less frequent basis, e.g., quarterly, or more often if the need arises, summary reports of workload under the various authorities will be produced. The query capability will be used by Headquarters to tap
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all Regional files on an "as needed" basis. It is primarily for this reason that weekly input by each Regional Office is recommended. In this way, output reports produced reflecting all Regional data will be current within one week of the date of preparation of each Report.

A document identification schematic has been employed to facilitate the understanding of the flow of specific data from input source document to output report.

<u>Authority/Activity</u>	<u>Source Document and Edit/Correction Listing</u>	<u>Output Report Format Number</u>
Title VIII/EO 11063/ AFHM Complaints	HUD 930.1A	1-1 thru 1-4, 1-6 1-8, 1-10, 1-11, 1-12, 1-13,
Compliance Reviews	HUD 930.1B	1-5, 1-7, 1-9
Title VI/Section 109 Complaints	HUD 930.2	2-1, 2-1A, 2-3, 2-6, 2-8, 2-10
Compliance Reviews		2-2, 2-2A, 2-5, 2-7, 2-9, 2-11
EEO Contract Clause Complaints	HUD 930.3	3-1, 3-3, 3-4, 3-6
Compliance Reviews		3-2, 3-5, 3-7
Section 3 Complaints	HUD 930.4	4-1, 4-3, 4-4, 4-6 4-8, 4-10
Compliance Reviews		4-2, 4-5, 4-7, 4-9, 4-11
State/Local Agency Processing of Title VIII Complaints	HUD 948	5-1
Reports on Multiple Authorities	HUD 930.1A thru 930.4	0-1, 0-2, 0-3

## CHAPTER 2. SYSTEM SUMMARY

2-1. INPUT OR SOURCE DOCUMENT. The automated data base is formed by information recorded on the HUD 930.1A through 930.4 and HUD 948. These forms contain all data recorded on the processing of complaints and compliance reviews under the various Civil Rights authorities.

a. The HUD 930.1A through 930.4 contain information on complaints and compliance reviews as follows:

HUD 930.1A - Regional Monthly Status Summary of Complaints Received, Title VIII of the Civil Rights Act of 1968 and Executive Order 11063 (Complaints only)

HUD 930.1B - Regional Monthly Status Summary of Compliance Reviews, Title VIII of the Civil Rights Act of 1968 and Affirmative Fair Housing Marketing (Compliance reviews only)

HUD 930.2 - Regional Monthly Status Summary of Complaints Received and Compliance Reviews Conducted, Title VI of the Civil Rights Act of 1964 and Section 109 of the Housing and Community Development Act of 1974 (Complaints and Compliance Reviews)

HUD 903.3 - Regional Monthly Status Summary - Equal Employment Opportunity Contract Clause

HUD 930.4 - Regional Monthly Status Summary of Complaints Received and Compliance Reviews Conducted, Section 3 of the Housing and Urban Development Act of 1968 (Complaints and Compliance Reviews)

- (1) A file number which is used as the controlling identification number in the automated system is recorded on each form. In addition, information which describes the allegation, location data, critical milestone action dates associated with proper case handling, and information on the outcome or result are recorded for each complaint or compliance review.

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- b. The HUD 948 (State/Local Referral Agency Reports) provides information on the processing of Title VIII complaints which have been referred to state and local agencies for handling under the Department's Substantial Equivalency Regulation. This unique form is the only source document which is submitted to the data base after the complaint has been completely processed. Its primary value is that it contains information on state or local agency complaint processing which can be used to aid in an evaluation of the agency's substantial equivalency posture. In practice, a HUD 948 is completed and entered into the automated data base for each Title VIII complaint recorded on the HUD 930.1A as closed by a state or local agency.

(For instructions on the completion of these forms, see Handbook 8000.1. For samples of these forms see Appendix 4.)

- 2-2. EDIT/UPDATE - OVERVIEW. The second phase of the Automated Complaint and Compliance Review System relates to the creation and maintenance of the automated data base from the input or source documents. The data base is composed of six separate files -- one for each form (HUD 930.1A, 930.1B, 930.2, 930.3, 930.4, and 948). Information on each of these documents is keyed into the system (or converted to machine readable form), if valid, the information is made a part of the automated data base, and edited. Errors detected by the machine edits are relayed to the user in the Edit Error Listings, which are the output reports produced from the edit/update phase.
- 2-3. TYPES OF TRANSACTIONS. The permissible activities against the data base are additions, changes, and deletions. For instructions on the preparation of addition, change, and deletion transactions see Handbook 8000.1, FHEO Complaint and Compliance Review Reporting and Control Procedures.
- a. By definition, an addition is the entry of a complaint or compliance review for the first time into the data base. The minimum data which should be present to make an addition to the data base are the file number and a complaint receipt or compliance review opened date, whichever is applicable. If this minimum data is not present and valid, the case will be flagged as an acceptable fatal error, maintained on the file but not included in system status and workload summary reports.
- b. A change is, by definition, any action to modify a data item on a case which has previously been added to the system. The change data will replace whatever previously existed in the given field for that case. Thus, a change transaction is used to correct a data item previously entered incorrectly, or to insert a data item which was previously missing from the case.
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- (1) A change transaction may be used to delete a single data item, i.e., change a previously entered field to spaces. This is accomplished by a change transaction containing all 9's in the data item field or fields to be blanked out. The number of nines (9's) must be equal to the maximum number of characters that may exist in the field. This single field deletion procedure may be used for all data items except the file number on all files and the Compensation Awarded field on the 930.1A file. A file number may never be changed because it is the single item which uniquely identifies the case in the data base. If it becomes necessary to correct a file number, a deletion transaction must be entered for the case with the incorrect file number and an addition transaction entered with the correct file number.
- c. A deletion is the transaction which will cause a case to be dropped from the data base. A deletion is possible only on a case which has been previously added to the system.
- 2-4. DATA ENTRY. The transactions are entered into the system through the use of HUD's Linolex terminals located in each Regional Office. Complete instructions for use of the Linolex terminals are contained in Handbook 2361.7 FHEO Complaint and Compliance Review System, Terminal Operating Procedures.
- a. The data capture tape is the mechanism used to key the data into the system. The capture tape contains a frame corresponding to each of the system input documents, i.e., HUD Forms 930.1A, 930.1B, 930.2, 930.3, 930.4 and 948. Limited editing is built into each frame of the capture tape to prevent such occurrences as entering alphabetic characters in an all numeric field or entering an invalid file number.
- (1) In addition to the ability to visually verify each transaction prior to writing it onto the tape file to be transmitted, the capability is provided to list or print the data tapes which contain the keyed transactions. Printing of the data tapes may be accomplished both prior to and after transmission of the data to the central computer site. The printout of the data tapes may be useful for verification and audit trail requirements. See HUD Handbook 2361.7, Chapter 1-2, Paragraph (10) for precise instructions for printing the cassette data tapes.
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- (2) If it becomes necessary to delete a transaction after it has been written onto the cassette data tape, but prior to the tape being transmitted to the central computer site, it can be recalled and marked so that the system's edit/update programs will process it but make no alterations to the data base. For instructions to implement this procedure see the HUD Handbook 2361.7, Chapter 1-2, Paragraph 8, Subparagraph (i).

2-5. EDITING AND UPDATING OF THE DATA BASE. The transaction data entered via the Linolex terminals is transmitted to the central computer site in Headquarters where it is batched and processed weekly.

- a. Prior to the update transactions being entered into any of the system's edit/update programs, they are sorted for the entire country by their file number in ascending order. If there are two or more transactions with the same file number, then all the deletion transactions ("D") will be processed before the addition ones ("A") which in turn will be processed before the change transactions ("C"). Therefore, the user can replace an existing record on the master file with a new one by submitting both a deletion and an addition transaction having the same file number during the same processing run.

- (1) However, because of the way transactions are collated, the user cannot delete an old record, replace it with a new record having the same file number and then delete the new record during the same update processing run. The old record would be deleted by the first deletion transaction as desired. The second deletion transaction would be processed next and would result in the transaction being rejected with the fatal error message, "NO MASTER RECORD TO DELETE, TRANSACTION REJECTED," as the previous deletion transaction removed it. Therefore, after the update process is completed, the new record would exist on the master file even though this was not desired.
- (2) While the collating sequence processes "D", "A" and "C" transactions having the same file number in this order, the EDIT/UPDATE Program does not permit a change transaction to update any fields on a record that was just added to the Master File during the same processing run. Instead, the change transaction would be rejected with the fatal error message, "NO MASTER RECORD TO CHANGE, TRANSACTION REJECTED." This will occur inspite of the fact that after the update processing run a record will exist on the updated master file, because the immediately preceding addition transaction with the same file number was processed.

## 2-6. EDIT ERROR LISTINGS

- a. Structure of Listings. There are six (6) types of Edit Error Listings. Each listing informs the user of the results of an update or the current status of the existing data base. The types are identified by descriptive headings. At the top of each page on the left there is a Product Information Code (PIC), as an example EO2ACC-E. This code contains the CCRS System Code (EO2) followed by a sequence code of A. The next code is an A, B, C, D or E. This code corresponds to the HUD form number (930.1A, 930.1B, etc.) to which the listing applies. The HUD form number is found in the center of the page, second line. The next character of the PIC is always a C. This character is not intended to provide the CCRS user any meaningful information. The last character of the PIC, that to the right of the hyphen, informs the user which of the reports are being referenced. The last character of PIC code is an A thru F corresponding to the following types of listings.

<u>LISTING TITLE</u>	<u>LAST CHARACTER OF PIC</u>
Accepted Error Free Updates	A
Non-Fatal and Accepted Fatal	B
Rejected Fatal	C
Summary	D
Master File Status	E
Legend	F

The above titles are printed in the center of the page, most often on the third line. On the right side of the page is printed the date (MM/DD/YY), month, day, year, and the time (HH:MM:SS:), hour, minute and second, that the listing was started. Below the time, the title OPTION: is followed by either 'ERROR', 'UPDATE', or 'ALL.' These options are explained in Paragraph 2-6b of this Chapter.

- (1) The Accepted Error Free Updates Listing is generated only when the 'UPDATE' option is requested. This listing informs the user of those updates made to the data base which were error free. Each case listed has printed to the left of the 'FILE-NUMBER' the type of update that was performed on that case (Add, Delete, or Change). When a data base record is changed two lines are printed for the case. The top line is the data base record as it exists after being updated. Any data element that is changed is preceded by an asterisk. Each data element of all added and deleted cases are printed.

- 
- (2) The Non-Fatal and Accepted Fatal Updates Listing contains information regarding added or changed cases which are in error. The type of update is printed to the left of each FILE-NUMBER. The next line identifies the type of error that was produced from this update. Errors found on this listing are only non-fatal or accepted fatal. A non-fatal error is defined as data which is not valid for a particular field of information but the existence of which does not cause the case to be excluded from the system output summary workload and status reports. An accepted fatal error is defined as data which is not valid for a particular critical field of information and the existence of which causes the case to be excluded from the system output summary workload and status reports. Errors in the following data items cause "Accepted" fatal errors:

- 1) Complaint Received or Compliance Review  
Opened Date
- 2) Closed Date
- 3) Closing Code or Type of Closure

The concept of the 'ACCEPTED' fatal error prevents the loss of a data base record when a change transaction introduces an error in one of the above listed critical fields. Immediately below each type of error identification line is printed one or more error codes. The interpretation of each error code, non-fatal or accepted fatal, is found on the legend listing.

- (3) The Rejected Fatal Updates Listing informs the user of update errors which have not affected the data base. The first type of rejectable fatal errors relate to file-number and are noted by error codes 01 through 05. Each of these codes relate to errors found in file-number and are as follow: 01 Region Code not within Prescribed range of 01-10; 02 Fiscal Year not within Prescribed Range of 69-85 or TQ; 03 Month not within Prescribed Range of 01-12; 04 Serial not numeric or serial is zero; and 05 Authority Code Invalid. Any error in file number will cause the rejection of an add transaction. File Number error are rejected fatal errors because subsequent change transactions cannot alter file-number. The second type of rejectable fatal errors results when a transaction is submitted and the existing status of the data base disallows a particular type of updating. The codes and a description of each:
-



- 
- 86 No Master Record to Delete
  - 87 No Master Record to Change
  - 88 Invalid Type of Update Code
  - 98 Duplicate of a Previous Add Update
  - 99 Duplicate of an Existing Master Record

- (a) Errors as described above which occur during the posting of a transaction to the Master File are referred to as "rejectable" fatal errors because they cause a transaction to be excluded from the Master File.
- (4) The Summary Listing contains detail counts of activity which occurs during an update. The first line printed 'Master Input Records' is the total number of records which exist on the data base prior to updating. The last line, 'Master Output Records' is the resultant total after updating. The activity of changes to the data base is listed by transaction type. 'Rejected' transactions do not effect the master counts. The right column of 'Changes Accepted' is always zero, because change transactions have no effect on the master output record total. 'Deletes Accepted' are printed in parenthesis, to emphasize that the count has a negative effect on the total master records. The third from the last line, 'Invalid Type' is a count of transactions which are not identified by the system as adds, changes, or deletes.
- (5) The Master File Status Listing summarizes two types of informaton. The top portion of the listing reports the status of all records on the Regional data base. The count displayed for 'Total Non-Reportable Records' is the total of all acceptable fatal records. Records in this category are not reported in any of the system output summary workload and status reports. The second portion of the listing informs the user of the options used in creating this particular Edit Error Listing. An asterisk under a particular Region number indicates that the option printed to the left has been selected for that Region. These options may be requested by Regional Offices through FHEO Headquarters staff. Paragraph 2-6b of this Chapter explains the available options.
- (6) The Legend Listing primarily contains a description of error codes and the meaning of each. The error codes are listed in the left column followed by the type of error, non-fatal, rejectable fatal, or acceptable. The next column is a total of all records on the data base having this particular error. The data listed under description explains the meaning of each error code.
-

- 
- b. Edit Error Options. The Edit Error Listing for each Master File may be produced through the use of three options. The options are 'UPDATE', 'ERROR', and 'ALL'.
- (1) The 'UPDATE' option is run on a weekly cycle to update the data base with transactions created via DEGEN and transmitted from Regional Offices to HUD's Headquarters computer. When an update option is used all Regions will receive at least a Master File Status Listing, even though a particular Region may not have submitted update transactions. Each Region submitting transactions will receive a Master File Status Listing plus these listings; Accepted Error Free, Non-Fatal and Accepted Fatal, or Legend, dependent upon the events of updating.
  - (2) The 'ERROR' option edits all records on the data base and reports only those records in error. This option may be run selectively by Region. Each Region, selected for an 'ERROR' option, will receive a Non-Fatal and Accepted Fatal Listing, if any errors exist within its data base, a Master File Status Listing and a Legend Report are also created. Types of errors (Non-Fatal and Acceptable Fatal) are identified to the left of the record in error. Error codes are printed on the next line and explained in the Legend Report. The 'ERROR' option listing will be produced periodically, and upon Regional request giving Regional staff an opportunity to make corrections to data which is in error.
  - (3) The 'ALL' option is identical to the 'ERROR' option except that it also prints data base records which are error free. This listing will be generated periodically providing Regional Offices with a complete listing of data base contents.
- 2-7. ERROR CORRECTION. When a rejectable fatal error occurs on an addition transaction, correct the identified items and re-enter the case as an addition. When a rejectable fatal error occurs on a change or deletion transaction because there exists no matching file number already in the data base, correct the file number and re-enter the change or deletion transaction. When an acceptable fatal error occurs on a change transaction, correct the data items in error and re-enter the change transaction. When a non-fatal error and/or an acceptable fatal error occurs on an addition transaction, correct the data items and submit a change transaction. When a non-fatal error occurs on a change transaction, correct the data items and re-enter the change transaction.
-

2-8. DATA ENTRY AND EDIT SCHEDULE. It is recommended that each Region key in transactions on a weekly basis. After the end of each week, all of the data transmitted by the Regions is collected at the central computer site and processed against the master file. From this processing a set of Edit Error Listings is prepared for each Region. These listings reflect all errors detected in the entire data base. Within one to two days the listings are returned over terminal lines to the Regions. Corrections are made by each Region to its data base in time for the next weeks processing.

2-9. OUTPUT REPORTS-OVERVIEW. In addition to the Edit/Error Listings, a series of management reports have been designed for system output. In general, these reports may be separated into six categories:

- a. Summary Workload Reports
- b. Status Reports on open and closed cases
- c. Aging Reports
- d. Lapse Time Analysis of Closed Cases
- e. Query Report
- f. Special Report

(Appendix 2 contains samples of each of these reports. A list of each report is provided at the end of this chapter, with the identification of the input documents from which the data for each report is taken).

2-10. WORKLOAD SUMMARY REPORTS. Workload Summary Report provides such information as complaint receipts by authority and by state, compliance reviews by authority and program, and complaint receipts by basis, program, and issue. It is anticipated that FHEO Headquarters will produce these reports routinely on a monthly basis to coordinate with the OPLAN System and as special needs rise. Each Region may request preparation of any of these reports on a schedule suited to its own needs.

- a. The timeframes for each of these reports are selected by the user and input to the system through Data Parameter Cards. Detail instructions for completing these Data Parameter Cards are found in Handbook 2361.7, FHEO Complaint and Compliance Review System, Terminal Operating Procedures.

(1) Examples of uses of the Workload Summary Reports include: budget analysis; special reports such as the HUD Statistical Yearbook; and analysis of the specific HUD programs in which compliance reviews are conducted.

2-11. STATUS REPORTS. The Status Reports on open and closed cases are the reports which are best used by both Regional and Headquarters for management control and program evaluation under each of the authorities. Separate reports are prepared for complaints and compliance reviews for each of the major groupings of the Civil Rights Enforcement Program -- Title VIII and EO 11063, Title VI, Section 109, EEO Contract Clause, and Section 3. Each of the Status Reports contains information on complaint receipts or compliance review starts, cases on hand the beginning of the period, cases awaiting investigation for a given number of days, cases under investigation, cases awaiting negotiation or conciliation for a given number of days, cases investigated, investigation or negotiation results, cases closed and the results of closures, and cases open at the end of the period. This kind of information is useful to the manager in identifying potential problem areas or bottlenecks in the processing of complaints or compliance reviews and in beginning to evaluate the results of case handling. Because of the complexity of the definitions of some of the items used in these reports, a data dictionary which defines the items for each status report is included in Appendix 3.

- a. Each of these reports provides separate information by Region and provides for user selection of two time periods for reporting. The system provides for the user selection of time periods for reporting through the use of Data Parameter Cards which are prepared by the user and which specify each of the two time periods in terms of a from to range. As an example, the status report on open Title VIII cases may be prepared for the periods February 1, 1977 through February 28, 1979 and October 1, 1978 through December 31, 1978.
- b. Under routine circumstances, Headquarters will produce Status Reports for each calendar month and fiscal year cumulative period. However, there is no limitation on the selection of time periods chosen. Detail instructions on the preparation and submission of these Data Parameter Cards is found in Handbook 2361.7, FHEO Complaint and Compliance Review System, Terminal Operating Procedures.

2-12. AGING REPORTS. The Aging Reports are a series of separate reports, one for each activity and each Civil Rights authority, which lists by Region all open cases as of a given time period. They are summary-type reports which provide the total number of open cases in each Region in 30-day categories. Currently, these reports provide the data necessary in the Executive Management Report on aged cases.

- 2-13. LAPSE TIME ANALYSIS OF CLOSED CASES. The Lapse Time Reports are a series of separate reports, one for each activity and each Civil Rights authority, which list the total number of days required to process the cases which were closed during a specified time period. The computation of the number of days is based on a comparison of the date the complaint was received or the date the compliance review was opened with the date the case was closed. These too are summary-type reports which provide by Region the total number of closed cases by 30-day categories.
- 2-14. QUERY REPORT. The system provides a query capability for each of the six files which comprise the data base. These six files correspond to the six input source documents: HUD 930.1A; HUD 930.1B; HUD 930.2; HUD 930.3; HUD 930.4; and HUD 948. Any data item on each of these files may be queried at any time. The query capability is provided primarily because all but one of the output reports is designed for summary reporting only, i.e., they do not list individual cases. An example of the use of the query capability to support the summary reporting might be detection of a bottleneck in Title VIII Complaints under investigation more than 30 days through use of the Status Report on Title VIII, followed by a query of the system to list all cases under investigation more than 30 days. This would provide the manager with the essential information he/she would require for corrective action. Another example of the use of the query capability is to determine whether or not compliance reviews have been conducted on a particular respondent in a Title VI complaint. The query capability is provided through use of a pre-programmed software package called SCORE (Select Copy Report). Detail information on the use of the SCORE package is contained in the Terminal Operating Procedures Handbook. In general, the SCORE program allows the user to choose the criteria to be used to select and print the individual cases, specify title and other header information to be printed at the top of each page of the report, sort data in a specified sequence, and select the data items to be printed for each case.
- 2-15. SPECIAL REPORT. At this time there is one Special Report -- a report on Repeated Title VIII Offenders. It was designed in response to inquiries received by FHEO Headquarters from other Federal agencies, such as the Civil Rights Commission. Essentially, the report provides information on the respondents of Title VIII complaints who have been respondents in more than one complaint. The respondent's name is used to identify multiple offenders. The ability to adequately use this report is dependent upon the extent to which each Region uniformly identifies a respondent each time he/she becomes party to a Title VIII complaint.

- 
- 2-16. TECHNICAL ASSISTANCE. To request query reports or to obtain assistance in the resolution of ADP-related problems, FHEO Regional personnel should contact the Regional Management Information Division Director or Computer Specialist. To obtain special runs of pre-programmed system output reports on a limited basis, Regional FHEO personnel should make a written request to FHEO Headquarters, attention Management Systems and Services Division. To resolve questions of a procedural nature, FHEO Regional staff should contact FHEO Headquarters, Management Systems and Services Division.
- 2-17. RESERVED.

EO2ACC-A

FHEO COMPLAINT AND COMPLIANCE REVIEW SYSTEM  
EDIT ERROR LISTING. FORM HUD 930.2

10/22/79 10:23:40 PAGE 1  
OPTION: UPDATE

ACCEPTED ERROR FREE UPDATES  
(MASTER FILE CHANGED AS LISTED BELOW)

REGION IX

NOTE: TWO RECORDS ARE LISTED FOR AN ACCEPTED CHANGE UPDATE. THE FIRST RECORD PRINTED IS THE RECORD ON THE MASTER FILE AFTER THE UPDATE RUN. THE RECORD PRIOR TO THE UPDATE IS PRINTED SECOND WITH CHANGED FIELDS IDENTIFIED BY PRECEDING ASTERISKS

RECORD CHANGED

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
09 79 04 041 320		79 03 30	THOUSAND OAKS. CITY OF	06111		CD1	79 04 23	
		79 03 30	THOUSAND OAKS. CITY OF	06111		CD1 *		
	30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO
						79 08 21	2	
						*	*	
	REASON	FOLLOW UP	TYPE FOL UP	PRELIM RPT	COMP			

RECORD CHANGED

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
09 79 04 042 340		79 03 30	THOUSAND OAKS. CITY OF	06111		CD1	79 04 23	
		79 03 30	THOUSAND OAKS. CITY OF	06111		CD1 *		
	30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO
						79 08 21	2	
						*	*	
	REASON	FOLLOW UP	TYPE FOL UP	PRELIM RPT	COMP			

E02ACC-A

FHEO COMPLAINT AND COMPLIANCE REVIEW SYSTEM  
EDIT ERROR LISTING, FORM HUD 930.210/22/79 10:23:40 PAGE . 2  
OPTION: UPDATEACCEPTED ERROR FREE UPDATES  
(MASTER FILE CHANGED AS LISTED BELOW)

REGION IX

RECORD CHANGED

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
09 79 06 082 320		79 06 04	LOMPOC, CITY OF	06083		CD1	79 07 17	
		79 06 04	LOMPOC, CITY OF	06083		CB1	*79 01 71	
	30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO
						79 09 14	2	
						79 09 14	2	
	REASON	FOLLOW UP	TYPE FOL UP	PRELIM RPT	COMP			

RECORD CHANGED

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
09 79 06 087 310		79 04 24	H. A., TEMPE	04013		LR1	79 04 27	
		*79 05 24	H. A., TEMPE	04013		LR1	79 04 27	
	30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO
						79 08 10	2	
						79 08 10	2	
	REASON	FOLLOW UP	TYPE FOL UP	PRELIM RPT	COMP			

RECORD CHANGED

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
09 79 06 095 340		79 06 04	SIMI VALLEY, CITY OF	06111		CD1	79 08 09	
		79 06 04	SIMI VALLEY, CITY OF	06111		CD1	79 08 09	
	30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO
						79 09 07	2	
						79 09 07	2	
	REASON	FOLLOW UP	TYPE FOL UP	PRELIM RPT	COMP			

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FHEO COMPLAINT AND COMPLIANCE REVIEW SYSTEM  
EDIT ERROR LISTING FORM HUD 930.2

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OPTION: UPDATE

ACCEPTED ERROR FREE UPDATES  
(MASTER FILE CHANGED AS LISTED BELOW)

REGION IX

RECORD ADDED

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
09 79 08 124 320		79 09 20	VALLEJO, CITY OF	06095		CD1		
30DAY NOTE    NEGOTIATION    INIT    RESULTS    FIR COMPL    INTERIM DEF    DATE CLS    TYPE    REF TO CO								
REASON    FOLLOW UP    TYPE FOL UP    PRELIM RPT COMP								

RECORD DELETED

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
09 79 09 123 320		79 09 20	VALLEJO, CITY OF	06095		CD1		
30DAY NOTE    NEGOTIATION    INIT    RESULTS    FIR COMPL    INTERIM DEF    DATE CLS    TYPE    REF TO CO								
REASON    FOLLOW UP    TYPE FOL UP    PRELIM RPT COMP								

FHEO COMPLAINT AND COMPLIANCE REVIEW SYSTEM  
EDIT ERROR LISTING. FORM HUD 930.210/22/79 10:23:40 PAGE 1  
OPTION: ERROR

## RECORDS WITH NON-FATAL AND ACCEPTABLE FATAL ERRORS

REGION V

NON-FATAL ERRORS  
07

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
05 76 06 090 350	76 06 18		CITY OF HAMTRAMCK	26163	20	CD		
30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO	
					76 10 01	1		
REASON	FOLLOW UP	TYPE FOL UP	PRELIM RPT COMP					

ACCEPTABLE FATAL ERRORS  
12

FILE NUMBER	DATE REC	DATE OPLN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
05 78 01 011 310	78 01 18		CITY OF FLINT	26049	20	CD1	78 01 18	
30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO	
78 02 10	78 02 10	2	78 09 29		78 09 06	3		
REASON	FOLLOW UP	TYPE FOL UP	PRELIM RPT COMP					
			78 02 03					

NON-FATAL ERRORS  
06

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
05 79 02 019 350	77 03 28		CITY OF CARBONDALE	77077	20	CD1	79 03 12	
30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO	
79 05 10	79 06 04	3	79 09 10		79 09 10	7	79 08 15	
REASON	FOLLOW UP	TYPE FOL UP	PRELIM RPT COMP					
			79 05 10					

NON-FATAL ERRORS  
06

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
05 79 06 088 300	79 04 03		CITY OF CARBONDALE	77077	20	CD1		
30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO	
REASON	FOLLOW UP	TYPE FOL UP	PRELIM RPT COMP					

EO2ACC-C

FHEO COMPLAINT AND COMPLIANCE REVIEW SYSTEM  
EDIT ERROR LISTING. FORM HUD 930.2

10/22/79 11:41:37 PAGE 1  
OPTION: UPDATE

REJECTED FATAL UPDATES  
(THE UPDATES LISTED BELOW HAVE NOT CHANGED THE MASTER FILE - THEY MUST BE CORRECTED AND RESUBMITTED)

REGION IV

REJECTED ADD UPDATE

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
04 80 10 001 310		79 10 01	CLANTON, AL HA	01021		LR1	79 10 01	
	30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO

FATAL ERRORS  
99

REASON FOLLOW UP TYPE FOL UP PRELIM RPT COMP

REJECTED ADD UPDATE

FILE NUMBER	DATE REC	DATE OPEN	RECIPIENT	ST/LOC	BASIS	PROG	INVEST	COMENCE
04 80 10 002 310		79 10 01	DEMOPOLIS, AL HA	01091		LR1	79 10 01	
	30DAY NOTE	NEGO INIT	RESULTS	FIR COMPL	INTERIM DEF	DATE CLS	TYPE	REF TO CO

FATAL ERRORS  
99

REASON FOLLOW UP TYPE FOL UP PRELIM RPT COMP  
79 10 01

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## SUMMARY LISTING

REGION VI

MASTER INPUT RECORDS (TOTAL)

74

## TRANSACTION RECORDS:

## ADD UPDATES:

NO ERRORS  
NON-FATAL ERRORS  
ACCEPTABLE FATAL ERRORS0  
0  
0

ADDS ACCEPTED (TOTAL)

0

0

ADDS REJECTED - FATAL ERRORS

0

TOTAL ADD UPDATE

0

## CHANGE UPDATES:

NO ERRORS  
NON-FATAL ERRORS  
ACCEPTABLE FATAL ERRORS3  
0  
0

CHANGES ACCEPTED (TOTAL)

3

0

CHANGES REJECTED - FATAL ERRORS

0

TOTAL CHANGE UPDATE

3

## DELETE UPDATES:

DELETES ACCEPTED - NO ERRORS  
DELETES REJECTED - FATAL ERRORS

1

( 1 )

2

TOTAL DELETE UPDATE

3

INVALID TYPE (TOTAL)

0

TOTAL TRANSACTIONS

6

MASTER OUTPUT RECORDS (TOTAL)

73

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MASTER FILE STATUS  
REGION IX

REPORTABLE RECORDS:

RECORDS WITH NO ERRORS	197
RECORDS WITH NON-FATAL ERRORS ONLY	48
TOTAL REPORTABLE RECORDS	245
TOTAL NON-REPORTABLE RECORDS (ACCEPTABLE FATAL ERRORS)	1
TOTAL MASTER FILE RECORDS	246

RUN CONTROL CARD

OPTION RUN	UPDATE-ERROR SELECTED
INPUT PARAMETER CARD	UPD-ERR 05
DETAILED REPORTS DISTRIBUTION	REGIONS ONLY

DETAILED REPORTS GENERATED:

	REGIONS									
	1	2	3	4	5	6	7	8	9	10
UPDATE ERROR	*	*	*	*	*	*	*	*	*	*

## LEGEND

REGION IX

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Appendix 1

ERROR CODE	TYPE OF ERROR	TOTAL RECORDS WITH ERROR	DESCRIPTION
01	REJECTABLE FATAL	0	FILE NUMBER: REGION CODE NOT WITHIN PRESCRIBED RANGE OF 01-10.
02	REJECTABLE FATAL	0	FILE NUMBER: FISCAL YEAR NOT WITHIN PRESCRIBED RANGE OF 69-85 OR TO.
03	REJECTABLE FATAL	0	FILE NUMBER: MONTH NOT WITHIN PRESCRIBED RANGE OF 01-12
04	REJECTABLE FATAL	0	FILE NUMBER: SERIAL NOT NUMERIC OR SERIAL IS ZERO
05	REJECTABLE FATAL	0	FILE NUMBER: AUTHORITY CODE INVALID SHOULD BE 300,310,320,330,340,350 OR 360
06	NON-FATAL	1	STATE/COUNTY CODE BLANK OR INVALID FOR THE REGION
07	NON-FATAL	0	PROGRAM CODE INVALID
08	NON-FATAL	0	RESERVED
09	NON-FATAL	0	RESERVED
11	ACCEPTABLE FATAL	0	DATE RECEIVED IS NOT WITHIN PRESCRIBED RANGE OR IS NOT BLANK WHEN AUTHORITY CODE IS 310,320,330,340 OR 360
12	ACCEPTABLE FATAL	0	DATE CLOSED NOT WITHIN PRESCRIBED RANGE OR IS BEFORE DATE OPENED (OR RECEIVED) OR DATE FIR COMPLETED
17	NON-FATAL	1	RESPONDENT/RECIPIENT IS BLANK
18	NON-FATAL	0	BASIS CODE INVALID FOR AUTHORITY
30	NON-FATAL	0	DATE INVESTIGATION COMMENCED NOT WITHIN RANGE OR IS BEFORE DATE OPENED (OR RECEIVED)
43	ACCEPTABLE FATAL	0	DATE OPENED IS NOT WITHIN PRESCRIBED RANGE OR IS NOT BLANK WHEN AUTHORITY CODE IS 300 OR 350
44	NON-FATAL	0	DATE PRELIMINARY REPORT COMPLETED IS NOT WITHIN RANGE OR BEFORE DATE INVESTIGATION COMMENCED
45	NON-FATAL	0	DATE NEGOTIATION INITIATED IS NOT WITHIN RANGE OR IS BEFORE DATE PRELIMINARY REPORT COMPLETED
46	NON-FATAL	0	RESULTS OF NEGOTIATION INVALID SHOULD BE BLANK,1,2,3 OR 4 OR IS BLANK WHEN NEGOTIATIONS INITIATED AND FIR COMPLETED ARE NON-BLANK OR IS BLANK WHEN NEGOTIATIONS INITIATED AND CONSEQUENTIAL DEFERRAL ARE NON-BLANK OR IS BLANK WHEN NEGOTIATIONS INITIATED AND CLOSED DATE ARE NON-BLANK

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
(SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
REGION I								
CONNECTICUT	( 7 36)		( 1)	( 5)	( 5)			( 7 47)
MAINE	( 1)							( 1)
MASSACHUSETTS	( 5 30)		( 2)	( 4)	( 2 8)			( 7 44)
NEW HAMPSHIRE	( 1 4)							( 1 4)
RHODE ISLAND	( 5)							( 5)
TOTAL REGION I	( 13 76)		( 3)	( 9)	( 2 13)			( 15 101)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
REGION II								
NEW JERSEY	2 ( 35)		2 ( 2)		2 ( 2)			2 ( 39)
NEW YORK	8 ( 50)		1 ( 1)	1 ( 2)	1 ( 2)	1 ( 1)	2 ( 2)	10 ( 58)
PUERTO RICO	1 ( 1)							1 ( 1)
TOTAL REGION II	11 ( 86)		3 ( 3)	1 ( 2)	1 ( 4)	1 ( 1)	2 ( 2)	13 ( 98)



## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
REGION III								
DELAWARE	( 12)							( 12)
DIST OF COLUMBIA	( 15)			( 1)				( 16)
UNKNOWN	( 2)							( 2)
MARYLAND	( 8 90)		( 3)	( 2)	( 1)			( 9 96)
PENNSYLVANIA	( 11 116)	( 1)	( 6)	( 2)	( 9)	( 1)	( 1)	( 15 136)
VIRGINIA	( 12 65)	( 1)	( 5)	( 2)	( 2)			( 13 75)
WEST VIRGINIA	( 1 11)			( 2)				( 1 13)
TOTAL REGION III	( 32 311)	( 2)	( 14)	( 9)	( 4 12)	( 1)	( 1)	( 38 350)

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SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

REGION IV	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
ALABAMA	( 1 20)		( 2)	( 1)				( 1 23)
FLORIDA	( 6 76)			( 1)				( 7 77)
GEORGIA	( 2 33)		( 1)					( 2 34)
KENTUCKY	( 10)							( 10)
MISSISSIPPI	( 1 12)							( 1 12)
NORTH CAROLINA	( 5 42)			( 1)				( 5 43)
SOUTH CAROLINA	( 1 6)							( 1 6)
TENNESSEE	( 4 60)		( 1)					( 4 61)
TOTAL REGION IV	( 20 259)		( 4)	( 3)				( 21 266)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
REGION V								
UNKNOWN			(	1)				( 1)
ILLINOIS	( 93)	( 4)	( 5)	( 6)	( 2)			( 110)
INDIANA	( 15)		( 1)	( 5)	( 1)			( 22)
MICHIGAN	( 21)	( 1)	( 5)	( 3)	( 1)			( 31)
MINNESOTA	( 12)							( 12)
OHIO	( 67)		( 4)	( 6)	( 3)			( 80)
WISCONSIN	( 20)		( 2)	( 1)	( 1)			( 24)
UNKNOWN			( 1)	( 1)				( 2)
TOTAL REGION V	( 228)	( 5)	( 18)	( 23)	( 8)			( 282)

## FAIR HOUSING AND EQUAL OPPORTUNITY

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SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
REGION VI								
ARKANSAS	( 3 40)		( 1 5)	( 1)				( 4 46)
LOUISIANA	( 8 92)		( 1 2)	( 2 3)				( 11 97)
NEW MEXICO	( 2 15)							( 2 15)
OKLAHOMA	( 18 131)		( 1)	( 3)	( 2 2)			( 20 137)
TEXAS	( 47 318)		( 2 5)	( 1 4)	( 2)			( 50 329)
TOTAL REGION VI	( 78 596)		( 4 13)	( 3 11)	( 2 4)			( 87 624)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
REGION VII								
IOWA	( 2 36)	( 1 1)	( 1 4)	( 1 1)	( 2 2)		( 1 1)	( 4 45)
KANSAS	( 1 11)		( 1 4)	( 1 1)				( 2 16)
MISSOURI	( 6 58)	( 1 1)	( 1 6)	( 1 1)				( 7 66)
NEBRASKA	( 3 20)							( 3 20)
TOTAL REGION VII	( 12 125)	( 1 2)	( 3 14)	( 3 3)	( 2 2)		( 1 1)	( 16 147)

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SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
REGION VIII								
COLORADO	( 5 47)		( 1 2)	( 1)			( 6 50)	
MONTANA	( 4)						( 4)	
NORTH DAKOTA	( 4)						( 4)	
SOUTH DAKOTA	( 1 9)						( 1 9)	
UTAH	( 2 21)						( 2 21)	
WYOMING	( 7)		( 1)	( 1)			( 9)	
TOTAL REGION VIII	( 8 92)		( 1 3)	( 2)			( 9 97)	

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
(SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
REGION IX								
ARIZONA	( 17)		( 1)				( 1)	( 19)
CALIFORNIA	( 56 416)		( 5)	( 3)			( 1)	( 56 425)
HAWAII	( 6 13)		( 1)					( 6 14)
NEVADA	( 3 9)							( 3 9)
TOTAL REGION IX	( 65 455)		( 6)	( 4)			( 2)	( 65 467)

## FAIR HOUSING AND EQUAL OPPORTUNITY

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SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT RECEIPTS BY STATE WITHIN REGION, OCT 01, 1978 - JUL 31, 1979)

REGION X	TITLE 8	EO 11063	TITLE VI	SECTION 109	CONTRACT CLAUSE	PROJ AREA TRAIN/EMP	PROJ AREA BUS OPP	TOTAL RECEIPTS
ALASKA	( 1 7)							( 1 7)
OREGON	( 1 18)							( 1 18)
WASHINGTON	( 1 59)							( 1 59)
TOTAL REGION X	( 3 84)							( 3 84)
TOTAL ALL STATES	( 259 2,312)	( 1 9)	( 12 78)	( 13 66)	( 9 43)	( 2)	( 6)	( 294 2,516)



## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

## TOTAL ALL REGIONS

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CDB		( 1)						( 1)
CDI	( 2)	( 2)	( 1)					( 5)
CD1	( 12 128)	( 12 131)	( 1 8)					( 25 267)
CD2	( 4 45)	( 4 48)	( 11)					( 8 104)
CPM	( 3)		( 1)					( 4)
EOH					( 10)			( 10)
HAP	( 1 11)				( 4 28)			( 5 39)
HMM					( 15)			( 15)
LRC						( 1)		( 1)
LRH	( 2)		( 2)		( 5)			( 9)
LRI								

## FAIR HOUSING AND EQUAL OPPORTUNITY

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SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

## TOTAL ALL REGIONS

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE ( 1)	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL ( 1)
LR1	( 6 73)		( 3)		( 4)			( 6 80)
LR2	( 3 21)		( 4)					( 3 25)
LR3	( 1 11)		( 3)		( 1)			( 1 15)
MEE	( 2 7)				( 4)			( 2 11)
MEL					( 1)			( 1)
MMD					( 1)			( 1)
MRH					( 13 48)			( 13 48)
MSP	( 3 26)		( 1)		( 14 158)	( 2)	( 1)	( 17 88)
MTC					( 1)			( 1)
MUP			( 1)		( 4 26)	( 3)		( 4 30)
NCM								

FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
(SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

TOTAL ALL REGIONS

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS 102)	TITLE 8	EO11063	TOTAL ( 102)
NFP	( 1)							( 1)
RCL	( 5)							( 5)
RSA	( 1)				( 1)			( 2)
RSP	( 10 17)				( 15 18)			( 25 35)
UNKNOWN					( 1 2)	( 65 211)		( 66 213)
TOTAL PROGRAMS	( 42 353)	( 16 182)	( 1 36)		( 51 425)	( 65 217)	( 1)	( 175 1,214)

## FAIR HOUSING AND EQUAL OPPORTUNITY

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SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

HUD PROGRAM	REGION I							
	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CD1	( 1 )	( 1 )	( 1 )					( 3 )
CD2	( 2 )	( 2 )	( 2 )					( 6 )
HAP	( 2 )				( 12 )			( 14 )
LR1	( 1 )							( 1 )
LR2	( 4 )		( 2 )					( 6 )
MSP					( 8 )			( 8 )
UNKNOWN						( 17 )		( 17 )
TOTAL PROGRAMS	( 3 ) ( 10 )	( 1 ) ( 3 )	( 1 ) ( 5 )		( 20 )	( 17 )		( 6 ) ( 55 )

FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
(SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

REGION II

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CD1	( 1 13)	( 1 11)						( 2 24)
CD2	( 5)	( 5)						( 10)
HAP	( 1)				( 4 16)			( 4 17)
HMM					( 13)			( 13)
LRH	( 1)							( 1)
LR2	( 1)							( 1)
MSP					( 1 8)			( 1 8)
MTC					( 1)			( 1)
RSA	( 1)				( 1)			( 2)
UNKNOWN						( 1 11)		( 1 11)
TOTAL PROGRAMS	( 1 22)	( 1 16)			( 5 39)	( 1 11)		( 8 88)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

## REGION III

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CD1		( 1)	( 1)					( 2)
CD2	( 3)	( 3)	( 3)					( 9)
CPM	( 1)		( 1)					( 2)
HAP	( 2)							( 2)
LR1	( 5)		( 3)					( 8)
LR3	( 9)		( 3)					( 12)
MEL					( 1)			( 1)
MSP	( 7) <sup>3</sup>		( 1)		( 17) <sup>2</sup>	( 2)		( 27) <sup>5</sup>
MUP			( 1)		( 26) <sup>4</sup>	( 3)		( 30) <sup>4</sup>
UNKNOWN					( 1)	( 16) <sup>3</sup>		( 17) <sup>3</sup>
TOTAL PROGRAMS	( 27) <sup>4</sup>	( 4)	( 13)		( 45) <sup>6</sup>	( 21) <sup>3</sup>		( 110) <sup>13</sup>

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

## REGION IV

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CDB		( 1)						( 1)
CD1	( 30)	( 32)	( 1)					( 63)
LR1	( 21) <sup>2</sup>							( 21) <sup>2</sup>
LR2	( 4) <sup>1</sup>							( 4) <sup>1</sup>
LR3	( 1)							( 1)
MRH					( 47) <sup>13</sup>			( 47) <sup>13</sup>
MSP	( 1)							( 1)
UNKNOWN					( 1) <sup>1</sup>	( 29) <sup>13</sup>		( 30) <sup>14</sup>
TOTAL PROGRAMS	( 57) <sup>3</sup>	( 33)	( 1)		( 47) <sup>14</sup>	( 29) <sup>13</sup>		( 168) <sup>30</sup>

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

## REGION V

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CD1	( 5)	( 1 7)						( 1 12)
CD2	( 5)	( 5)	( 2)					( 12)
CPM	( 1)							( 1)
LR1	( 2)							( 2)
MSP					5 ( 41)		( 1)	5 ( 42)
RSP	10 ( 17)				15 ( 18)			25 ( 35)
UNKNOWN						25 ( 30)		25 ( 30)
TOTAL PROGRAMS	10 ( 30)	1 ( 12)	( 2)		20 ( 59)	25 ( 30)	( 1)	56 ( 134)



## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

## REGION VI

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CD1	( 4 14)	( 3 16)	( 4)					( 7 34)
CD2	( 10)	( 13)						( 23)
LRH			( 2)		( 5)			( 7)
LR1	( 4 33)				( 4)			( 4 37)
LR2	( 1 1)		( 1)					( 1 2)
LR3					( 1)			( 1)
MEE	( 2 7)				( 4)			( 2 11)
MSP	( 1)							( 1)
UNKNOWN						( 2 24)		( 2 24)
TOTAL PROGRAMS	( 11 66)	( 3 29)	( 7)		( 14)	( 2 24)		( 16 140)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

## REGION VII

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CD2	( 3 15)	( 3 15)	( 4)					( 6 34)
HAP	( 6)							( 6)
LRC						( 1)		( 1)
LR2	( 9)		( 1)					( 10)
MSP	( 4)				( 4 55)			( 4 59)
UNKNOWN						( 3 19)		( 3 19)
TOTAL PROGRAMS	( 3 34)	( 3 15)	( 5)		( 4 55)	( 3 20)		( 13 129)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

## REGION VIII

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CDI	( 2)	( 2)	( 1)					( 5)
CD1	( 1 29)	( 1 28)						( 2 57)
CD2	( 1 1)	( 1 1)						( 2 2)
CPM	( 1)							( 1)
LRI			( 1)					( 1)
LR1	( 10)							( 10)
MSP	( 12)				( 2 29)			( 2 41)
UNKNOWN						( 10 23)		( 10 23)
TOTAL PROGRAMS	( 2 55)	( 2 31)	( 2)		( 2 29)	( 10 23)		( 16 140)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

## REGION IX

HUD PROGRAM	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	TOTAL
CD1	( 5 27)	( 5 27)						( 10 54)
CD2	( 4)	( 4)						( 8)
HMM					( 2)			( 2)
LR1	( 1)							( 1)
LR2	( 2)							( 2)
LR3	( 1)							( 1)
MRH					( 1)			( 1)
NCM					( 102)			( 102)
UNKNOWN						( 23)		( 23)
TOTAL PROGRAMS	( 5 35)	( 5 31)			( 105)	( 23)		( 10 194)

## FAIR HOUSING AND EQUAL OPPORTUNITY

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SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLIANCE REVIEWS CONDUCTED BY PROGRAM, OCT 01, 1978 - JUL 31, 1979)

HUD PROGRAM	REGION X							TOTAL
	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	AFHM PLANS	TITLE 8	EO11063	
CD1	( 9)	( 8)	( 1)					( 18)
EOH					( 10)			( 10)
LRH	( 1)							( 1)
MMD					( 1)			( 1)
MSP	( 1)							( 1)
NFP	( 1)							( 1)
RCL	( 5)							( 5)
UNKNOWN						( 7 19)		( 7 19)
TOTAL PROGRAMS	( 17)	( 8)	( 1)		( 11)	( 7 19)		( 7 56)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
REGION 01							
CONNECTICUT	( 01 38)	( 00 00)	( 00 01)	( 00 01)	( 00 03)	( 00 00)	( 01 43)
MAINE	( 00 01)	( 00 00)	( 00 00)	( 00 00)	( 00 01)	( 00 00)	( 00 02)
MASSACHUSETTS	( 12 34)	( 00 01)	( 00 04)	( 00 07)	( 01 06)	( 00 00)	( 13 52)
NEW HAMPSHIRE	( 00 02)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 02)
RHODE ISLAND	( 00 05)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 05)
TOTAL REGION 01	( 13 80)	( 00 01)	( 00 05)	( 00 08)	( 01 10)	( 00 00)	( 14 104)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
REGION 02							
NEW JERSEY	( 05 43)	( 00 00)	( 00 02)	( 00 00)	( 00 02)	( 00 00)	( 05 47)
NEW YORK	( 06 43)	( 00 00)	( 00 01)	( 00 01)	( 00 02)	( 00 03)	( 06 50)
PUERTO RICO	( 01 01)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 01 01)
VIRGIN ISLANDS	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 01)	( 00 01)
TOTAL REGION 02	( 12 87)	( 00 00)	( 00 03)	( 00 01)	( 00 04)	( 00 04)	( 12 99)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
REGION 03							
DELAWARE	( 00 16)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 16)
DISTRICT OF COLUM	( 00 20)	( 00 00)	( 00 01)	( 00 02)	( 00 00)	( 00 00)	( 00 23)
MARYLAND	( 11 108)	( 00 00)	( 00 06)	( 00 04)	( 00 05)	( 00 00)	( 11 123)
PENNSYLVANIA	( 16 125)	( 00 03)	( 00 18)	( 01 10)	( 00 10)	( 00 01)	( 17 167)
VIRGINIA	( 06 58)	( 00 01)	( 00 07)	( 00 10)	( 00 01)	( 00 00)	( 06 77)
WEST VIRGINIA	( 02 18)	( 00 00)	( 00 00)	( 00 02)	( 00 01)	( 00 00)	( 02 21)
STATE UNKNOWN	( 00 02)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 02)
TOTAL REGION 03	( 35 347)	( 00 04)	( 00 32)	( 01 28)	( 00 17)	( 00 01)	( 36 429)



## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
REGION 04							
ALABAMA	( 02 19)	( 00 00)	( 00 02)	( 01 01)	( 00 00)	( 00 00)	( 03 22)
FLORIDA	( 07 74)	( 00 00)	( 00 00)	( 00 00)	( 00 01)	( 00 00)	( 07 75)
GEORGIA	( 01 38)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 01 38)
KENTUCKY	( 00 13)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 13)
MISSISSIPPI	( 00 12)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 12)
NORTH CAROLINA	( 03 41)	( 00 00)	( 00 00)	( 00 01)	( 00 00)	( 00 00)	( 03 42)
SOUTH CAROLINA	( 01 09)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 01 09)
TENNESSEE	( 05 65)	( 00 00)	( 01 01)	( 00 00)	( 00 00)	( 00 00)	( 06 66)
TOTAL REGION 04	( 19 271)	( 00 00)	( 01 03)	( 01 02)	( 00 01)	( 00 00)	( 21 277)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
(SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

REGION 05	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
ILLINOIS	( 11 88)	( 00 04)	( 00 03)	( 00 02)	( 00 02)	( 00 00)	( 11 99)
INDIANA	( 00 13)	( 00 00)	( 00 01)	( 00 02)	( 00 00)	( 00 00)	( 00 16)
MICHIGAN	( 03 22)	( 00 01)	( 00 03)	( 00 05)	( 00 00)	( 00 00)	( 03 31)
MINNESOTA	( 01 09)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	01 09)
OHIO	( 05 65)	( 00 00)	( 00 02)	( 01 09)	( 00 07)	( 00 00)	06 83)
WISCONSIN	( 03 17)	( 00 00)	( 00 01)	( 00 03)	( 00 02)	( 00 00)	( 03 23)
STATE UNKNOWN	( 00 01)	( 00 00)	( 00 00)	( 01 01)	( 00 00)	( 00 00)	( 01 02)
TOTAL REGION 05	( 23 215)	( 00 05)	( 00 10)	( 02 22)	( 00 11)	( 00 00)	( 25 263)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
REGION 06							
ARKANSAS	( 01 50)	( 00 00)	( 01 04)	( 00 01)	( 00 01)	( 00 00)	( 02 56)
LOUISIANA	( 17 105)	( 00 00)	( 01 03)	( 00 01)	( 00 02)	( 00 00)	( 18 111)
NEW MEXICO	( 01 16)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 01 16)
OKLAHOMA	( 05 123)	( 00 00)	( 00 01)	( 00 02)	( 00 01)	( 00 00)	( 05 127)
TEXAS	( 26 283)	( 00 00)	( 01 03)	( 01 08)	( 00 02)	( 00 01)	( 28 297)
TOTAL REGION 06	( 50 577)	( 00 00)	( 03 11)	( 01 12)	( 00 06)	( 00 01)	( 54 607)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

REGION 07	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
IOWA	( 03 35)	( 00 00)	( 00 01)	( 00 00)	( 00 00)	( 00 00)	( 03 36)
KANSAS	( 01 11)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 01 11)
MISSOURI	( 05 57)	( 00 00)	( 00 03)	( 00 00)	( 00 00)	( 00 00)	( 05 60)
NEBRASKA	( 02 17)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 02 17)
TOTAL REGION 07	( 11 120)	( 00 00)	( 00 04)	( 00 00)	( 00 00)	( 00 00)	( 11 124)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
REGION 08							
COLORADO	( 06 56)	( 00 00)	( 00 02)	( 00 01)	( 00 00)	( 00 00)	( 06 59)
MONTANA	( 00 04)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 04)
NORTH DAKOTA	( 00 04)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 04)
SOUTH DAKOTA	( 01 10)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 01 10)
UTAH	( 02 21)	( 00 00)	( 00 00)	( 00 00)	( 00 01)	( 00 00)	( 02 22)
WYOMING	( 00 09)	( 00 00)	( 00 01)	( 00 02)	( 00 01)	( 00 00)	( 00 13)
TOTAL REGION 08	( 09 104)	( 00 00)	( 00 03)	( 00 03)	( 00 02)	( 00 00)	( 09 112)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
REGION 09							
ARIZONA	( 00 12)	( 00 00)	( 00 01)	( 00 00)	( 00 01)	( 00 00)	( 00 14)
CALIFORNIA	( 43 418)	( 00 00)	( 00 04)	( 00 03)	( 01 01)	( 00 01)	( 44 427)
HAWAII	( 03 07)	( 00 00)	( 00 01)	( 00 00)	( 00 00)	( 00 00)	( 03 08)
NEVADA	( 01 06)	( 00 00)	( 00 02)	( 00 00)	( 00 00)	( 00 00)	( 01 08)
TOTAL REGION 09	( 47 443)	( 00 00)	( 00 08)	( 00 03)	( 01 02)	( 00 01)	( 48 457)

## FAIR HOUSING AND EQUAL OPPORTUNITY

SUMMARY OF COMPLAINT CLOSURES BY STATE, JUL 01, 1979 - JUL 31, 1979  
 (SUMMARY OF COMPLAINT CLOSURES BY STATE, OCT 01, 1978 - JUL 31, 1979)

	TITLE VIII	EO 11063	TITLE VI	SECTION 109	EEO CONTRACT CLAUSE	SECTION 3	TOTAL CLOSURES
REGION 10							
ALASKA	( 00 08)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 08)
OREGON	( 01 17)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 00 00)	( 01 17)
WASHINGTON	( 07 63)	( 00 00)	( 00 01)	( 00 00)	( 00 00)	( 00 00)	( 07 64)
TOTAL REGION 10	( 08 88)	( 00 00)	( 00 01)	( 00 00)	( 00 00)	( 00 00)	( 08 89)
TOTAL ALL REGIONS	( 227 2,332)	( 00 10)	( 04 80)	( 05 79)	( 02 53)	( 00 07)	( 238 2,561)

FAIR HOUSING AND EQUAL OPPORTUNITY  
TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968 (FAIR HOUSING) AND EXECUTIVE ORDER 11063  
COMPLAINTS RECEIVED BY STATE AND ISSUE INVOLVED

OCT 01, 1978 - JUL 31, 1979

STATE	TOTAL COM- PLAINTS	TOTAL A/ A/	REFUSAL TO SELL	REFUSAL TO RENT	DISCRIM- INATORY ADVER- TISING	FALSE REPRESEN- TATION	BLOCK- BUSTING	DISCRIM INATORY FINANCING	DISCRIM- INATORY BROKERAGE SERVICE	DISCRIM- INATORY MEMBERSHIP	DISCRIM- INATORY TERMS AND CONDITIONS	FAILURE TO COMPLY WITH POSTER REGULATIONS	FAILURE TO COMPLY WITH ADVERTISING GUIDELINES
TOTAL	2,321	2,321	151	1,012	14	27	38	119	17				943
AL	20	20	1	10		3							6
AK	7	7		2									5
AZ	17	17	2	7									8
AR	40	40	3	20				3					14
CA	416	416	13	182	2	9	1	15	1				193
CO	47	47	1	16				5					25
CT	36	36	2	22		2		2					8
DE	12	12		8									4
DC	15	15	2	9									4
FL	76	76	8	29	2	3		3					31
GA	33	33	5	14			1						13
HI	13	13		6				1					6
IL	97	97	4	60			1	3					29
IN	15	15	1	5				2					7
IA	37	37	1	11		1		1	7				16
KS	11	11	1	5				1					4
KY	12	12	1	4			2	3					2
LA	92	92	10	35				3					44
ME	1	1							1				
MD	90	90	8	37			1	5					39
MA	30	30	1	12				1	4				12
MI	22	22	4	9				4					5
MN	12	12		5				5					2
MS	12	12	1	4				1					6
MO	59	59	3	17		1		6					32
MT	4	4		1									3
NE	20	20	2	11									7
NV	9	9		2									7
NH	4	4		1				1					2
NJ	35	35	6	18		1	1	3					6
NM	15	15		2									13
NY	50	50	6	30		1			1				12
NC	42	42	5	19		1			1				16
ND	4	4		1									3
OH	67	67	2	46				10	1				8
OK	131	131	7	57	5			4					58
OR	18	18	2	8				2					6

A/ FOR SOME COMPLAINTS THE ISSUE WAS NOT IDENTIFIED



EO2AIC-A (FORMAT 1-1)

FAIR HOUSING AND EQUAL OPPORTUNITY  
TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968 (FAIR HOUSING) AND EXECUTIVE ORDER 11063  
COMPLAINTS RECEIVED BY STATE AND ISSUE INVOLVED

OCT 01, 1978 - JUL 31, 1979

STATE	TOTAL COM- PLAINTS	TOTAL A/ A/	REFUSAL TO SELL	REFUSAL TO RENT	DISCRIM- INATORY ADVER- TISING	FALSE REPRESEN- TATION	BLOCK- BUSTING	DISCRIM INATORY FINANCING	DISCRIM- INATORY BROKERAGE SERVICE	DISCRIM- INATORY MEMBERSHIP	DISCRIM- INATORY TERMS AND CONDITIONS	FAILURE TO COMPLY WITH POSTER REGULATIONS	FAILURE TO COMPLY WITH ADVERTISING GUIDELINES
PA	117	117	16	50	1				5		45	1	
RI	5	5		4							4		
SC	6	6	1	1							3		
SD	9	9		6							15		
TN	60	60	4	17			3	21			154		
TX	318	318	14	128	3		1		18	1	9		
UT	21	21		7					4		15		
VA	66	66	8	29	1			10	3		31		
WA	59	59	4	20			1		3		3		
WV	11	11	1	7					2		4		
WI	20	20	1	13							2		
WY	7	7		5							1		
NA	1	1											

A/ FOR SOME COMPLAINTS THE ISSUE WAS NOT IDENTIFIED

FAIR HOUSING AND EQUAL OPPORTUNITY  
TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968 (FAIR HOUSING) AND EXECUTIVE ORDER 11063

COMPLAINTS RECEIVED BY STATE AND BASIS OF COMPLAINT

OCT 01, 1978 - JUL 31, 1979

STATE	TOTAL COMPLAINTS	TOTAL BASES A/	WHITE NON-MI- NORITY	NEGRO/ BLACK	AMERI- CAN INDIAN	SPANISH AMERICAN	ORIENTAL	OTHER CATEGORIES	SEX M	SEX F	RE- LIGION	N/A
TOTAL	2,321	2,321	149	1,503	28	151	40	117	33	189	45	66
ALABAMA	20	20	2	16								
ALASKA	7	7		7						2		
ARIZONA	17	17	1	14		2						
ARKANSAS	40	40	1	30				5		2	1	1
CALIFORNIA	416	416	35	242	3	48	15	5	9	31	8	20
COLORADO	47	47	2	28		5	2			6	1	3
CONNECTICUT	36	36	1	24		3		1		4		3
DELAWARE	12	12	1	7		1				3		
DISTRICT OF COLUMBIA	15	15		10		1		4				
FLORIDA	76	76	14	42		3	1			7	6	3
GEORGIA	33	33	2	22			1			4		3
HAWAII	13	13		10			3		1			
ILLINOIS	97	97	6	82		3	3	2	1			
INDIANA	15	15	2	11						2		
IOWA	37	37	1	29	1	1				3		2
KANSAS	11	11		9		1				1		
KENTUCKY	12	12	2	6						4		
LOUISIANA	92	92	2	57		2	1	22	1	7		
MAINE	1	1								1		
MARYLAND	90	90	2	66	1			3	1	9	4	4
MASSACHUSETTES	30	30	1	16		4	1			2	1	5
MICHIGAN	22	22	1	17					2	2		
MINNESOTA	12	12		6				5		1		
MISSISSIPPI	12	12		9		1				1		
MISSOURI	59	59	1	38	1	1	1			1		
MONTANA	4	4		2	2	1			2	8	6	2
NEBRASKA	20	20		14	1	2	1			1	1	
NEVADA	9	9	1	4						1	3	
NEW HAMPSHIRE	4	4								1		
NEW JERSEY	35	35		28		1			1	2		1
NEW MEXICO	15	15	1	1		3		5		5	1	
NEW YORK	50	50	5	32		5	1		2	3		1
NORTH CAROLINIA	42	42	4	36						1	1	
NORTH DAKOTA	4	4			2	1				1		

A/ SOME COMPLAINTS MAY ENTAIL MORE THAN ONE BASIS; IN SOME OTHERS THE BASIS WAS NOT IDENTIFIED AND THEREFORE IS NOT AVAILABLE (N/A)

EO2AJC-A (FORMAT 1-2)

FAIR HOUSING AND EQUAL OPPORTUNITY  
TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968 (FAIR HOUSING) AND EXECUTIVE ORDER 11063

COMPLAINTS RECEIVED BY STATE AND BASIS OF COMPLAINT

OCT 01, 1978 - JUL 31, 1979

STATE	TOTAL COMPLAINTS	TOTAL BASES A/	WHITE NON-MI- NORITY	NEGRO/ BLACK	AMERI- CAN INDIAN	SPANISH AMERICAN	ORIENTAL	OTHER CATEGORIES	SEX M	F	RE- LIGION	N/A
OHIO	67	67		56				1	4	5		1
OKLAHOMA	131	131		91	4		1	22	3	7	1	2
OREGON	18	18		9	1	3				3		2
PENNSYLVANIA	117	117	1	82	1	5	1	11	1	9	3	3
RHODE ISLAND	5	5	1	4							1	
SOUTH CAROLINIA	6	6	1	4						3	1	
SOUTH DAKOTA	9	9		2	1		1	1		3	1	
TENNESSEE	60	60	24	29		2	1	28	3	21	2	3
TEXAS	318	318	16	197		47	1			5		1
UTAH	21	21	2	11	1	1		2		5		3
VIRGINIA	66	66	11	44			1		1	4	2	3
WASHINGTON	59	59	3	33	4	5	4					
WEST VIRGINIA	11	11	1	10						5	1	
WISCONSIN	20	20		14					1			
WYOMING	7	7		2	4							
PUERTO RICO	1	1	1									

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A/ SOME COMPLAINTS MAY ENTAIL MORE THAN ONE BASIS; IN SOME OTHERS THE BASIS WAS NOT IDENTIFIED AND THEREFORE IS NOT AVAILABLE (N/A)

8000.2  
Appendix 2

E02AKC-A (FORMAT 1-3)

8/07/79 PAGE 1

FAIR HOUSING AND EQUAL OPPORTUNITY  
TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968  
EXECUTIVE ORDER 11063  
STATUS SUMMARY OF COMPLAINTS, JUL 01, 1979 - JUL 31, 1979  
(STATUS SUMMARY OF COMPLAINTS, OCT 01, 1978 - JUL 31, 1979)

	R E G I O N										TOTAL
	1	2	3	4	5	6	7	8	9	10	
RECEIVED	13 ( 76 )	11 ( 86 )	32 ( 313 )	20 ( 259 )	17 ( 233 )	78 ( 596 )	13 ( 127 )	8 ( 92 )	65 ( 455 )	3 ( 84 )	260 ( 2,321 )
ON HAND BEG OF PERIOD	28 ( 33 )	17 ( 17 )	64 ( 99 )	41 ( 54 )	45 ( 26 )	114 ( 123 )	23 ( 18 )	8 ( 19 )	92 ( 98 )	25 ( 24 )	457 ( 511 )
COMPLAINTS RE-OPENED	0 ( 0 )	0 ( 0 )	0 ( 1 )	0 ( 0 )	0 ( 40 )	0 ( 0 )	0 ( 0 )	1 ( 6 )	0 ( 1 )	0 ( 0 )	1 ( 48 )
AWAITING ASSIGNMENT TO INVESTIGATION	1 ( 1 )	1 ( 1 )	2 ( 2 )	7 ( 7 )	0 ( 0 )	8 ( 8 )	1 ( 1 )	0 ( 0 )	6 ( 6 )	4 ( 4 )	30 ( 30 )
AWAITING INVESTIGATION	9 ( 9 )	0 ( 0 )	22 ( 22 )	5 ( 5 )	30 ( 30 )	27 ( 27 )	21 ( 21 )	3 ( 3 )	0 ( 0 )	14 ( 14 )	131 ( 131 )
AWAITING INVESTIGATION > 30 DAYS	6 ( 6 )	0 ( 0 )	8 ( 8 )	2 ( 2 )	13 ( 13 )	11 ( 11 )	12 ( 12 )	0 ( 0 )	0 ( 0 )	13 ( 13 )	65 ( 65 )
AWAITING INVESTIGATION > 90 DAYS	0 ( 0 )	0 ( 0 )	3 ( 3 )	0 ( 0 )	4 ( 4 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	3 ( 3 )	10 ( 10 )
UNDER INVESTIGATION	0 ( 0 )	11 ( 11 )	13 ( 13 )	25 ( 25 )	7 ( 7 )	85 ( 85 )	0 ( 0 )	4 ( 4 )	98 ( 98 )	1 ( 1 )	244 ( 244 )
UNDER INVESTIGATION > 30 DAYS	0 ( 0 )	2 ( 2 )	7 ( 7 )	12 ( 12 )	4 ( 4 )	36 ( 36 )	0 ( 0 )	1 ( 1 )	40 ( 40 )	0 ( 0 )	102 ( 102 )
UNDER INVESTIGATION > 90 DAYS	0 ( 0 )	0 ( 0 )	4 ( 4 )	0 ( 0 )	3 ( 3 )	1 ( 1 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	8 ( 8 )
INVESTIGATION COMPLETE	9 ( 6 )	12 ( 87 )	25 ( 247 )	12 ( 231 )	11 ( 179 )	48 ( 571 )	9 ( 103 )	7 ( 82 )	20 ( 288 )	0 ( 77 )	153 ( 1,930 )

ED2AKC-A (FORMAT 1-3)

8/07/79 PAGE 2

	1	2	3	4	5	6	7	8	9	10	TOTAL
INVESTIGATIONS COMPLETED IN 30 DAYS	1 ( 8 )	4 ( 31 )	4 ( 57 )	0 ( 66 )	6 ( 92 )	24 ( 199 )	1 ( 40 )	4 ( 33 )	4 ( 37 )	0 ( 18 )	48 ( 581 )
NUMBER OF DTR-S BY ARA/FHED	1 ( 22 )	2 ( 26 )	7 ( 48 )	5 ( 40 )	1 ( 15 )	13 ( 141 )	1 ( 34 )	0 ( 28 )	2 ( 88 )	1 ( 13 )	33 ( 455 )
NUMBER OF DNTR-S BY ARA/FHED	11 ( 53 )	10 ( 61 )	25 ( 217 )	11 ( 92 )	2 ( 18 )	40 ( 440 )	9 ( 53 )	7 ( 54 )	19 ( 209 )	8 ( 61 )	142 ( 1,258 )
AWAITING CONCILIATION	0 ( 0 )	4 ( 4 )	4 ( 4 )	4 ( 4 )	0 ( 0 )	8 ( 8 )	0 ( 0 )	0 ( 0 )	3 ( 3 )	1 ( 1 )	24 ( 24 )
IN CONCILIATION > 30 DAYS	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	1 ( 1 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	1 ( 1 )
CONCILIATION COMPLETED	2 ( 23 )	0 ( 18 )	7 ( 45 )	1 ( 33 )	3 ( 47 )	9 ( 132 )	1 ( 38 )	1 ( 29 )	8 ( 91 )	0 ( 14 )	32 ( 470 )
REFERRED TO STATE/ LOCAL AGENCIES	7 ( 21 )	0 ( 0 )	9 ( 99 )	0 ( 0 )	0 ( 28 )	0 ( 0 )	3 ( 14 )	0 ( 0 )	3 ( 7 )	0 ( 0 )	22 ( 169 )
OPEN AT REFERRAL AGENCIES	16 ( 16 )	0 ( 0 )	20 ( 20 )	0 ( 0 )	2 ( 2 )	0 ( 0 )	3 ( 3 )	0 ( 0 )	3 ( 3 )	0 ( 0 )	44 ( 44 )
OPEN AT REFERRAL AGENCIES 30-59 DAYS	3 ( 3 )	0 ( 0 )	9 ( 9 )	0 ( 0 )	2 ( 2 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	14 ( 14 )
30-DAY STATUS CHECKS MADE	1 ( 9 )	0 ( 0 )	0 ( 39 )	0 ( 0 )	1 ( 23 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 3 )	0 ( 0 )	2 ( 74 )
OPEN AT REFERRAL AGENCIES 60-89 DAYS	5 ( 5 )	0 ( 0 )	2 ( 2 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	7 ( 7 )
60-DAY STATUS CHECKS MADE	0 ( 1 )	0 ( 0 )	0 ( 17 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 18 )

EO2AKC-A (FORMAT 1-3)	8/07/79										PAGE 3	
	1	2	3	4	5	6	7	8	9	10	TOTAL	
OPEN AT REFERRAL AGENCIES 90 DAYS	1 ( 1)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	1 ( 1)	1 ( 1)
90 DAY STATUS CHECKS MADE	0 ( 0)	0 ( 0)	0 ( 2)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 2)	0 ( 2)
COMPLAINTS RECALLED	0 ( 0)	0 ( 0)	1 ( 63)	0 ( 0)	2 ( 7)	0 ( 0)	0 ( 2)	0 ( 0)	1 ( 2)	0 ( 0)	4 ( 74)	4 ( 74)
COMPLAINTS CLOSED	13 ( 81)	12 ( 87)	35 ( 351)	19 ( 271)	23 ( 220)	50 ( 577)	11 ( 120)	9 ( 104)	47 ( 443)	8 ( 88)	227 ( 2,342)	227 ( 2,342)
OPEN AT END OF PERIOD	28 ( 28)	16 ( 16)	61 ( 61)	42 ( 42)	39 ( 39)	142 ( 142)	25 ( 25)	7 ( 7)	110 ( 110)	20 ( 20)	490 ( 490)	490 ( 490)

FAIR HOUSING AND EQUAL OPPORTUNITY  
TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968

SUMMARY OF CLOSED COMPLAINTS, JUL 01, 1979 - JUL 31, 1979  
(SUMMARY OF CLOSED COMPLAINTS, OCT 01, 1978 - JUL 31, 1979)

## R E G I O N

	1	2	3	4	5	6	7	8	9	10	TOTAL
COMPLAINTS CLOSED (TOTAL)	13 ( 81)	12 ( 87)	35 ( 351)	19 ( 271)	23 ( 220)	50 ( 577)	11 ( 120)	9 ( 104)	47 ( 443)	8 ( 88)	227 ( 2,342)
BY HUD (SUBTOTAL)	13 ( 75)	12 ( 87)	33 ( 286)	19 ( 271)	18 ( 199)	50 ( 577)	10 ( 111)	9 ( 102)	46 ( 437)	8 ( 87)	218 ( 2,232)
USING ACCELERATED PROCESSING	6 ( 12)	5 ( 18)	13 ( 192)	1 ( 3)	18 ( 174)	1 ( 8)	3 ( 3)	4 ( 4)	1 ( 14)	50 ( 50)	45 ( 478)
BY STATE/LOCAL AGENCIES	6 ( 6)		2 ( 65)		5 ( 21)		1 ( 9)	2 ( 2)	1 ( 6)	1 ( 1)	9 ( 110)

## HUD CLOSURES BY LAST PROCESSING STAGE COMPLETED

PRIOR TO ASSIGNMENT TO INVESTIGATION	1 ( 1)		13 ( 13)	6 ( 6)		1 ( 1)	8 ( 8)		2 ( 2)	4 ( 4)	1 ( 35)
PRIOR TO COMMENCEMENT OF INVESTIGATION	1 ( 1)		4 ( 34)	13 ( 13)	3 ( 20)	1 ( 16)	1 ( 1)	1 ( 1)	3 ( 24)	6 ( 6)	11 ( 116)
PRIOR TO COMPLETION OF INVESTIGATION	1 ( 4)	6 ( 6)	2 ( 6)	1 ( 16)	2 ( 19)	6 ( 42)		1 ( 16)	33 ( 33)	1 ( 9)	14 ( 151)
PRIOR TO DETERMINATION (FIR)	1 ( 1)	6 ( 16)	28 ( 28)	1 ( 17)	1 ( 16)	109 ( 109)	4 ( 4)		10 ( 102)		18 ( 293)
PRIOR TO DETERMINATION (NO FIR)	1 ( 14)	1 ( 1)	2 ( 73)	7 ( 92)	12 ( 12)		6 ( 6)	2 ( 2)	15 ( 73)		25 ( 273)
PRIOR TO COMMENCEMENT OF CONCILIATION	8 ( 33)	4 ( 40)	19 ( 85)	9 ( 91)	6 ( 69)	34 ( 277)	9 ( 60)	7 ( 51)	10 ( 107)	7 ( 56)	113 ( 869)
PRIOR TO COMPLETION OF CONCILIATION	3 ( 3)	3 ( 3)	1 ( 1)	5 ( 5)	6 ( 6)	1 ( 9)	4 ( 4)		3 ( 3)		1 ( 34)
AFTER COMPLETION OF CONCILIATION	2 ( 18)	2 ( 21)	6 ( 46)	1 ( 31)	6 ( 57)	8 ( 123)	1 ( 28)	1 ( 32)	8 ( 93)	12 ( 12)	35 ( 461)

	1	2	3	4	5	6	7	8	9	10	TOTAL
HUD CLOSURE BY TYPE OF CLOSURE											
DISMISSED LACK OF JURISDICTION	( 3 )	( 1 )	( 23 )	( 42 )	( 12 )	( 34 )	( 9 )	( 5 )	( 22 )	( 5 )	9 156
JURIS TRANSFERED TO TITLE 6		( 3 )			( 2 )	( 1 )		( 2 )		( 8 )	
TRANSFERRED TO EO11063					( 2 )					( 2 )	
TRANSFERRED OTHER AUTHORITY	( 1 )	( 4 )	( 6 )		( 1 )	( 2 )					1 14
TRANSFERRED OTHER REGION	( 1 )	( 1 )									1 2
TITLE IX. REF TO JUSTICE		( 2 )								( 2 )	
SUBTOTAL	( 5 )	( 1 )	( 33 )	( 48 )	( 12 )	( 39 )	( 12 )	( 5 )	( 24 )	( 5 )	11 184
CANNOT LOCATE COMPLAINANT	( 1 )	( 10 )	( 7 )	( 13 )	( 20 )	( 1 )	( 1 )	( 21 )	( 6 )	( 80 )	8
FAILED TO FURNISH INFORMATION	( 2 )	( 1 )	( 23 )	( 23 )	( 10 )	( 8 )	( 4 )	( 26 )	( 1 )	( 98 )	11
WITHDRAWN WITHOUT RESOLUTION	( 4 )	( 2 )	( 43 )	( 29 )	( 9 )	( 64 )	( 2 )	( 45 )	( 8 )	( 206 )	16
WITHDRAWN AFTER RESOLUTION	( 6 )	( 3 )	( 24 )	( 7 )	( 6 )	( 22 )	( 1 )	( 11 )	( 20 )	( 101 )	13
REQ CLOSURE-COURT ACTION PLANNED	( 1 )			( 1 )				( 4 )		( 6 )	
UNABLE TO IDENTIFY RESPONDENT		( 2 )	( 1 )	( 2 )	( 1 )	( 1 )		( 1 )		( 7 )	



	1	2	3	4	5	6	7	8	9	10	TOTAL
SUBTOTAL	( 1 )	( 1 )	( 9 )	( 6 )	( 4 )	( 9 )	( 7 )	( 1 )	( 17 )	( 16 )	( 48 )
ALLEGATION NOT SUPPORTED	( 9 )	( 9 )	( 15 )	( 10 )	( 6 )	( 29 )	( 9 )	( 6 )	( 19 )	( 7 )	( 119 )
REC D REF TO JUSTICE (PATTERN, PRACTICE)					( 2 )	( 1 )		( 4 )			( 7 )
REC D REF TO JUSTICE OTHER					( 7 )	( 8 )		( 6 )			( 21 )
REFERRED TO CENTRAL OFFICE-OTHER	( 1 )	( 2 )			( 1 )			( 1 )			( 5 )
SUBTOTAL	( 9 )	( 9 )	( 15 )	( 10 )	( 6 )	( 29 )	( 9 )	( 6 )	( 21 )	( 7 )	( 121 )
HUD CONCILIATION EFFORTS (TOTAL)	( 2 )	( 2 )	( 8 )	( 2 )	( 6 )	( 10 )	( 1 )	( 1 )	( 6 )	( 13 )	( 38 )
SUCCESSFUL, AGREE- MENT W/FOLLOW-UP	( 1 )	( 13 )	( 24 )	( 21 )	( 7 )	( 57 )	( 9 )	( 11 )	( 23 )	( 7 )	( 183 )
SUCCESSFUL, NO FOLLOW-UP	( 1 )	( 2 )	( 6 )	( 12 )	( 1 )	( 3 )	( 5 )	( 6 )	( 1 )		( 37 )
SUCCESSFUL, NO AGR T W/FOLLOW-UP				( 1 )							( 1 )
SUCCESSFUL, NO AGR T, NO FOLLOW-UP	( 4 )	( 1 )	( 4 )	( 10 )	( 12 )	( 2 )		( 16 )			( 49 )
SUBTOTAL	( 2 )	( 15 )	( 31 )	( 25 )	( 30 )	( 70 )	( 14 )	( 16 )	( 45 )	( 8 )	( 270 )

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	1	2	3	4	5	6	7	8	9	10	TOTAL
UNSUCCESSFUL, COURT ACTION	( 2 )	( 7 )	( 16 )	( 5 )	( 14 )		( 12 )	( 26 )	( 5 )	( 85 )	
UNSUCCESSFUL, REC D REF TO JUSTICE	( 3 )	( 2 )	( 1 )	( 5 )	( 5 )	( 37 )	( 4 )	( 2 )	( 3 )	( 62 )	
UNSUCCESSFUL, OTHER ACTION				( 2 )	( 1 )		( 4 )		( 7 )		
UNSUCCESSFUL, NO FURTHER ACTION	( 3 )	( 2 )	( 3 )	( 13 )	( 27 )	( 9 )	( 2 )	( 12 )		( 71 )	
SUBTOTAL	( 6 )	( 9 )	( 19 )	( 13 )	( 34 )	( 64 )	( 14 )	( 16 )	( 45 )	( 225 )	
CASES IN WHICH RELIEF WAS OBTAINED	( 6 )	( 1 )	( 8 )	( 1 )	( 2 )	( 8 )	( 7 )	( 1 )	( 4 )	( 31 )	
CONCILIATION BUT NO RELIEF		( 2 )	( 1 )	( 1 )	( 1 )	( 5 )	( 1 )			( 10 )	
SUMMARY OF RELIEF OBTAINED											
HOUSING, CONTESTED UNIT	( 2 )	( 1 )	( 2 )	( 4 )	( 14 )	( 14 )	( 5 )	( 2 )	( 10 )	( 71 )	
HOUSING, FOR OTHER MINORITY				( 1 )						( 1 )	
AFFIRMATIVE ACTION	( 2 )	( 12 )	( 3 )	( 2 )	( 11 )	( 61 )	( 4 )	( 14 )	( 25 )	( 190 )	
OTHER RELIEF	( 4 )	( 15 )	( 5 )	( 1 )	( 1 )	( 7 )	( 6 )	( 1 )	( 3 )	( 182 )	
MONETARY COMPENSATION AWARDED	600	7,375	600	500	3,860	1,000	200	14,135			
	( 4,234 )	( 7,358 )	( 49,172 )	( 11,678 )	( 5,883 )	( 21,794 )	( 1,730 )	( 15,991 )	( 7,635 )	( 3,425 )	

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	1	2	3	4	5	6	7	8	9	10	TOTAL
REFERRAL AGENCY CONCILIATION EFFORTS	( 2)	( 10)	1	( 3)		( 2)	1 ( 2)	( 2)			2 ( 19)
SUCCESSFUL, AGREEMENT W/FOLLOW-UP	( 2)	( 6)	1			( 1)					1 ( 9)
SUCCESSFUL, NO FOLLOW-UP				( 1)			( 2)				( 3)
SUCCESSFUL, NO AGR T W/FOLLOW-UP				( 1)							( 1)
SUCCESSFUL, NO AGR T, NO FOLLOW-UP		( 4)									( 4)
SUBTOTAL	( 2)	( 10)	1	( 2)		( 1)	( 2)				1 ( 17)
UNSUCCESSFUL, COURT ACTION				( 1)							( 1)
UNSUCCESSFUL, REC D REF TO JUSTICE											
UNSUCCESSFUL, OTHER ACTION											
UNSUCCESSFUL, NO FURTHER ACTION						( 1)	1 ( 1)				1 ( 1)
SUBTOTAL				( 1)		( 1)	1 ( 1)				1 ( 2)

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	1	2	3	4	5	6	7	8	9	10	TOTAL
CASES IN WHICH RELIEF WAS OBTAINED	( 2 )	( 8 )	1			( 1 )	( 1 )				1 ( 12 )
CONCILIATION BUT NO RELIEF											
SUMMARY OF RELIEF OBTAINED											
HOUSING, CONTESTED UNIT	( 1 )	( 4 )					( 1 )				( 6 )
HOUSING, FOR OTHER MINORITY											
AFFIRMATIVE ACTION	( 1 )	( 7 )	1				( 1 )				1 ( 9 )
OTHER RELIEF	( 1 )	( 3 )	1			( 1 )	( 1 )				1 ( 6 )
MONETARY COMPENSATION AWARDED	( 300 )	( 4,100 )	3,500	( 1,850 )			( 800 )				3,500 ( 7,050 )
TOTAL CONCILIATION EFFORTS	( 24 )	( 24 )	( 60 )	( 38 )	( 67 )	( 134 )	( 30 )	( 34 )	( 90 )	( 13 )	40 ( 514 )
SUCCESSFUL, AGREEMENT W/FOLLOW-UP	( 13 )	( 13 )	( 30 )	( 21 )	( 7 )	( 57 )	( 10 )	( 11 )	( 23 )	( 7 )	18 ( 192 )
SUCCESSFUL, NO FOLLOW-UP	( 1 )	( 2 )	( 6 )	( 13 )	( 1 )	( 3 )	( 7 )	( 6 )	( 1 )	( 40 )	3 ( 40 )
SUCCESSFUL, NO AGR T W/FOLLOW-UP				( 2 )						( 2 )	1 ( 2 )
SUCCESSFUL, NO AGR T, NO FOLLOW-UP	( 4 )	( 5 )	( 4 )	( 10 )	( 12 )	( 2 )		( 16 )		( 53 )	4 ( 53 )
SUBTOTAL	( 18 )	( 15 )	( 41 )	( 25 )	( 32 )	( 70 )	( 15 )	( 18 )	( 45 )	( 8 )	26 ( 287 )

	1	2	3	4	5	6	7	8	9	10	TOTAL
UNSUCCESSFUL, COURT ACTION	( 2 )	( 7 )	( 16 )	( 5 )	( 15 )		( 12 )	( 26 )	( 5 )	( 86 )	
UNSUCCESSFUL, REC D REF TO JUSTICE	( 3 )	( 2 )	( 1 )	( 5 )	( 5 )	( 37 )	( 4 )	( 2 )	( 3 )	( 62 )	
UNSUCCESSFUL, OTHER ACTION				( 2 )		( 1 )		( 4 )		( 7 )	
UNSUCCESSFUL, NO FURTHER ACTION	( 3 )	( 2 )	( 3 )	( 13 )	( 27 )	( 10 )	( 2 )	( 12 )		( 72 )	
SUBTOTAL	( 6 )	( 9 )	( 19 )	( 13 )	( 35 )	( 64 )	( 15 )	( 16 )	( 45 )	( 227 )	
CASES IN WHICH RELIEF WAS OBTAINED	( 6 )	( 1 )	( 9 )	( 1 )	( 2 )	( 8 )	( 8 )	( 1 )	( 4 )	( 32 )	
CONCILIATION BUT NO RELIEF		( 2 )		( 1 )	( 1 )	( 5 )	( 1 )			( 10 )	
SUMMARY OF RELIEF OBTAINED											
HOUSING, CONTESTED UNIT	( 2 )	( 1 )	( 2 )	( 4 )	( 1 )	( 1 )	( 5 )	( 3 )	( 10 )	( 77 )	
HOUSING, FOR OTHER MINORITY				( 1 )						( 1 )	
AFFIRMATIVE ACTION	( 2 )	( 12 )	( 33 )	( 21 )	( 11 )	( 61 )	( 4 )	( 15 )	( 25 )	( 199 )	
OTHER RELIEF	( 4 )	( 15 )	( 6 )	( 20 )	( 1 )	( 39 )	( 7 )	( 14 )	( 27 )	( 188 )	
MONETARY COMPENSATION AWARDED	600	10,875	600	500	3,860	1,000	200	17,635			
	( 4,534 )	( 7,358 )	( 53,272 )	( 11,678 )	( 7,733 )	( 21,794 )	( 1,730 )	( 16,791 )	( 7,635 )	( 3,425 )	

FAIR HOUSING AND EQUAL OPPORTUNITY  
TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968  
EXECUTIVE ORDER 11063  
AFFIRMATIVE FAIR HOUSING MARKETING REGULATION

STATUS SUMMARY OF COMPLIANCE REVIEWS, JUL 01, 1979 - JUL 31, 1979  
(STATUS SUMMARY OF COMPLIANCE REVIEWS, OCT 01, 1978 - JUL 31, 1979)

R E G I O N

	1	2	3	4	5	6	7	8	9	10	TOTAL
OPENED (DETERMINATIONS TO REVIEW)	( 42)	( 52)	( 69)	( 82)	( 102)	( 40)	( 77)	( 60)	( 129)	( 48)	( 701)
TITLE VIII	( 18)	( 12)	( 23)	( 29)	( 30)	( 21)	( 20)	( 21)	( 31)	( 20)	( 225)
AFFIRMATIVE MARKETING	( 24)	( 40)	( 45)	( 53)	( 71)	( 19)	( 57)	( 39)	( 98)	( 28)	( 474)
EO 11063			( 1)		( 1)						( 2)
REASONS FOR DTR'S	( 42)	( 52)	( 69)	( 82)	( 102)	( 40)	( 75)	( 60)	( 129)	( 48)	( 699)
REGULARLY SCHEDULED	( 24)	( 47)	( 59)	( 53)	( 101)		( 54)	( 60)	( 129)	( 47)	( 574)
INITIATED BY COMPLAINT	( 18)		( 1)	( 29)	( 1)	( 21)	( 1)			( 1)	( 72)
REQ BY AREA INSURING OFFICE		( 5)	( 7)								( 12)
REQ BY ARA, FAILURE TO REPORT											
REQ BY ARA, AFTER SHOW CAUSE			( 2)								( 2)
REQ BY ARA, OTHER						( 19)	( 20)				( 39)
REQ BY AS/FHED											

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	1	2	3	4	5	6	7	8	9	10	TOTAL
ON HAND BEGINNING OF PERIOD	5	1	1	10	52	13 ( 9)	2	18 ( 3)	10 ( 16)	15	127 ( 28)
TITLE VIII	1	1			22	7 ( 8)	2	10 ( 2)	7	8	58 ( 10)
AFFIRMATIVE MARKETING	4			10	30	6 ( 1)		8 ( 1)	3 ( 16)	7	68 ( 18)
EO 11063			1								1
FOLLOW-UP MEETINGS CONDUCTED	( 1)										( 1)
REVIEWS COMMENCED	1 ( 35)	6 ( 51)	9 ( 66)	22 ( 82)	5 ( 68)	36 ( 36)	5 ( 75)	5 ( 60)	113 ( 113)	37 ( 37)	53 ( 623)
UNDER REVIEW MORE THAN 30 DAYS					6 ( 6)	2 ( 2)		8 ( 8)	8 ( 8)	5 ( 5)	29 ( 29)
UNDER REVIEW MORE THAN 60 DAYS						2 ( 2)		1 ( 1)	8 ( 8)		11 ( 11)
REVIEWS COMPLETED	34 ( 34)	6 ( 50)	9 ( 66)	17 ( 77)	24 ( 62)	2 ( 38)	7 ( 75)	12 ( 50)	128 ( 128)	8 ( 32)	85 ( 612)
DETERMINATION BY ARA/FHEO	1 ( 35)	5 ( 50)	9 ( 61)	17 ( 67)	2 ( 2)	21 ( 21)	5 ( 74)	1 ( 48)		32 ( 32)	38 ( 390)
CONCILIATION CONFERENCES COMPLETED	26 ( 26)				1 ( 1)						27 ( 27)
RE-REVIEWS WITHIN TWO YEARS			1 ( 1)								1 ( 1)
TITLE VIII:											
COMPLIANCE REVIEW CLOSED TOTAL	1 ( 17)	1 ( 11)	3 ( 21)	13 ( 29)	25 ( 30)	2 ( 24)	3 ( 20)	10 ( 23)	23 ( 23)	7 ( 19)	65 ( 217)
NO VIOLATIONS FOUND	5 ( 5)	4 ( 4)	3 ( 17)	13 ( 29)	23 ( 27)	2 ( 24)	3 ( 18)	10 ( 23)	23 ( 23)	7 ( 19)	61 ( 189)
SUCCESSFUL RESOLUTION	1 ( 1)		1 ( 1)		2 ( 3)						3 ( 5)

	1	2	3	4	5	6	7	8	9	10	TOTAL
NON-COMP TRANSFER TO OTHER AUTH											
NON-COMP REC D REFER TO JUSTICE											
NON-COMP REC D FOR SANCTIONS											
NON-COMPLIANCE OTHER		( 2 )	( 3 )								( 5 )
COMP-OBTAINED-NO CORRECTIVE ACTION	( 9 )	( 5 )	1								( 14 )
COMP-OBTAINED-ADDI- TIONAL COR ACTION	( 2 )										( 2 )
NON-COMP AFTER ATTEMPT TO RECON- CILIATE							( 2 )				( 2 )
AFFIRMATIVE MARKETING											
COMPLIANCE REVIEWS CLOSED-TOTAL	( 20 )	( 39 )	( 45 )	( 48 )	( 59 )	( 14 )	( 55 )	( 29 )	( 105 )	( 11 )	( 425 )
NO VIOLATIONS FOUND	( 5 )	( 26 )	( 39 )	( 44 )	( 36 )	( 12 )	( 51 )	( 29 )	( 105 )	( 11 )	( 358 )
SUCCESSFUL RESOLU- TION	( 5 )				( 23 )						( 28 )
NON-COMP TRANSFER TO OTHER AUTH						( 2 )					( 2 )
NON-COMP REC D REFER TO JUSTICE											
NON-COMP REC D FOR SANCTIONS											
NON-COMPLIANCE OTHER		( 1 )	( 3 )				( 4 )				( 8 )
NON-COMPLIANCE, PLAN ADJUSTMENT	( 10 )	( 12 )	( 3 )	( 4 )							( 29 )



	1	2	3	4	5	6	7	8	9	10	TOTAL
EO 11063:											
COMPLIANCE REVIEWS CLOSED-TOTAL					( 1)					( 1)	
NO VIOLATIONS FOUND											
SUCCESSFUL RESOLU- TION					( 1)					( 1)	
NON-COMP TRANSFER TO OTHER AUTH											
NON-COMP REC D REFER TO JUSTICE											
NON-COMP REC D FOR SANCTIONS											
NON-COMPLIANCE OTHER											
OPEN AT END OF PERIOD	( 5)	( 2)	( 3)	( 5)	( 12)	( 11)	( 2)	( 11)	( 17)	( 18)	( 86)
TITLE VIII	( 1)	( 1)	( 2)			( 5)			( 8)	( 1)	( 18)
AFFIRMATIVE MARKETING	( 4)	( 1)		( 5)	( 12)	( 6)	( 2)	( 11)	( 9)	( 17)	( 67)
EO 11063			( 1)								( 1)

## FAIR HOUSING AND EQUAL OPPORTUNITY

## TITLE VIII AND EO 11063 COMPLAINT AGING REPORT THROUGH JUL 31, 1979

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R E G I O N	OPEN FROM 1 - 30 DAYS	OPEN FROM 31 - 60 DAYS	OPEN FROM 61 - 90 DAYS	OPEN FROM 91 - 120 DAYS	OPEN FROM 121 - 150 DAYS	OPEN FROM 151 - 180 DAYS	OPEN MORE THAN 180 DAYS	T O T A L C A S E S O P E N
1	12	8	5	2	1			28
2	10	2	3	1				16
3	30	18	4	3		2	4	61
4	20	12	8	1		1		42
5	17	11	4		1	1	5	39
6	69	43	19	6	4		1	142
7	13	7	5					25
8	6	1						7
9	60	31	10	7	2			110
10	3	9	5	3				20
T O T A L	240	142	63	23	8	4	10	490
% OF TOTAL	48.9	28.9	12.8	4.6	1.6	0.8	2.0	1 0 0 . 0

## FAIR HOUSING AND EQUAL OPPORTUNITY

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## TITLE VIII, AFHM, AND EO 11063 COMPLIANCE REVIEW AGING REPORT THROUGH JUL 31, 1979

R E G I O N	OPEN FROM 1 - 30 DAYS	OPEN FROM 31 - 60 DAYS	OPEN FROM 61 - 90 DAYS	OPEN FROM 91 - 120 DAYS	OPEN FROM 121 - 150 DAYS	OPEN FROM 151 - 180 DAYS	OPEN MORE THAN 180 DAYS	T O T A L C A S E S O P E N
1	1	1	3					5
2	2							2
3	2					1		3
4	5							5
5		3	8		1			12
6			2	3	1	4	1	11
7	2							2
8	4	7						11
9	7			1	7	2		17
10	10	2	5	1				18
T O T A L	33	13	18	5	9	7	1	86
% OF TOTAL	38.3	15.1	20.9	5.8	10.4	8.1	1.1	100.0

## FAIR HOUSING AND EQUAL OPPORTUNITY

LAPSE TIME ANALYSIS OF CLOSED CASES FOR THE PERIOD JUL 01, 1979 THROUGH JUL 31, 1979

## TITLE VIII AND EO 11063 COMPLAINTS

R E G I O N	CLOSED IN 30 DAYS OR LESS	CLOSED IN 31 - 60 DAYS	CLOSED IN 61 - 90 DAYS	CLOSED IN 91 - 120 DAYS	CLOSED IN 121 - 150 DAYS	CLOSED IN 151 - 180 DAYS	CLOSED IN MORE THAN 180 DAYS	T O T A L C A S E S C L O S E D
1	1	6	3	1		1	1	13
2	4	5	3					12
3	3	9	3	7	4	6	3	35
4	2	11	4	1		1		19
5	5	14	4					23
6	20	18	7	5				50
7		4	5	2				11
8	4	5						9
9	14	12	10	5	5	1		47
10				8				8
T O T A L	53	84	39	29	9	9	4	227
% OF TOTAL	23.3	37.0	17.1	12.7	3.9	3.9	1.7	100.0

## FAIR HOUSING AND EQUAL OPPORTUNITY

## LAPSE TIME ANALYSIS OF CLOSED CASES FOR THE PERIOD JUL 01, 1979 THROUGH JUL 31, 1979

## TITLE VIII, AFHM, AND EO 11063 COMPLIANCE REVIEWS

R E G I O N	CLOSED IN 30 DAYS OR LESS	CLOSED IN 31 - 60 DAYS	CLOSED IN 61 - 90 DAYS	CLOSED IN 91 - 120 DAYS	CLOSED IN 121 - 150 DAYS	CLOSED IN 151 - 180 DAYS	CLOSED IN MORE THAN 180 DAYS	T O T A L C A S E S C L O S E D
1		1						1
2	5	1						6
3	9							9
4	27							27
5	14	30	1					45
6						2		2
7	5		2					7
8	2		10					12
9								
10	1	5	1					7
T O T A L	63	37	14			2		116
% OF TOTAL	54.3	31.9	12.0	0.0	0.0	1.7	0.0	1 0 0 . 0

FAIR HOUSING AND EQUAL OPPORTUNITY  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964  
TITLE I OF THE HCD ACT OF 1974

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STATUS SUMMARY OF COMPLAINTS, JUL 01, 1979 - JUL 31, 1979  
(STATUS SUMMARY OF COMPLAINTS, OCT 01, 1978 - JUL 31, 1979)

## R E G I O N

	1	2	3	4	5	6	7	8	9	10	TOTAL
RECEIVED	( 3)	( 3)	( 14)	( 4)	( 18)	( 13)	( 14)	( 3)	( 6)		( 78)
ON HAND	3		3	2	7	3	7	1	2		28
BEGINNING OF PERIOD	( 5)		( 22)		( 2)	( 2)		( 2)	( 4)	( 1)	( 38)
AWAITING INVESTIGATION	3		4		9	3	10	2	2		33
	( 3)		( 4)		( 9)	( 3)	( 10)	( 2)	( 2)		( 33)
AWAITING INVESTIGATION > 30 DAYS											
PRELIMINARY REPORT COMPLETED	( 5)		( 20)	( 3)	( 8)		( 3)	( 2)		( 1)	( 42)
UNDER INVESTIGATION				( 1)	( 1)						( 2)
UNDER INVESTIGATION > 30 DAYS											
INVESTIGATED AND FOUND IN COMPLIANCE	( 5)		( 6)	( 3)	( 6)		( 3)	( 1)		( 1)	( 25)
INVESTIGATED AND FOUND IN NON-COMPLIANCE			( 1)		( 3)						( 4)
UNDER NEGOTIATION											
UNDER NEGOTIATION > 30 DAYS				( 1)							( 1)
RESULTS OF NEGOTIATION			( 2)		( 2)						( 4)

	1	2	3	4	5	6	7	8	9	10	TOTAL
COMPLIANCE ACHIEVED											
VOLUNTARY PLAN SECURED				( 1 )							( 1 )
FAILED TO COMPLY		( 2 )		( 1 )							( 3 )
INTERIM DEFERRAL											
FIR COMPLETED	( 6 )	( 3 )	( 25 )	( 3 ) <sup>1</sup>	( 9 )	( 10 ) <sup>3</sup>	( 3 )	( 3 )		( 1 )	( 63 ) <sup>4</sup>
CONSEQUENTIAL DEFERRAL			( 3 )								( 3 )
CLOSED AT REGION (TOTAL)	( 5 )	( 3 )	( 32 )	( 3 ) <sup>1</sup>	( 10 )	( 11 ) <sup>3</sup>	( 4 )	( 3 )	( 8 )	( 1 )	( 80 ) <sup>4</sup>
LACK OF JURISDICTION			( 9 )	( 1 )		( 1 )	( 1 )				( 12 )
SUBSTANTIAL COMPLIANCE-IN COMPLIANCE	( 5 )	( 3 )	( 9 )	( 3 ) <sup>1</sup>	( 6 )	( 10 ) <sup>3</sup>	( 3 )	( 1 )	( 8 )	( 1 )	( 49 ) <sup>4</sup>
SUBSTANTIAL COMPLIANCE-VOLUNTARY		( 5 )		( 2 )			( 1 )				( 8 )
MATTER TO BE HANDLED UNDER TITLE VIII											
MATTER TO BE HANDLED UNDER SECTION 109											
MATTER TO BE HANDLED UNDER CONT CLAUSE											
MATTER TO BE HANDLED UNDER OTHER AUTH.		( 9 )			( 1 )						( 10 )
REFERRED TO CENTRAL OFFICE											

EO2ANC-A (FORMAT 2-1)

## FAIR HOUSING AND EQUAL OPPORTUNITY

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	1	2	3	4	5	6	7	8	9	10	TOTAL
ADMINISTRATIVE PROCEDURES											
REFERRAL TO JUSTICE											
REFERRAL TO OTHER FEDERAL AGENCY											
FOR ADVICE											
FOLLOW-UP, REASONS FOR											
MONITORING											
AFTER REFERRAL TO CENTRAL OFFICE											
FOLLOW-UP, RESULTS OF (TOTAL)											
ADMINISTRATIVE PROCESS											
REFERRAL TO JUSTICE											
REFERRAL TO OTHER FEDERAL AGENCY											
FOR ADVICE											
IN COMPLIANCE											
COMPLIANCE ACHIEVED											
INTERIM DEFERRAL											



	1	2	3	4	5	6	7	8	9	10	TOTAL
ON HAND AT END OF PERIOD	( 3 )	( 3 )	( 4 )	( 1 )	( 10 )	( 4 )	( 10 )	( 2 )	( 2 )	( )	( 36 )

FAIR HOUSING AND EQUAL OPPORTUNITY  
SECTION 109  
TITLE I OF THE HCD ACT OF 1974

STATUS SUMMARY OF COMPLAINTS, JUL 01, 1979 - JUL 31, 1979  
(STATUS SUMMARY OF COMPLAINTS, OCT 01, 1978 - JUL 31, 1979)

## R E G I O N

	1	2	3	4	5	6	7	8	9	10	TOTAL
RECEIVED	( 9 )	( 2 )	( 9 )	( 3 )	( 23 )	( 11 )	( 3 )	( 2 )	( 4 )		( 66 )
ON HAND	8		3	1	15	2	3	1	2		35
BEGINNING OF PERIOD	( 7 )		( 22 )		( 19 )	( 5 )		( 2 )	( 1 )		( 56 )
AWAITING INVESTIGATION	7		3		14	2	3	1	2		32
	( 7 )		( 3 )		( 14 )	( 2 )	( 3 )	( 1 )	( 2 )		( 32 )
AWAITING INVESTIGATION > 30 DAYS											
PRELIMINARY REPORT COMPLETED	( 8 )		( 17 )	( 1 )	( 22 )			( 1 )			( 49 )
UNDER INVESTIGATION		1		1	2	2					6
		( 1 )		( 1 )	( 2 )	( 2 )					( 6 )
UNDER INVESTIGATION > 30 DAYS											
INVESTIGATED AND FOUND IN COMPLIANCE	( 4 )		( 7 )		( 11 )						( 22 )
INVESTIGATED AND FOUND IN NON-COMPLIANCE	( 4 )				( 6 )						( 10 )
UNDER NEGOTIATION	1				3						4
	( 1 )				( 3 )						( 4 )
UNDER NEGOTIATION > 30 DAYS	1				1						2
	( 1 )				( 1 )						( 2 )
RESULTS OF NEGOTIATION											
	( 3 )		( 1 )		( 4 )						( 8 )

	1	2	3	4	5	6	7	8	9	10	TOTAL
COMPLIANCE ACHIEVED	( 2)			( 1)							( 3)
VOLUNTARY PLAN SECURED	( 1)	( 1)		( 1)							( 3)
FAILED TO COMPLY				( 2)							( 2)
INTERIM DEFERRAL											
FIR COMPLETED	( 8)	( 1)	( 24)	( 1)	( 20)	( 12)		( 3)			( 69)
CONSEQUENTIAL DEFERRAL											
CLOSED AT REGION (TOTAL)	( 8)	( 1)	( 28)	( 2)	( 22)	( 12)		( 3)	( 3)		( 79)
LACK OF JURISDICTION			( 5)		( 6)			( 1)			( 12)
SUBSTANTIAL COMPLIANCE-IN COMPLIANCE	( 5)	( 1)	( 9)	( 1)	( 11)	( 11)		( 1)	( 3)		( 42)
SUBSTANTIAL COMPLIANCE-VOLUNTARY	( 1)		( 9)		( 4)			( 1)			( 15)
MATTER TO BE HANDLED UNDER TITLE VIII											
MATTER TO BE HANDLED UNDER SECTION 109				( 1)							( 1)
MATTER TO BE HANDLED UNDER CONT CLAUSE	( 2)										( 2)
MATTER TO BE HANDLED UNDER OTHER AUTH.			( 5)		( 1)						( 6)
REFERRED TO CENTRAL OFFICE				( 2)							( 2)

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	1	2	3	4	5	6	7	8	9	10	TOTAL
ADMINISTRATIVE PROCEDURES					( 2 )						( 2 )
REFERRAL TO JUSTICE											
REFERRAL TO OTHER FEDERAL AGENCY											
FOR ADVICE											
FOLLOW-UP, REASONS FOR											
MONITORING											
AFTER REFERRAL TO CENTRAL OFFICE											
FOLLOW-UP, RESULTS OF (TOTAL)											
ADMINISTRATIVE PROCESS											
REFERRAL TO JUSTICE											
REFERRAL TO OTHER FEDERAL AGENCY											
FOR ADVICE											
IN COMPLIANCE											
COMPLIANCE ACHIEVED											
INTERIM DEFERRAL											

8000.2  
Appendix 2

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EO2CAC-A (FORMAT 2-1A)

FAIR HOUSING AND EQUAL OPPORTUNITY

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	1	2	3	4	5	6	7	8	9	10	TOTAL
ON HAND AT END OF PERIOD	( 8 )	( 1 )	( 3 )	( 1 )	( 20 )	( 4 )	( 3 )	( 1 )	( 2 )	( )	( 43 )

8000.2  
Appendix 2

FAIR HOUSING AND EQUAL OPPORTUNITY  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

STATUS SUMMARY OF COMPLIANCE REVIEWS, JUL 01, 1979 - JUL 31, 1979  
(STATUS SUMMARY OF COMPLIANCE REVIEWS, OCT 01, 1978 - JUL 31, 1979)

## R E G I O N

	1	2	3	4	5	6	7	8	9	10	TOTAL
OPENED	3 ( 11 )	1 ( 19 )	4 ( 19 )	9 ( 63 )	0 ( 33 )	0 ( 65 )	3 ( 44 )	8 ( 60 )	1 ( 54 )	8 ( 24 )	37 ( 392 )
ON HAND BEG OF PERIOD	7 ( 6 )	3 ( 6 )	9 ( 17 )	6 ( 6 )	20 ( 7 )	20 ( 10 )	10 ( 0 )	5 ( 6 )	27 ( 4 )	2 ( 3 )	109 ( 65 )
AWAITING INVESTIGATION	3 ( 3 )	3 ( 3 )	7 ( 7 )	2 ( 2 )	2 ( 2 )	2 ( 2 )	10 ( 10 )	0 ( 0 )	21 ( 21 )	8 ( 8 )	58 ( 58 )
AWAITING INVESTIGATION > 120 DAYS	0 ( 0 )	0 ( 0 )	3 ( 3 )	0 ( 0 )	0 ( 0 )	1 ( 1 )	1 ( 1 )	0 ( 0 )	7 ( 7 )	0 ( 0 )	12 ( 12 )
PRELIMINARY REPORT COMPLETED	1 ( 11 )	0 ( 1 )	3 ( 17 )	1 ( 40 )	6 ( 26 )	4 ( 14 )	2 ( 31 )	2 ( 48 )	0 ( 0 )	2 ( 15 )	21 ( 203 )
UNDER INVESTIGATION	2 ( 2 )	0 ( 0 )	1 ( 1 )	7 ( 7 )	6 ( 6 )	2 ( 2 )	0 ( 0 )	11 ( 11 )	2 ( 2 )	0 ( 0 )	31 ( 31 )
UNDER INVESTIGATION > 120 DAYS	0 ( 0 )	0 ( 0 )	1 ( 1 )	0 ( 0 )	1 ( 1 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	2 ( 2 )
INVESTIGATED AND FOUND IN COMPLIANCE	1 ( 6 )	0 ( 0 )	3 ( 10 )	1 ( 8 )	6 ( 22 )	0 ( 1 )	3 ( 32 )	2 ( 48 )	0 ( 0 )	0 ( 13 )	16 ( 140 )
INVESTIGATED AND FOUND IN NON-COMPLIANCE	0 ( 5 )	0 ( 1 )	0 ( 4 )	0 ( 11 )	0 ( 4 )	4 ( 10 )	0 ( 0 )	0 ( 2 )	0 ( 0 )	0 ( 0 )	4 ( 37 )
UNDER NEGOTIATION	2 ( 2 )	0 ( 0 )	0 ( 0 )	4 ( 4 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	6 ( 6 )
UNDER NEGOTIATION > 30 DAYS	2 ( 2 )	0 ( 0 )	0 ( 0 )	4 ( 4 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	0 ( 0 )	6 ( 6 )
RESULTS OF NEGOTIATION (TOTAL)	0 ( 3 )	0 ( 0 )	0 ( 7 )	0 ( 13 )	0 ( 3 )	0 ( 14 )	0 ( 0 )	0 ( 3 )	0 ( 0 )	0 ( 1 )	0 ( 44 )

	1	2	3	4	5	6	7	8	9	10	TOTAL
COMPLIANCE ACHIEVED	0	0	0	0	0	0	0	0	0	0	0
(	0)	0)	4)	1)	1)	0)	0)	1)	0)	0)	7)
VOLUNTARY PLAN SECURED	0	0	0	0	0	0	0	0	0	0	0
(	3)	0)	3)	7)	2)	14)	0)	2)	0)	1)	32)
FAILED TO COMPLY	0	0	0	0	0	0	0	0	0	0	0
(	0)	0)	0)	5)	0)	0)	0)	0)	0)	0)	5)
INTERIM DEFERRAL	0	0	0	0	0	0	0	0	0	0	0
(	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)
FIR COMPLETED	3	1	3	3	2	11	3	2	0	0	28
(	10)	22)	22)	32)	20)	67)	33)	55)	0)	17)	278)
CONSEQUENTIAL DEFERRAL	0	0	0	0	0	0	0	0	0	0	0
(	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)
CLOSED AT REGION (TOTAL)	3	1	4	3	10	11	3	2	5	0	42
(	10)	22)	27)	57)	30)	66)	34)	55)	35)	17)	353)
LACK OF JURISDICTION	0	0	0	0	0	0	0	0	0	0	0
(	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)
SUBSTANTIAL COMPLIANCE--IN COMPLIANCE	1	1	3	1	10	11	3	2	5	0	37
(	6)	21)	18)	10)	26)	54)	34)	53)	35)	16)	273)
SUBSTANTIAL COMPLIANCE--VOLUNTARY	2	0	1	0	0	0	0	0	0	0	3
(	4)	0)	9)	0)	4)	11)	0)	2)	0)	1)	31)
TO BE HANDLED UNDER TITLE VIII	0	0	0	0	0	0	0	0	0	0	0
(	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)
TO BE HANDLED UNDER SECTION 109	0	0	0	0	0	0	0	0	0	0	0
(	0)	0)	0)	28)	0)	0)	0)	0)	0)	0)	28)
TO BE HANDLED UNDER EEO-CONTRACT CLAUSE	0	0	0	1	0	0	0	0	0	0	1
(	0)	0)	0)	8)	0)	1)	0)	0)	0)	0)	9)
TO BE HANDLED UNDER OTHER AUTHORITY	0	0	0	0	0	0	0	0	0	0	0
(	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)	0)

	1	2	3	4	5	6	7	8	9	10	TOTAL
REFERRED TO CENTRAL OFFICE (TOTAL)	( 0 )	( 0 )	( 0 )	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
ADMINISTRATIVE PROCESS	( 0 )	( 0 )	( 0 )	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
REFERRAL TO JUSTICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO OTHER FEDERAL AGENCY	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
FOR ADVICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REASON FOR FOLLOW-UP (TOTAL)	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
MONITORING	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
AFTER REFERRAL TO CENTRAL OFFICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
RESULTS OF FOLLOW-UP (TOTAL)	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
ADMINISTRATIVE PROCESS	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO JUSTICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO OTHER FEDERAL AGENCY	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
FOR ADVICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
IN COMPLIANCE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )



	1	2	3	4	5	6	7	8	9	10	TOTAL
COMPLIANCE ACHIEVED	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	0)	(	0)	(	0)
INTERIM DEFERRAL	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	0)	(	0)	(	0)
OPEN AT END OF PERIOD	7	3	9	12	10	9	10	11	23	10	104
(	7)	(	3)	(	10)	(	10)	(	23)	(	104)

## FAIR HOUSING AND EQUAL OPPORTUNITY

## SECTION 109, TITLE I OF THE HCD ACT OF 1974

STATUS SUMMARY OF COMPLIANCE REVIEWS, JUL 01, 1979 - JUL 31, 1979  
 (STATUS SUMMARY OF COMPLIANCE REVIEWS, OCT 01, 1978 - JUL 31, 1979)

## R E G I O N

	1	2	3	4	5	6	7	8	9	10	TOTAL										
OPENED	3	1	0	6	0	1	3	6	1	8	29										
(	8)	(	16)	(	6)	(	36)	(	12)	(	28)	(	19)	(	37)	(	47)	(	16)	(	225)
ON HAND BEG OF PERIOD	3	3	4	0	8	7	4	4	26	1	60										
(	0)	(	3)	(	2)	(	3)	(	7)	(	6)	(	0)	(	2)	(	6)	(	1)	(	30)
AWAITING INVESTIGATION	3	3	3	0	2	2	4	0	22	8	47										
(	3)	(	3)	(	3)	(	0)	(	2)	(	2)	(	4)	(	0)	(	22)	(	8)	(	47)
AWAITING INVESTIGATION > 120 DAYS	0	0	1	0	0	1	0	0	8	0	10										
(	0)	(	0)	(	1)	(	0)	(	0)	(	0)	(	0)	(	0)	(	8)	(	0)	(	10)
PRELIMINARY REPORT COMPLETED	1	0	0	0	0	0	2	2	0	1	6										
(	3)	(	0)	(	0)	(	18)	(	14)	(	1)	(	13)	(	29)	(	0)	(	7)	(	85)
UNDER INVESTIGATION	2	0	1	6	3	3	0	8	0	0	23										
(	2)	(	0)	(	1)	(	6)	(	3)	(	3)	(	0)	(	8)	(	0)	(	0)	(	23)
UNDER INVESTIGATION > 120 DAYS	0	0	1	0	1	0	0	0	0	0	2										
(	0)	(	0)	(	1)	(	0)	(	1)	(	0)	(	0)	(	0)	(	0)	(	0)	(	2)
INVESTIGATED AND FOUND IN COMPLIANCE	1	0	0	0	0	0	3	2	0	0	6										
(	3)	(	0)	(	0)	(	18)	(	10)	(	1)	(	14)	(	29)	(	0)	(	6)	(	81)
INVESTIGATED AND FOUND IN NON-COMPLIANCE	0	0	0	0	0	0	0	0	0	0	0										
(	0)	(	0)	(	0)	(	1)	(	2)	(	1)	(	0)	(	1)	(	0)	(	0)	(	5)
UNDER NEGOTIATION	0	0	0	0	1	0	0	0	0	0	1										
(	0)	(	0)	(	0)	(	0)	(	1)	(	0)	(	0)	(	0)	(	0)	(	0)	(	1)
UNDER NEGOTIATION > 30 DAYS	0	0	0	0	1	0	0	0	0	0	1										
(	0)	(	0)	(	0)	(	0)	(	1)	(	0)	(	0)	(	0)	(	0)	(	0)	(	1)
RESULTS OF NEGOTIATION (TOTAL)	0	0	0	0	0	0	0	0	0	0	0										
(	0)	(	0)	(	0)	(	0)	(	1)	(	1)	(	0)	(	0)	(	0)	(	0)	(	2)

	1	2	3	4	5	6	7	8	9	10	TOTAL
COMPLIANCE ACHIEVED	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	0)	(	0)	(	0)
VOLUNTARY PLAN SECURED	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	1)	(	1)	(	0)	(	0)
FAILED TO COMPLY	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	0)	(	0)	(	0)
INTERIM DEFERRAL	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	0)	(	0)	(	0)
FIR COMPLETED	1	1	0	0	0	3	3	2	0	0	10
(	3)	(	16)	(	1)	(	17)	(	10)	(	29)
CONSEQUENTIAL DEFERRAL	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	0)	(	0)	(	0)
CLOSED AT REGION (TOTAL)	1	1	0	0	1	3	3	2	5	0	16
(	3)	(	16)	(	4)	(	33)	(	12)	(	29)
LACK OF JURISDICTION	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	1)	(	0)	(	0)
SUBSTANTIAL COMPLIANCE--IN COMPLIANCE	1	1	0	0	0	3	3	2	5	0	15
(	3)	(	16)	(	3)	(	31)	(	10)	(	29)
SUBSTANTIAL COMPLIANCE--VOLUNTARY	0	0	0	0	1	0	0	0	0	0	1
(	0)	(	0)	(	1)	(	0)	(	0)	(	1)
TO BE HANDLED UNDER TITLE VIII	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	0)	(	0)	(	0)
TO BE HANDLED UNDER SECTION 109	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	1)	(	0)	(	0)	(	1)
TO BE HANDLED UNDER EEO-CONTRACT CLAUSE	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	0)	(	0)	(	0)
TO BE HANDLED UNDER OTHER AUTHORITY	0	0	0	0	0	0	0	0	0	0	0
(	0)	(	0)	(	0)	(	0)	(	0)	(	0)

	1	2	3	4	5	6	7	8	9	10	TOTAL
REFERRED TO CENTRAL OFFICE (TOTAL)	( 0 )	( 0 )	( 0 )	( 0 )	( 2 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 2 )
ADMINISTRATIVE PROCESS	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO JUSTICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO OTHER FEDERAL AGENCY	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
FOR ADVICE	( 0 )	( 0 )	( 0 )	( 0 )	( 2 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 2 )
REASON FOR FOLLOW-UP (TOTAL)	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
MONITORING	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
AFTER REFERRAL TO CENTRAL OFFICE	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
RESULTS OF FOLLOW-UP (TOTAL)	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
ADMINISTRATIVE PROCESS	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO JUSTICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO OTHER FEDERAL AGENCY	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
FOR ADVICE	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
IN COMPLIANCE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )

	1	2	3	4	5	6	7	8	9	10	TOTAL
COMPLIANCE ACHIEVED	0	0	0	0	0	0	0	0	0	0	0
( 0) (	0) (	0) (	0) (	0) (	0) (	0) (	0) (	0) (	0) (	0) (	0)
INTERIM DEFERRAL	0	0	0	0	0	0	0	0	0	0	0
( 0) (	0) (	0) (	0) (	0) (	0) (	0) (	0) (	0) (	0) (	0) (	0)
OPEN AT END OF PERIOD	5	3	4	6	7	5	4	8	22	9	73
( 5) (	3) (	4) (	6) (	7) (	5) (	4) (	8) (	22) (	9) (	73)	

FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964  
SECTION 109, TITLE I OF THE HCD ACT OF 1974

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## SUMMARY OF COMPLAINT RECEIPTS BY PROGRAM AND BASIS, OCT 01, 1978 - JUL 31, 1979

PROGRAM	-----RACE-----		-----COLOR-----		---NAT L ORIGIN---		-----SEX-----		-----TOTAL-----	
	TITLE VI	SEC 109	TITLE VI	SEC 109	TITLE VI	SEC 109	TITLE VI	SEC 109	TITLE VI	SEC 109
CPA	1								1	
MPP							1		1	
MSP			2						2	
MMA			1						1	
LRP	3								3	
TOTAL	4		3				1		8	
UNKNOWN	135									

## FAIR HOUSING AND EQUAL OPPORTUNITY

## TITLE VI COMPLAINT AGING REPORT THROUGH JUL 31, 1979

R E G I O N	OPEN FROM 1 - 30 DAYS	OPEN FROM 31 - 60 DAYS	OPEN FROM 61 - 90 DAYS	OPEN FROM 91 - 120 DAYS	OPEN FROM 121 - 150 DAYS	OPEN FROM 151 - 180 DAYS	OPEN MORE THAN 180 DAYS	T O T A L C A S E S O P E N
1				2	1			3
2								
3	1		1	1			1	4
4			1					1
5	3		1	5			1	10
6	4							4
7	3	1	1		3	1	1	10
8	1					1		2
9		1		1				2
10								
T O T A L	12	2	4	9	4	2	3	36
% OF TOTAL	33.3	5.5	11.1	25.0	11.1	5.5	8.3	100.0

## FAIR HOUSING AND EQUAL OPPORTUNITY

## TITLE VI COMPLIANCE REVIEW AGING REPORT THROUGH JUL 31, 1979

R E G I O N	OPEN FROM 1 - 30 DAYS	OPEN FROM 31 - 60 DAYS	OPEN FROM 61 - 90 DAYS	OPEN FROM 91 - 120 DAYS	OPEN FROM 121 - 150 DAYS	OPEN FROM 151 - 180 DAYS	OPEN MORE THAN 180 DAYS	T O T A L C A S E S O P E N
1	3	1		1			2	7
2	1	2						3
3	1	2		1		2	3	9
4	8		2	1		1		12
5		7		1	1		1	10
6		3	2	1	2	1		9
7	1	2	6				1	10
8	8	2	1					11
9	1	13	2		7			23
10	8	2						10
T O T A L	31	34	13	5	10	4	7	104
% OF TOTAL	29.8	32.6	12.5	4.8	9.6	3.8	6.7	100.0



## FAIR HOUSING AND EQUAL OPPORTUNITY

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## SECTION 109 COMPLAINT AGING REPORT THROUGH JUL 31, 1979

REGION	OPEN FROM 1 - 30 DAYS	OPEN FROM 31 - 60 DAYS	OPEN FROM 61 - 90 DAYS	OPEN FROM 91 - 120 DAYS	OPEN FROM 121 - 150 DAYS	OPEN FROM 151 - 180 DAYS	OPEN MORE THAN 180 DAYS	TOTAL CASES OPEN
1			2	4	1		1	8
2	1							1
3	1			1	1			3
4	1							1
5	7	1	2	6			4	20
6	3				1			4
7		1		1	1			3
8						1		1
9				1			1	2
10								
TOTAL	13	2	4	13	4	1	6	43
% OF TOTAL	30.2	4.6	9.3	30.2	9.3	2.3	13.9	100.0

## FAIR HOUSING AND EQUAL OPPORTUNITY

## SECTION 109 COMPLIANCE REVIEW AGING REPORT THROUGH JUL 31, 1979

R E G I O N	OPEN FROM 1 - 30 DAYS	OPEN FROM 31 - 60 DAYS	OPEN FROM 61 - 90 DAYS	OPEN FROM 91 - 120 DAYS	OPEN FROM 121 - 150 DAYS	OPEN FROM 151 - 180 DAYS	OPEN MORE THAN 180 DAYS	T O T A L C A S E S O P E N
1	3	1		1				5
2	1	2						3
3		1		1			2	4
4	6							6
5		4			2		1	7
6		2	1		2			5
7	1	2	1					4
8	6	1	1					8
9	1	13			7		1	22
10	8	1						9
T O T A L	26	27	3	2	11		4	73
% OF TOTAL	35.6	36.9	4.1	2.7	15.0	0.0	5.4	100.0

## FAIR HOUSING AND EQUAL OPPORTUNITY

## LAPSE TIME ANALYSIS OF CLOSED CASES FOR THE PERIOD JUL 01, 1979 THROUGH JUL 31, 1979

## TITLE VI COMPLAINTS

R E G I O N	CLOSED IN 30 DAYS OR LESS	CLOSED IN 31 - 60 DAYS	CLOSED IN 61 - 90 DAYS	CLOSED IN 91 - 120 DAYS	CLOSED IN 121 - 150 DAYS	CLOSED IN 151 - 180 DAYS	CLOSED IN MORE THAN 180 DAYS	T O T A L C A S E S C L O S E D
1								
2								
3								
4				1				1
5								
6		1		1			1	3
7								
8								
9								
10								
T O T A L		1		2			1	4
% OF TOTAL	0.0	25.0	0.0	50.0	0.0	0.0	25.0	100.0

## FAIR HOUSING AND EQUAL OPPORTUNITY

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## LAPSE TIME ANALYSIS OF CLOSED CASES FOR THE PERIOD JUL 01, 1979 THROUGH JUL 31, 1979

## TITLE VI COMPLIANCE REVIEWS

R E G I O N	CLOSED IN 30 DAYS OR LESS	CLOSED IN 31 - 60 DAYS	CLOSED IN 61 - 90 DAYS	CLOSED IN 91 - 120 DAYS	CLOSED IN 121 - 150 DAYS	CLOSED IN 151 - 180 DAYS	CLOSED IN MORE THAN 180 DAYS	T O T A L C A S E S C L O S E D
1		1					2	3
2	1							1
3	3						1	4
4	1				1	1		3
5	4	6						10
6		1		6	3		1	11
7	2	1						3
8	1	1						2
9		3		2				5
10								
T O T A L	12	13		8	4	1	4	42
% OF TOTAL	28.5	30.9	0.0	19.0	9.5	2.3	9.5	100.0

## FAIR HOUSING AND EQUAL OPPORTUNITY

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## LAPSE TIME ANALYSIS OF CLOSED CASES FOR THE PERIOD JUL 01, 1979 THROUGH JUL 31, 1979

## SECTION 109 COMPLAINTS

R E G I O N	CLOSED IN 30 DAYS OR LESS	CLOSED IN 31 - 60 DAYS	CLOSED IN 61 - 90 DAYS	CLOSED IN 91 - 120 DAYS	CLOSED IN 121 - 150 DAYS	CLOSED IN 151 - 180 DAYS	CLOSED IN MORE THAN 180 DAYS	T O T A L C A S E S C L O S E D
1								
2								
3							1	1
4						1		1
5		1		1				2
6					1			1
7								
8								
9								
10								
T O T A L		1		1	1	1	1	5
% OF TOTAL	0.0	20.0	0.0	20.0	20.0	20.0	20.0	100.0

## FAIR HOUSING AND EQUAL OPPORTUNITY

LAPSE TIME ANALYSIS OF CLOSED CASES FOR THE PERIOD JUL 01, 1979 THROUGH JUL 31, 1979

## SECTION 109 COMPLIANCE REVIEWS

R E G I O N	CLOSED IN 30 DAYS OR LESS	CLOSED IN 31 - 60 DAYS	CLOSED IN 61 - 90 DAYS	CLOSED IN 91 - 120 DAYS	CLOSED IN 121 - 150 DAYS	CLOSED IN 151 - 180 DAYS	CLOSED IN MORE THAN 180 DAYS	T O T A L C A S E S C L O S E D
1		1						1
2	1							1
3								
4								
5							1	1
6	1			1	1			3
7	2	1						3
8	1	1						2
9		3		2				5
10								
T O T A L	5	6		3	1		1	16
% OF TOTAL	31.2	37.5	0.0	18.7	6.2	0.0	6.2	100.0

FAIR HOUSING AND EQUAL OPPORTUNITY  
EQUAL EMPLOYMENT OPPORTUNITY CONTRACT CLAUSE

STATUS SUMMARY OF COMPLAINTS, JUL 01, 1979 - JUL 31, 1979  
(STATUS SUMMARY OF COMPLAINTS, OCT 01, 1978 - JUL 31, 1979)

R E G I O N											TOTAL
	1	2	3	4	5	6	7	8	9	10	
RECEIVED	( 2 13)	( 1 4)	( 4 12)	( 0 0)	( 0 8)	( 2 4)	( 0 2)	( 0 0)	( 0 0)	( 0 0)	( 9 43)
ON HAND BEG OF PERIOD	( 11 9)	( 0 1)	( 2 11)	( 0 1)	( 16 19)	( 1 5)	( 2 0)	( 0 2)	( 2 3)	( 0 0)	( 34 51)
AWAITING INVESTIGATION	( 11 11)	( 0 0)	( 6 6)	( 0 0)	( 5 5)	( 2 2)	( 2 2)	( 0 0)	( 1 1)	( 0 0)	( 27 27)
AWAITING INVESTIGATION > 30 DAYS	( 9 9)	( 0 0)	( 2 2)	( 0 0)	( 5 5)	( 0 0)	( 2 2)	( 0 0)	( 1 1)	( 0 0)	( 19 19)
UNDER INVESTIGATION	( 0 0)	( 1 1)	( 0 0)	( 0 0)	( 6 6)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 7 7)
UNDER INVESTIGATION > 30 DAYS	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 4 4)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 4 4)
INVESTIGATED AND FOUND IN COMPLIANCE	( 0 8)	( 0 0)	( 0 10)	( 0 0)	( 0 2)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 20)
INVESTIGATED AND FOUND IN NON-COMPLIANCE	( 0 1)	( 0 0)	( 0 0)	( 0 0)	( 0 5)	( 0 0)	( 0 0)	( 0 0)	( 0 1)	( 0 0)	( 0 7)
PRELIMINARY REPORT COMPLETED	( 0 10)	( 0 0)	( 0 11)	( 0 0)	( 0 7)	( 0 1)	( 0 0)	( 0 0)	( 0 1)	( 0 0)	( 0 30)
UNDER NEGOTIATION	( 1 1)	( 0 0)	( 0 0)	( 0 0)	( 5 5)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 6 6)
UNDER NEGOTIATION > 30 DAYS	( 1 1)	( 0 0)	( 0 0)	( 0 0)	( 5 5)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 6 6)
RESULTS OF NEGOTIATION	( 0 2)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 1)	( 0 0)	( 0 3)
VOLUNTARY PLAN SECURED	( 0 1)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 0)	( 0 1)

	1	2	3	4	5	6	7	8	9	10	TOTAL
COMPLIANCE ACHIEVED	0 ( 1)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 1)
VOLUNTARY COMPLIANCE FAILED	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 1)	0 ( 0)	0 ( 1)
FIR COMPLETED	1 ( 10)	0 ( 4)	0 ( 15)	0 ( 1)	0 ( 7)	0 ( 6)	0 ( 0)	0 ( 2)	0 ( 1)	0 ( 0)	1 ( 46)
CLOSED AT REGION (TOTAL)	1 ( 10)	0 ( 4)	0 ( 17)	0 ( 1)	0 ( 11)	0 ( 6)	0 ( 0)	0 ( 2)	1 ( 2)	0 ( 0)	2 ( 53)
SUBSTANTIAL COMPLIANCE	1 ( 9)	0 ( 4)	0 ( 15)	0 ( 1)	0 ( 9)	0 ( 6)	0 ( 0)	0 ( 2)	1 ( 1)	0 ( 0)	2 ( 47)
CO REFERRAL TO OTHER AGENCY	0 ( 1)	0 ( 0)	0 ( 2)	0 ( 0)	0 ( 2)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 1)	0 ( 0)	0 ( 6)
REFERRED TO CENTRAL OFFICE (TOTAL)	0 ( 1)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 4)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 1)	0 ( 0)	0 ( 6)
ADMINISTRATIVE PROCEDURES	0 ( 1)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 1)	0 ( 0)	0 ( 2)
REFERRAL TO JUSTICE	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)
REFERRAL TO OTHER FEDERAL AGENCY	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)
FOR ADVICE	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 4)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 4)
FOLLOW-UP, REASONS FOR (TOTAL)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)
REQ TO DEVELOP AAP	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)
REQ TO IMPLEMENT AAP	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)
OTHER MONITORING ACTIVITY	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)



	1	2	3	4	5	6	7	8	9	10	TOTAL
FOLLOW-UP, RESULTS OF (TOTAL)	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
IMPOSITION OF SANCTIONS	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO JUSTICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO OTHER FEDERAL AGENCY	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
IN COMPLIANCE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
COMPLIANCE ACHIEVED	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
OPEN AT END OF PERIOD	( 12 )	( 1 )	( 6 )	( 0 )	( 16 )	( 3 )	( 2 )	( 0 )	( 1 )	( 0 )	( 41 )

FAIR HOUSING AND EQUAL OPPORTUNITY  
EQUAL EMPLOYMENT OPPORTUNITY CONTRACT CLAUSE

STATUS SUMMARY OF COMPLIANCE REVIEWS, JUL 01, 1979 - JUL 31, 1979  
(STATUS SUMMARY OF COMPLIANCE REVIEWS, OCT 01, 1978 - JUL 31, 1979)

	R E G I O N										TOTAL
	1	2	3	4	5	6	7	8	9	10	
OPENED	4 ( 11)	1 ( 1)	0 ( 11)	0 ( 1)	0 ( 0)	0 ( 6)	0 ( 7)	0 ( 0)	0 ( 0)	0 ( 0)	5 ( 37)
ON HAND BEG OF PERIOD	5 ( 2)	0 ( 0)	5 ( 7)	0 ( 0)	0 ( 2)	0 ( 1)	2 ( 0)	0 ( 2)	0 ( 0)	0 ( 1)	12 ( 15)
AWAITING INVESTIGATION	3 ( 5)	0 ( 0)	0 ( 4)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 2)	0 ( 0)	0 ( 0)	0 ( 0)	3 ( 11)
AWAITING INVESTIGATION > 120 DAYS	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)
UNDER INVESTIGATION	0 ( 1)	1 ( 1)	0 ( 4)	0 ( 0)	0 ( 0)	0 ( 5)	0 ( 2)	0 ( 0)	0 ( 0)	0 ( 0)	1 ( 13)
UNDER INVESTIGATION > 120 DAYS	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)
INVESTIGATED AND FOUND IN COMPLIANCE	1 ( 3)	0 ( 0)	0 ( 3)	0 ( 1)	0 ( 1)	0 ( 0)	0 ( 3)	0 ( 0)	0 ( 0)	0 ( 1)	1 ( 12)
INVESTIGATED AND FOUND IN NON-COMPLIANCE	0 ( 2)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 2)
PRELIMINARY REPORT COMPLETED	1 ( 6)	0 ( 0)	0 ( 6)	0 ( 1)	0 ( 1)	0 ( 0)	0 ( 3)	0 ( 0)	0 ( 0)	0 ( 1)	1 ( 18)
UNDER NEGOTIATION	0 ( 2)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 2)
UNDER NEGOTIATION > 30 DAYS	0 ( 2)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 2)
RESULTS OF NEGOTIATION (TOTAL)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)	0 ( 0)

	1	2	3	4	5	6	7	8	9	10	TOTAL
VOLUNTARY PLAN SECURED	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
COMPLIANCE ACHIEVED	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
FAILED TO COMPLY	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
FIR COMPLETED	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
CLOSED AT REGION (TOTAL)	( 5 )	( 0 )	( 7 )	( 0 )	( 2 )	( 7 )	( 5 )	( 2 )	( 0 )	( 1 )	( 29 )
SUBSTANTIAL COMPLIANCE	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
CO REFERRAL TO OTHER AGENCY	( 4 )	( 0 )	( 11 )	( 1 )	( 2 )	( 7 )	( 5 )	( 2 )	( 0 )	( 1 )	( 33 )
REFERRED TO CENTRAL OFFICE (TOTAL)	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
FOR ADMINISTRATIVE PROCEDURES	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
FOR REFERRAL TO JUSTICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
FOR REFERRAL TO OTHER FEDERAL AGENCY	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
FOR ADVICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REASONS FOR FOLLOW-UP (TOTAL)	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REQUIREMENT TO DEVELOP AAP	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REQUIREMENT TO IMPLEMENT AAP	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )

	1	2	3	4	5	6	7	8	9	10	TOTAL
MONITORING	0	0	0	0	0	0	0	0	0	0	0
FOLLOW-UP COMPLETED	0	0	0	0	0	0	0	0	0	0	0
RESULTS OF FOLLOW-UP (TOTAL)	0	0	0	0	0	0	0	0	0	0	0
IMPOSITION OF SANCTIONS	0	0	0	0	0	0	0	0	0	0	0
REFERRAL TO JUSTICE	0	0	0	0	0	0	0	0	0	0	0
REFERRAL TO OTHER FEDERAL AGENCY	0	0	0	0	0	0	0	0	0	0	0
IN COMPLIANCE	0	0	0	0	0	0	0	0	0	0	0
COMPLIANCE ACHIEVED	0	0	0	0	0	0	0	0	0	0	0
OPEN AT END OF PERIOD	8	1	5	0	0	0	2	0	0	0	16

FAIR HOUSING AND EQUAL OPPORTUNITY  
EQUAL EMPLOYMENT OPPORTUNITY CONTRACT CLAUSE

## SUMMARY OF COMPLAINT RECEIPTS BY ISSUE AND BASIS, OCT 01, 1978 - JUL 31, 1979

ISSUE OF COMPLAINT CODE DESCRIPTION	RACE	COLOR	NATIONAL ORIGIN	SEX	RELIGION	TOTAL
700 DISCRIMINATION IN EMPLOYMENT	13	0	0	5	1	19
702 DISCRIMINATION IN PROMOTION	3	0	0	3	0	6
703 DISCRIMINATION IN JOB ASSIGNMENT	0	0	1	0	0	1
704 DISCRIMINATION IN CONDITIONS OF EMPLOYMENT	4	0	0	2	0	6
705 DISCRIMINATION IN SELECTION FOR TRAINING	0	0	0	0	0	0
706 DISCRIMINATION IN LAYOFF OR TERMINATION POLICY	7	0	0	0	0	7
707 DISCRIMINATION IN RATES OF PAY OR COMPENSATION	2	0	0	0	0	2
708 DISCRIMINATION IN RECRUITMENT POLICY	0	0	0	0	0	0
709 OTHER	1	0	0	0	0	1
TOTAL ALL EMPLOYMENT ISSUES (INCLUDES 700 - 709)	30	0	1	10	1	42

## FAIR HOUSING AND EQUAL OPPORTUNITY

## EEO CONTRACT CLAUSE COMPLAINT AGING REPORT THROUGH JUL 31, 1979

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REGION	OPEN FROM 1 - 30 DAYS	OPEN FROM 31 - 60 DAYS	OPEN FROM 61 - 90 DAYS	OPEN FROM 91 - 120 DAYS	OPEN FROM 121 - 150 DAYS	OPEN FROM 151 - 180 DAYS	OPEN MORE THAN 180 DAYS	TOTAL CASES OPEN
1	2	1	1	3	2	1	2	12
2	1							1
3	4						2	6
4						1	8	16
5		3	3	1			1	3
6	2							2
7			2					
8							1	1
9								
10								
TOTAL	9	4	6	4	2	2	14	41
% OF TOTAL	21.9	9.7	14.6	9.7	4.8	4.8	34.1	100.0

## FAIR HOUSING AND EQUAL OPPORTUNITY

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## EEO CONTRACT CLAUSE COMPLIANCE REVIEW AGING REPORT THROUGH JUL 31, 1979

REGION	OPEN FROM 1 - 30 DAYS	OPEN FROM 31 - 60 DAYS	OPEN FROM 61 - 90 DAYS	OPEN FROM 91 - 120 DAYS	OPEN FROM 121 - 150 DAYS	OPEN FROM 151 - 180 DAYS	OPEN MORE THAN 180 DAYS	TOTAL CASES OPEN
1	3	1		1	2		1	8
2	1							1
3		2		1			2	5
4								
5								
6								
7							2	2
8								
9								
10								
TOTAL	4	3		2	2		5	16
% OF TOTAL	25.0	18.7	0.0	12.5	12.5	0.0	31.2	100.0

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## FAIR HOUSING AND EQUAL OPPORTUNITY

LAPSE TIME ANALYSIS OF CLOSED CASES FOR THE PERIOD JUL 01, 1979 THROUGH JUL 31, 1979

## EEO CONTRACT CLAUSE COMPLAINTS

REGION	CLOSED IN 30 DAYS OR LESS	CLOSED IN 31 - 60 DAYS	CLOSED IN 61 - 90 DAYS	CLOSED IN 91 - 120 DAYS	CLOSED IN 121 - 150 DAYS	CLOSED IN 151 - 180 DAYS	CLOSED IN MORE THAN 180 DAYS	TOTAL CASES CLOSED
1							1	1
2								
3								
4								
5								
6								
7								
8								
9							1	1
10								
TOTAL							2	2
% OF TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0

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Appendix 2



## FAIR HOUSING AND EQUAL OPPORTUNITY

LAPSE TIME ANALYSIS OF CLOSED CASES FOR THE PERIOD JUL 01, 1979 THROUGH JUL 31, 1979

## EEO CONTRACT CLAUSE COMPLIANCE REVIEWS

R E G I O N	CLOSED IN 30 DAYS OR LESS	CLOSED IN 31 - 60 DAYS	CLOSED IN 61 - 90 DAYS	CLOSED IN 91 - 120 DAYS	CLOSED IN 121 - 150 DAYS	CLOSED IN 151 - 180 DAYS	CLOSED IN MORE THAN 180 DAYS	T O T A L C A S E S C L O S E D
1	1							1
2								
3								
4								
5								
6								
7								
8								
9								
10								
T O T A L	1							1
% OF TOTAL	100.0	0.0	0.0	0.0	0.0	0.0	0.0	1 0 0 . 0

## FAIR HOUSING AND EQUAL OPPORTUNITY

8/07/79

PAGE 1

## SECTION 3 OF THE HOUSING AND URBAN DEVELOPMENT ACT OF 1968

STATUS SUMMARY OF COMPLAINTS, JUL 01, 1979 - JUL 31, 1979  
 (STATUS SUMMARY OF COMPLAINTS, OCT 01, 1978 - JUL 31, 1979)

## R E G I O N

	1	2	3	4	5	6	7	8	9	10	TOTAL
RECEIVED	0	0	0	0	0	0	0	0	0	0	0
ON HAND BEG OF PERIOD	0	0	2	0	0	0	1	0	1	0	4
AWAITING INVESTIGATION	0	0	1	0	0	0	1	0	1	0	3
AWAITING INVESTIGATION > 30 DAYS	0	0	1	0	0	0	1	0	1	0	3
UNDER INVESTIGATION	0	0	1	0	0	0	0	0	0	0	1
UNDER INVESTIGATION > 30 DAYS	0	0	1	0	0	0	0	0	0	0	1
INVESTIGATED AND FOUND IN COMPLIANCE	0	0	0	0	0	0	0	0	0	0	0
UNDER NEGOTIATION	0	0	0	0	0	0	0	0	0	0	0
UNDER NEGOTIATION > 30 DAYS	0	0	0	0	0	0	0	0	0	0	0
RESULTS OF NEGOTIATION (TOTAL)	0	0	0	0	0	0	0	0	0	0	0
IN COMPLIANCE	0	0	0	0	0	0	0	0	0	0	0
NON-COMPLIANCE	0	0	0	0	0	0	0	0	0	0	0
COMPLIANCE FAILED	0	0	0	0	0	0	0	0	0	0	0

	1	2	3	4	5	6	7	8	9	10	TOTAL
FIR COMPLETED	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 6 )
SHOW CAUSE NOTICES ISSUED	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
CLOSED AT REGION (TOTAL)	( 0 )	( 4 )	( 1 )	( 0 )	( 0 )	( 1 )	( 0 )	( 0 )	( 1 )	( 0 )	( 7 )
ALLEGATION NOT SUPPORTED	( 0 )	( 3 )	( 1 )	( 0 )	( 0 )	( 1 )	( 0 )	( 0 )	( 1 )	( 0 )	( 6 )
REQUISITE INFO FROM GRIEVANT LACKING	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
LACK OF JURISDICTION	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
TRANSFERRED TO EO 11246	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
TRANSFERRED TO OTHER AUTHORITY	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
CONCILIATED SUCC.-- RELIEF & AFF ACTION	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
CONCILIATED SUCC.-- NO RELIEF	( 0 )	( 1 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 1 )
CONCILIATION EFFORTS UNSUCCESSFUL	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRED TO CENTRAL OFFICE (TOTAL)	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
ENFORCEMENT PRO- CEEDINGS	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO LABOR	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO JUSTICE	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
REFERRAL TO OTHER AGENCY	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )

EO2ATC-A (FORMAT 4-1)	8/07/79										PAGE 3
	1	2	3	4	5	6	7	8	9	10	TOTAL
OTHER RECOMMENDATION	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	0
OPEN AT END OF PERIOD	( 0 )	( 0 )	( 3 )	( 0 )	( 0 )	( 0 )	( 1 )	( 0 )	( 1 )	( 0 )	5

## SECTION 3 OF THE HOUSING AND URBAN DEVELOPMENT ACT OF 1968

STATUS SUMMARY OF COMPLIANCE REVIEWS, JUL 01, 1979 - JUL 31, 1979  
(STATUS SUMMARY OF COMPLIANCE REVIEWS, OCT 01, 1978 - JUL 31, 1979)

## R E G I O N

	1	2	3	4	5	6	7	8	9	10	TOTAL
OPENED											
ON HAND BEGINNING OF PERIOD											
AWAITING INVESTIGATION											
AWAITING INVESTIGATION > 30 DAYS											
UNDER INVESTIGATION											
UNDER INVESTIGATION > 30 DAYS											
INVESTIGATED AND FOUND IN COMPLIANCE											
UNDER NEGOTIATION											
UNDER NEGOTIATION > 30 DAYS											
NEGOTIATION RESULTS											
IN COMPLIANCE (1)											
NON COMPLIANCE (2)											
COMPLIANCE FAILED (3)											
FIR COMPLETED											

8/80

	1	2	3	4	5	6	7	8	9	10	TOTAL
SHOW CAUSE NOTICES ISSUED											
CLOSED AT REGION (TOTAL)											
IN COMPLIANCE											
NON-COMPLIANCE AFTER RE-REVIEW											
COMPLIANCE ACHIEVED DURING SHOW CAUSE											
NOT IN COMPLIANCE AFTER SHOW CAUSE											
REFERRED TO CO (TOTAL)											
ENFORCEMENT PROCEEDINGS											
REFERRAL TO LABOR											
REFERRAL TO JUSTICE											
REFERRAL TO OTHER FED AGENCY											
OTHER RECOMMENDATION											
OPEN AT END OF PERIOD											

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8000.2  
Appendix 2

## SECTION 3 COMPLAINT AGING REPORT THROUGH MAR 09, 1979

R E G I O N	OPEN FROM 1 - 30 DAYS		OPEN FROM 31 - 60 DAYS		OPEN FROM 61 - 90 DAYS		OPEN FROM 91 - 120 DAYS		OPEN FROM 121 - 150 DAYS		OPEN FROM 151 - 180 DAYS		OPEN MORE THAN 180 DAYS		T O T A L C A S E S O P E N	

1

2

3

4

5

6

7

8

9

10

T O T A L

% OF TOTAL

8000.2  
Appendix 2





SECTION 5 COMPLAINTS CLOSED AGING REPORT FROM JAN 31, 1974 TO MAY 30, 1978

LEGION	CLOSED IN		CLOSED IN		CLOSED IN		CLOSED IN		CLOSED IN MORE		TOTAL	
	51-60	DAYS	61-90	DAYS	91-120	DAYS	121-150	DAYS	151-180	DAYS	CASES	CLOSED
1											1	1
2											1	1
3												
4											1	1
5											1	2
6												
7												
8			1				1				1	3
9									1		1	1
10			1				1		1	2	2	4
TOTAL			2		1		1		2		7	13
OF TOTAL	00.0		15.5		07.5		07.5		15.3		53.3	100.0

8/80

SECTION 5 COMPLIANCE REVIEWS CLOSED AGING REPORT FROM JAN 31, 1974 TO MAY 30, 1978

REGION	CLOSED IN 51 - 60 DAYS		CLOSED IN 61 - 90 DAYS		CLOSED IN 91 - 120 DAYS		CLOSED IN 121 - 150 DAYS		CLOSED IN 151 - 180 DAYS		CLOSED IN MORE THAN 180 DAYS		TOTAL CASES	CLOSED
	DAYS	OR LESS	DAYS	OR LESS	DAYS	OR LESS	DAYS	OR LESS	DAYS	OR LESS	DAYS	OR LESS		
1													22	
2														
3													3	
4														
5													1	
6														
7														
8													337	
9														
10														
TOTAL	1		1		18		11		16		316		353	
OF TOTAL	00.0		00.2		04.9		03.0		04.4		87.0		100.0	

8000.2  
Appendix 2

Report Identification: EO2AKC-A (Format 1-3)

Title: Title VIII of the Civil Rights Act of 1968  
Executive Order 11063  
Status Summary of Open Complaints

Purpose: To provide for each region a summary of the status of the Title VIII and EO 11063 complaint workload and a detail analysis of the status of open complaints.

Source Document: HUD 930.1A - Regional Monthly Status Summary of Complaints Received - Title VIII of the CRA of 1968 and Executive Order 11063.

Definition of Stub Items:

1. RECEIVED

Total number of complaints with an Authority Code of 200 or 260 and a Received date which is within the period specified in the title.

2. ON HAND BEGINNING OF PERIOD

Total number of complaints with an Authority Code of 200 or 260, a Received date which is earlier than the beginning of the period specified in the title, and a Closed date which is blank or on or after the beginning of the period specified in the title.

3. COMPLAINTS RE-OPENED

Total number of complaints with an Authority Code of 200 or 260, a Received date which is within the period specified in the title, and a "1" or "2" in the Special Indicator field.

4. AWAITING ASSIGNMENT TO INVESTIGATION

Total number of open complaints with an Authority Code of 200 or 260, which are not at a state or local agency, and which have an Assigned To Investigation field which contains a blank or a date later than the end of the period specified in the title.

Note A: A complaint is open if the Received date is earlier than the end of the period specified in the title and the Closed date is blank or later than the end of the period specified in the title.

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APPENDIX 3

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Note B: A complaint is defined as "not at a state or local agency" if a) the Referral date is blank or later than the end of the period specified in the title or b) the Referral date is not blank and the Recalled date is not later than the end of the period specified in the title.

5. AWAITING INVESTIGATION

Total number of open complaints with an Authority Code of 200 or 260, which are not at a state or local agency, which have an Assigned To Investigation date which is not later than the end of the period specified in the title, and which have an Investigation Commenced field which is blank or later than the end of the period specified in the title.

6. AWAITING INVESTIGATION MORE THAN 30 DAYS

Total number of open complaints with an Authority Code of 200 or 260, which are not at a state or local agency, which are awaiting investigation as defined in 5 above, and which have a Received date which is more than 30 days earlier than the end of the period specified in the title.

7. AWAITING INVESTIGATION MORE THAN 90 DAYS

Total number of open complaints with an Authority Code of 200 or 260, which are not at a state or local agency, which are awaiting investigation as defined in 5 above, and which have a Received date which is more than 90 days earlier than the end of the period specified in the title.

8. UNDER INVESTIGATION

Total number of open complaints with an Authority Code of 200 or 260, which are not at a state or local agency, which have a date in Investigation Commenced which is not later than the end of the period specified, and which have no date in Investigation Completed as of the end of the period specified in the title.

9. UNDER INVESTIGATION MORE THAN 30 DAYS

Total number of complaints under investigation as defined in 8 above which have an Investigation Commenced date which is more than 30 days earlier than the end of the period specified in the title.

10. UNDER INVESTIGATION MORE THAN 90 DAYS

Total number of complaints under investigation as defined in 8 above which have an Investigation Commenced date which is more than 90 days earlier than the end of the period specified in the title.

11. INVESTIGATION COMPLETED

Total number of complaints with an Authority Code of 200 or 260, which have an Investigation Completed date which is within the range of the period specified in the title.

12. INVESTIGATION COMPLETED IN 30 DAYS

Total number of investigation completed as defined in 11 above and which have an Investigation Completed date which is no more than 30 days later than the Received date.

13. NUMBER OF DETERMINATIONS TO RESOLVE BY DIRECTOR, REGIONAL/FHEO

Total number of complaints with an Authority Code of 200 or 260 which have a date in the Determination by Director, Regional/FHEO field that falls within the period specified in the title, and have a "1" in the Resolution Code.

14. NUMBER OF DETERMINATIONS NOT TO RESOLVE BY DIRECTOR, REGIONAL/FHEO

Total number of complaints with an Authority Code of 200 or 260 which have a date in the Determination by Director, Regional/FHEO field that falls within the period specified in the title, and which have a "2" in the Resolution Code.

15. AWAITING CONCILIATION

Total number of open complaints with an Authority Code of 200 or 260, not at a State or local agency which have a) a date in Determination by Director, REGIONAL/FHEO which is not later than the end of the period specified in the title and b) no date in Conciliation Commenced or whose Conciliation Commenced date is later than the end of the period specified in the title.

APPENDIX 3

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## 16. IN CONCILIATION MORE THAN 30 DAYS

Total number of open complaints with an Authority Code of 200 or 260 which have a Conciliation Commenced date that is not later than the end of the period specified in the title, and no Conciliation Completed date as of the end of the period specified, and which have a Conciliation Commenced date that is more than 30 days earlier than the end of the period specified in the title.

## 17. CONCILIATION COMPLETED

Total number of complaints with an Authority Code of 200 or 260 which have a Conciliation Completed date which falls within the period specified in the title.

## 18. REFERRED TO STATE/LOCAL AGENCIES

Total number of complaints with an Authority Code of 200 or 260 which have a Referral date which falls within the period specified in the title.

## 19. OPEN AT REFERRAL AGENCIES

Total number of open complaints with an Authority Code of 200 or 260 which have a) a Referral date which is not later than the end of the period specified in the title and b) no Recalled date on a Recalled date which is later than the end of the period specified in the title.

## 20. OPEN AT REFERRAL AGENCIES 30-59 DAYS

Total number of complaints open at referral agencies as defined in 19 above and which have a Referral date which is 30 to 59 days earlier than the end of the period specified in the title.

## 21. 30-DAY STATUS CHECKS MADE

Total number of complaints with an Authority Code of 200 or 260 which have a 30-Day Status Check date which is within the period specified in the title.

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22. OPEN AT REFERRAL AGENCIES 60-89 DAYS

Total number of complaints open at referral agencies as defined in 19 above and which have a Referral date which is 60-89 days earlier than the end of the period specified in the title.

23. 60-DAY STATUS CHECKS MADE

Total number of complaints with an Authority Code of 200 or 260 which have a 60-Day Status Check date which is within the period specified in the title.

24. OPEN AT REFERRAL AGENCIES 90 DAYS (OR MORE)

Total number of complaints open at referral agencies as defined in 19 above and which have a Referral date which is 90 days or more earlier than the end of the period specified in the title.

25. 90-DAY STATUS CHECKS MADE

Total number of complaints with an Authority Code of 200 or 260 which have a 90-Day Status Check date which is within the period specified in the title.

26. COMPLAINTS RECALLED

Total number of complaints with an Authority Code of 200 or 260 which have a Recalled date which falls within the period specified in the title.

27. COMPLAINTS CLOSED

Total number of complaints with an Authority Code of 200 or 260 which have a Closed date which is within the period specified in the title.

28. OPEN AT END OF PERIOD

Total number of complaints with an Authority Code of 200 or 260 which have a Received date which is not later than the end of the period specified in the title and which have no Closed date or a Closed date which is later than the end of the period specified in the title.

## APPENDIX 3

Report Identification EO2ALC - A (Format 1-4)

Title: Title VIII of the Civil Rights Act of 1968  
Summary of Closed Complaints

Purpose: To provide for each region a detailed analysis of Title VIII  
and EO 11063 complaint closure activity

Source Document: HUD 930.1A - Regional Monthly Status Summary of Complaints  
Received - Title VIII of the CRA of 1968 and Executive  
Order 11063.

Definition of Stub Items:

1. COMPLAINTS CLOSED (TOTAL)

Total number of complaints with an Authority Code of 200 or 260,  
which have a Closed date within the period specified in the  
title.

2. BY HUD (TOTAL)

Total number of complaints with an Authority Code of 200 or 260,  
which have a Closed date within the period specified in the  
title and a "1" in the leftmost position of Closing Code.

3. USING ACCELERATED PROCESSING

Total number of complaints with an Authority Code of 200 or 260,  
which have a Closed date within the period specified in the  
title and a "4" in the leftmost position of Closing Code.

4. BY STATE/LOCAL AGENCIES

Total number of complaints with an Authority Code of 200 or 260,  
which have a Closed date within the period specified in the  
title and a "2" or "3" in the leftmost position of Closing Code.

5. HUD CLOSURES BY LAST PROCESSING STAGE COMPLETED

Total number of complaints with an Authority Code of 200 or 260,  
which have a Closed date within the period specified in the  
title, a "1" or "4" in the leftmost position of Closing Code,  
and which contain the following values in the second position  
of Closing Code:

- a. PRIOR TO ASSIGNMENT TO INVESTIGATION - "1"
- b. PRIOR TO COMMENCEMENT OF INVESTIGATION - "2"
- c. PRIOR TO COMPLETION OF INVESTIGATION - "3"
- d. PRIOR TO DETERMINATION (FIR) - "4"
- e. PRIOR TO DETERMINATION (NO FIR) - "5"



- f. PRIOR TO COMMENCEMENT OF CONCILIATION - "6"
- g. PRIOR TO COMPLETION OF CONCILIATION - "7"
- h. AFTER COMPLETION OF CONCILIATION - "8"

6. HUD CLOSURES BY TYPE OF CLOSURE

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a, "1" or "4" in the leftmost position of Closing Code, and which contain the following values in the two rightmost positions of Closing Code:

- a. DISMISSED LACK OF JURISDICTION - "11"
- b. JURISDICTION TRANSFERRED TO TITLE VI - "12"
- c. TRANSFERRED TO EO 11063 - "13"
- d. TRANSFERRED TO OTHER AUTHORITY - "14"
- e. TRANSFERRED TO OTHER REGION - "15"
- f. TITLE IX, REFERRAL TO JUSTICE - "16"
- g. SUBTOTAL

Total number of complaints contained in a through f above

- h. CANNOT LOCATE COMPLAINANT - "21"
- i. FAILED TO FURNISH INFORMATION - "22"
- j. WITHDRAWN WITHOUT RESOLUTION - "23"
- k. WITHDRAWN AFTER RESOLUTION - "24"
- l. REQUESTED CLOSURE-COURT ACTION PLANNED - "25"
- m. UNABLE TO IDENTIFY RESPONDENT - "26"
- n. SUBTOTAL

Total number of complaints contained in h through m above

- o. ALLEGATION NOT SUPPORTED - "31"
- p. RECOMMENDED REFERRAL TO JUSTICE (PATTERN OR PRACTICE) - "41"
- q. RECOMMENDED REFERRAL TO JUSTICE (OTHER) - "42"
- r. REFERRED TO HEADQUARTERS (OTHER) - "43"
- s. SUBTOTAL

Total number of complaints contained in o through r above

## 7. HUD CONCILIATION EFFORTS (TOTAL)

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "1" or "4" in the leftmost position of Closing Code, and which contain the following values in the two rightmost positions of Closing Code:

- a. SUCCESSFUL, AGREEMENT WITH FOLLOW-UP - "55"
- b. SUCCESSFUL, NO FOLLOW-UP - "56"
- c. SUCCESSFUL, NO AGREEMENT BUT WITH FOLLOW-UP - "57"
- d. SUCCESSFUL, NO AGREEMENT, NO FOLLOW-UP - "58"
- e. SUBTOTAL

Total number of complaints contained in a through d above

- f. UNSUCCESSFUL, COURT ACTION - "51"
- g. UNSUCCESSFUL, RECOMMENDED REFERRAL TO JUSTICE - "52"
- h. UNSUCCESSFUL, OTHER ACTION - "53"
- i. UNSUCCESSFUL, NO FURTHER ACTION - "54"
- j. SUBTOTAL

Total number of complaints contained in f through i above

## 8. CASES IN WHICH RELIEF WAS OBTAINED

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "1" or "4" in the leftmost position of Closing Code, and a "1", "2", "3", "4", "5", "6", "7", or "8" in Relief Code.

## 9. CONCILIATION BUT NO RELIEF

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "1" or "4" in the leftmost position of Closing Code, a "55", "56", "57", or "58", in the two rightmost positions of Closing Code, and a zero or blank in Relief Code.

## 10. SUMMARY OF RELIEF OBTAINED

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "1" or "4" in the leftmost position of Closing Code, and which contain the following values in Relief Code:

- a. HOUSING, CONTESTED UNIT - "1", "5", "6", or "8"
- b. HOUSING, FOR OTHER MINORITY - "2"
- c. AFFIRMATIVE ACTION - "3", "5", "7" or "8"
- d. OTHER RELIEF - "4", "6", "7", or "8"

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11. MONETARY COMPENSATION AWARDED

Sum of the dollar values contained in the Compensation field of those complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, and a "1" or "4" in the leftmost position of Closing Code.

12. REFERRAL AGENCY CONCILIATION EFFORTS

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "2" or "3" in the leftmost position of Closing Code, and which contain the following values in the two rightmost positions of Closing Code:

- a. SUCCESSFUL, AGREEMENT WITH FOLLOW-UP - "55"
- b. SUCCESSFUL, NO FOLLOW-UP - "56"
- c. SUCCESSFUL, NO AGREEMENT BUT WITH FOLLOW-UP - "57"
- d. SUCCESSFUL, NO AGREEMENT, NO FOLLOW-UP - "58"
- e. SUBTOTAL

Total number of complaints contained in a through d above

- f. UNSUCCESSFUL, COURT ACTION - "51"
- g. UNSUCCESSFUL, RECOMMENDED REFERRAL TO JUSTICE - "52"
- h. UNSUCCESSFUL, OTHER ACTION - "53"
- i. UNSUCCESSFUL, NO FURTHER ACTION - "54"
- j. SUBTOTAL

Total number of complaints contained in f through i above

13. CASES IN WHICH RELIEF WAS OBTAINED

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "2" or "3" in the leftmost position of Closing Code, and a "1", "2", "3", "4", "5", "6", "7", or "8" in Relief Code.

14. CONCILIATION BUT NO RELIEF

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "2" or "3" in the leftmost position of Closing Code, a "55", "56", "57", or "58" in the two rightmost positions of Closing Code, and a zero or blank in Relief Code.

APPENDIX 3

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## 15. SUMMARY OF RELIEF OBTAINED

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "2" or "3" in the leftmost position of Closing Code, and which contain the following values in Relief Code:

- a. HOUSING, CONTESTED UNIT - "1", "5", "6", or "8"
- b. HOUSING, FOR OTHER MINORITY - "2"
- c. AFFIRMATIVE ACTION - "3", "5", "7", or "8"
- d. OTHER RELIEF - "4", "6", "7", or "8"

## 16. MONETARY COMPENSATION AWARDED

Sum of the dollar value contained in the Compensation field of those complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, and a "1" or "4" in the leftmost position of Closing Code.

## 17. TOTAL CONCILIATION EFFORTS

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "1", "2", "3", or "4" in the leftmost position of Closing Code, and which contain the following values in the two rightmost positions of Closing Code:

- a. SUCCESSFUL, AGREEMENT WITH FOLLOW-UP - "55"
- b. SUCCESSFUL, NO FOLLOW-UP - "56"
- c. SUCCESSFUL, NO AGREEMENT BUT WITH FOLLOW-UP - "57"
- d. SUCCESSFUL, NO AGREEMENT, NO FOLLOW-UP - "58"
- e. SUBTOTAL

- Total number of complaints contained in a through d above
- f. UNSUCCESSFUL, COURT ACTION - "51"
- g. UNSUCCESSFUL, RECOMMENDED REFERRAL TO JUSTICE - "52"
- h. UNSUCCESSFUL, OTHER ACTION - "53"
- i. UNSUCCESSFUL, NO FURTHER ACTION - "54"
- j. SUBTOTAL

Total number of complaints contained in f through i above

## 18. CASES IN WHICH RELIEF WAS OBTAINED

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "1", "2", "3", or "4" in the leftmost position of Closing Code, and a "1", "2", "3", "4", "5", "6", "7", or "8" in Relief Code.

## 19. CONCILIATION BUT NO RELIEF

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "1" or "4" in the leftmost position of Closing Code, a "55", "56", "57", or "58" in the two rightmost positions of Closing Code, and a zero or blank in Relief Code.

## 20. SUMMARY OF RELIEF OBTAINED

Total number of complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, a "1", "2", "3", or "4" in the leftmost position of Closing Code, and which contain the following values in Relief Code:

- a. HOUSING, CONTESTED UNIT - "1", "5", "6", or "8"
- b. HOUSING, FOR OTHER MINORITY - "2"
- c. AFFIRMATIVE ACTION - "3", "5", "7", or "8"
- d. OTHER RELIEF - "4", "6", "7", or "8"

## 21. MONETARY COMPENSATION AWARDED

Sum of the dollar value contained in the Compensation field of those complaints with an Authority Code of 200 or 260, which have a Closed date within the period specified in the title, and a "1", "2", "3", or "4" in the leftmost position of Closing Code.

APPENDIX 3

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Report Identification: EO2AMC (Format 1-5)

Title: Title VIII of the Civil Rights Act of 1968  
Executive Order 11063

Affirmative Fair Housing Marketing Regulation  
Status Summary of Compliance Reviews

Purpose: To provide for each region an analysis of compliance review activity under Title VIII, EO 11063 and AFHM.

Source Document: HUD 930.1B - Regional Monthly Status Summary of Compliance Reviews - Title VIII of CRA of 1968 and Affirmative Fair Housing Marketing.

Definition of Stub Items:

1. OPENED

Total number of compliance reviews by Authority Code which have a Compliance Review Opened date which is within the period specified in the title.

2. REASONS FOR DETERMINATIONS TO REVIEW

Total number of compliance reviews with an Authority Code of 211, 212, 213, 251, 252, 253, 254 or 261 which have a Compliance Review Opened date which is within the period specified in the title and which have the following values in Determination Code:

- a. REGULARLY SCHEDULED - "01"
- b. INITIATED BY COMPLAINT - "02"
- c. REQUESTED BY AREA/SERVICE OFFICE - "03"
- d. REQUESTED BY DIRECTOR, REGIONAL FHEO, FAILURE TO REPORT - "04"
- e. REQUESTED BY DIRECTOR, REGIONAL FHEO, AFTER SHOW CAUSE - "05"
- f. REQUESTED BY DIRECTOR, REGIONAL FHEO, OTHER - "06"
- g. REQUESTED BY AS/FHEO - "07"

3. ON HAND BEGINNING OF PERIOD

Total number of compliance reviews by Authority Code which have a Compliance Review Opened date which is earlier than the beginning of the period specified in the title, and a Closed date which is blank or on or after the beginning of period specified in the title.

## 4. FOLLOW-UP MEETINGS CONDUCTED

Total number of compliance reviews with a Follow-up Meeting date which falls within the period specified in the title.

## 5. REVIEWS COMMENCED

Total number of compliance reviews with a Review Commenced date which falls within the period specified in the title.

## 6. UNDER REVIEW MORE THAN 30 DAYS

Total number of compliance reviews with a Compliance Review Opened date which is earlier than the end of the period specified in the title, a Closed date which is blank or later than the end of the period specified in the title, a Review Commenced date which is not later than the end of the period specified, no date in Review Completed as of the end of the period specified, and a Review Commenced date which is more than 30 days earlier than the end of the period specified in the title.

## 7. UNDER REVIEW MORE THAN 60 DAYS

Total number of compliance reviews with a Compliance Review Opened date which is earlier than the end of the period specified in the title, a Closed date which is blank or later than the end of the period specified in the title, a Review Commenced date which is not later than the end of the period specified, no date in Review Completed as of the end of the period specified, and a Review Commenced date which is more than 60 days earlier than the end of the period specified in the title.

## 8. REVIEWS COMPLETED

Total number of compliance reviews with a Review Completed date which falls within the period specified in the title.

## 9. DETERMINATION BY DIRECTOR, REGIONAL/FHEO

Total number of compliance reviews with a Determination date which falls within the period specified in the title.

## 10. CONCILIATION CONFERENCES COMPLETED

Total number of compliance reviews with a Conciliation Conference date which falls within the period specified in the title.

## 11. RE-REVIEWS WITHIN TWO YEARS

Total number of compliance reviews with a Date of Last Review which is no more than two years earlier than the Review Commenced date.

## 12. TITLE VIII:

The following applies to compliance review with an Authority Code of 211, 212, or 213.

## COMPLIANCE REVIEW CLOSED-TOTAL

Total number of Title VIII compliance reviews with a Closed date within the period specified in the title and the following values in Closing Code:

- a. NO VIOLATIONS FOUND - "1100"
- b. SUCCESSFUL RESOLUTION - "1200"
- c. NON-COMPLIANCE, TRANSFER TO OTHER AUTHORITY - "1300"
- d. NON-COMPLIANCE, RECOMMENDED REFERRAL TO JUSTICE - "1400"
- e. NON-COMPLIANCE, RECOMMENDED FOR SANCTIONS - "1500"
- f. NON-COMPLIANCE, OTHER - "1600"
- g. COMPLIANCE OBTAINED, NO CORRECTIVE ACTION - "1700"
- h. COMPLIANCE OBTAINED, ADDITIONAL CORRECTIVE ACTION - "1800"
- i. NON-COMPLIANCE AFTER ATTEMPT TO RECONCILIATE - "1900"

## 13. AFFIRMATIVE MARKETING:

The following applies to compliance reviews with an Authority Code of 251, 252, 253, or 254.

## COMPLIANCE REVIEWS CLOSED - TOTAL

Total number of Affirmative Marketing compliance reviews with a Closed date within the period specified in the title and the following values in Closing Code:



- a. NO VIOLATIONS FOUND - "1100"
- b. SUCCESSFUL RESOLUTION - "1200"
- c. NON-COMPLIANCE TRANSFER TO OTHER AUTHORITY - "1300"
- d. NON-COMPLIANCE, RECOMMENDED REFERRAL TO JUSTICE - "1400"
- e. NON-COMPLIANCE, RECOMMENDED FOR SANCTIONS - "1500"
- f. NON-COMPLIANCE, OTHER - "1600"
- g. NON-COMPLIANCE, PLAN ADJUSTMENT - "2000"

14. EO 11063

The following applies to compliance reviews with an Authority Code of 261.

COMPLIANCE REVIEWS CLOSED - TOTAL

Total number of EO 11063 compliance reviews with a Closed date within the period specified in the title and the following values in Closing Code:

- a. NO VIOLATIONS FOUND - "1100"
- b. SUCCESSFUL RESOLUTION - "1200"
- c. NON-COMPLIANCE, TRANSFER TO OTHER AUTHORITY - "1300"
- d. NON-COMPLIANCE, RECOMMENDED REFERRAL TO JUSTICE - "1400"
- e. NON-COMPLIANCE, RECOMMENDED FOR SANCTIONS - "1500"
- f. NON-COMPLIANCE, OTHER - "1600"

15. OPEN AT END OF PERIOD

Total number of compliance reviews by Authority Code which have a Compliance Review Opened date which is not later than the end of the period specified in the title and which have no Closed date or a Closed date which is later than the end of the period specified in the title.

Report Identification: EO2ANC (Format 2-1)

Title: Title VI of the Civil Rights Act of 1964  
Section 109  
Title I of the Housing and Community Development Act of 1974  
Status Summary of Complaints

Purpose: To provide for each region an analysis of complaint activity under Title VI and Section 109.

Source Document: HUD 930.2 - Regional Monthly Status Summary of Complaints Received and Compliance Reviews Conducted- Title VI of the Civil Rights Act of 1964 and Section 109 of the Housing and Community Development Act of 1974.

Definition of Stub Items:

1. RECEIVED

Total number of complaints with an Authority Code of 300 or 350 and a Complaint Received date which is within the period specified in the title.

2. ON HAND BEGINNING OF PERIOD

Total number of complaints with an Authority Code of 300 or 350, a Complaint Received date which is earlier than the beginning of the period specified in the title, and no Closed date or a Closed date which is on or after the beginning of the period specified in the title.

3. AWAITING INVESTIGATION

Total number of open complaints with an Authority Code of 300 or 350, and a Investigation Commenced On Site date which is blank or later than the end of the period specified in the title.

NOTE: A complaint is open if the Complaint Received date is earlier than the end of the period specified in the title and the Closed date is blank or later than the end of the period specified in the title.

4. AWAITING INVESTIGATION MORE THAN 30 DAYS

Total number of complaints awaiting investigation as defined in 3 above and which have a Complaint Received date which is more than 30 days earlier than the end of the period specified in the title.

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## 5. PRELIMINARY REPORT COMPLETED

Total number of complaints with an Authority Code of 300 or 350, which have a Preliminary Report Completed date within the period specified in the title.

## 6. UNDER INVESTIGATION

Total number of open complaints with an Authority Code of 300 or 350, which have an Investigation Commenced On Site date which is not later than the end of the period specified in the title and no entry in Preliminary Report Completed as of the end of the period specified in the title.

## 7. UNDER INVESTIGATION MORE THAN 30 DAYS

Total number of complaints under investigation as defined in 6 above and which have an Investigation Commenced On Site date which is more than 30 days earlier than the end of the period specified in the title.

## 8. INVESTIGATED AND FOUND IN COMPLIANCE

Total number of complaints with an Authority Code of 300 or 350 which have a Preliminary Report Completed date within the period specified in the title and Closing date which is within the period specified in the title, and the Type of Closure contains a "2".

## 9. INVESTIGATED AND FOUND IN NON-COMPLIANCE

Total number of complaints with an Authority Code of 300 or 350 which have a Preliminary Report Completed date within the period specified in the title and the 30-Day Notice field contains a date which is not later than the end of the period specified in the title.

## 10. UNDER NEGOTIATION

Total number of open complaints with an Authority Code of 300 or 350 which have a Negotiations Initiated date which is not later than the end of the period specified in the title and a Results of Negotiation which is blank.

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APPENDIX 3

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## 11. UNDER NEGOTIATIONS MORE THAN 30 DAYS

Total number of complaints under negotiation as defined in 10 above which have a Negotiations Initiated date which is more than 30 days earlier than the end of the period specified in the title.

## 12. RESULT OF NEGOTIATIONS

Total number of complaints with an Authority Code of 300 or 350, which have a Negotiations Initiated date within the range of the period specified in the title and the following values in Results of Negotiations:

- a) COMPLIANCE ACHIEVED - "1"
- b) VOLUNTARY PLAN SECURED - "2"
- c) FAILED TO COMPLY - "3"
- d) INTERIM DEFERRAL - "4"

## 13. FIR COMPLETED

Total number of complaints with an Authority Code of 300 or 350, and an FIR Completed date which is within the period specified in the title.

## 14. CONSEQUENTIAL DEFERRAL

Total number of complaints with an Authority Code of 300 or 350, and a Deferral date which is within the period specified in the title.

## 15. CLOSED AT REGION (TOTAL)

Total number of complaints with an Authority Code of 300 or 350, which have a Closed date within the period specified in the title, and which have the following values in Type of Closure:

- a) LACK OF JURISDICTION - "1"
- b) SUBSTANTIAL COMPLIANCE-IN COMPLIANCE - "2"
- c) **SUBSTANTIAL COMPLIANCE-VOLUNTARY** - "3"
- d) MATTER TO BE HANDLED UNDER TITLE VIII - "4"
- e) MATTER TO BE HANDLED UNDER SECTION 109 - "5"
- f) MATTER TO BE HANDLED UNDER EEO CONTRACT CLAUSE - "6"
- g) MATTER TO BE HANDLED UNDER OTHER AUTHORITY - "7"

## 16. REFERRED TO HEADQUARTERS (TOTAL)

Total number of complaints with an Authority Code of 300 or 350, which have a Referred To Headquarters date within the period specified in the title and which have the following values in Reason for Headquarters Referral:

- a) ADMINISTRATIVE PROCEDURES - "1"
- b) REFERRAL TO JUSTICE - "2"
- c) REFERRAL TO OTHER FEDERAL AGENCY - "3"
- d) FOR ADVICE - "4"

## 17. FOLLOW-UP, REASON FOR

Total number of complaints with an Authority Code of 300 or 350, which have a Follow-up date within the period specified in the title, and which have the following values in the leftmost position of Type of Follow-up:

- a) MONITORING - "1"
- b) AFTER REFERRAL TO HEADQUARTERS - "2"

## 18. FOLLOW-UP, RESULTS OF (TOTAL)

Total number of complaints with an Authority Code of 300 or 350, which have a Follow-up date within the period specified in the title, and which have the following values in the rightmost position of Type of Follow-up:

- a) ADMINISTRATIVE PROCESS - "1"
- b) REFERRAL TO JUSTICE - "2"
- c) REFERRAL TO OTHER FEDERAL AGENCY - "3"
- d) FOR ADVICE - "4"
- e) IN COMPLIANCE - "5"
- f) COMPLIANCE ACHIEVED - "6"
- g) INTERIM DEFERRAL - "7"

## 19. ON HAND AT END OF PERIOD

Total number of complaints with an Authority Code of 300 or 350, which have a Complaint Received date which is not later than the end of the period specified in the title and which have no Closed date or a Closed date which is later than the end of the period specified in the title.

## APPENDIX 3

Report Identification: E02AOC (Format 2-2)

Title: Title VI of the Civil Rights Act of 1964  
Section 109  
Title I of the Housing and Community Development Act of 1974  
Status Summary of Compliance Reviews

Purpose: To provide for each region an analysis of compliance review activity under Title VI and Section 109

Source Document: HUD 930.2 - Regional Monthly Status Summary of Complaints Received and Compliance Reviews Conducted - Title VI of the CRA of 1964 and Section 109 of the Housing and Community Development Act of 1974.

Definition of Stub Items:

1. OPENED

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 and a Compliance Review Opened date which is within the period specified in the title.

2. ON HAND BEGINNING OF PERIOD

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360, a Compliance Review Opened date which is earlier than the beginning of the period specified in the title, and no Closed date or a Closed date which is on or after the beginning of the period specified in the title.

3. AWAITING INVESTIGATION

Total number of open compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 and an Investigation Commenced On Site date which is blank or later than the end of the period specified in the title.

NOTE: A compliance review is open if the Compliance Review Opened date is earlier than the end of the period specified in the title and the Closed date is blank or later than the end of the period specified in the title.

4. AWAITING INVESTIGATION MORE THAN 120 DAYS

Total number of compliance reviews awaiting investigation as defined in 3 above and which a Compliance Review Opened date which is more than 120 days earlier than the end of the period specified in the title.

## 5. PRELIMINARY REPORT COMPLETED

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have a Preliminary Report Completed date within the period specified in the title.

## 6. UNDER INVESTIGATION

Total number of open compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have an Investigation Commenced On Site date which is not later than the end of the period specified in the title and no entry in Preliminary Report Completed as of the end of the period specified in the title.

## 7. UNDER INVESTIGATION MORE THAN 120 DAYS

Total number of compliance reviews under investigation as defined in 6 above and which have an Investigation Commenced On Site date which is more than 120 days earlier than the end of the period specified in the title.

## 8. INVESTIGATED AND FOUND IN COMPLIANCE

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have a Preliminary Report Completed date within the period specified in the title and Closing date which is within the period specified in the title, and the Type of Closure contains a "2".

## 9. INVESTIGATED AND FOUND IN NON-COMPLIANCE

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have a Preliminary Report Completed date within the period specified in the title and the 30 Day Notice field contains a date which is not later than the end of the period specified in the title.

## 10. UNDER NEGOTIATION

Total number of open compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have a Negotiations Initiated date which is not later than the end of the period specified in the title and a Results of Negotiations field which is blank.

APPENDIX 3

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## 11. UNDER NEGOTIATIONS MORE THAN 30 DAYS

Total number of compliance reviews under negotiation as defined in 10 above which have a Negotiations Initiated date which is more than 30 days earlier than the end of the period specified in the title.

## 12. RESULTS OF NEGOTIATIONS

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have a Negotiations Initiated date within the range of the period specified in the title and the following values in Results of Negotiations:

- a) COMPLIANCE ACHIEVED - "1"
- b) VOLUNTARY PLAN SECURED - "2"
- c) FAILED TO COMPLY - "3"
- d) INTERIM DEFERRAL - "4"

## 13. FIR COMPLETED

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360, and an FIR Completed date which is within the period specified in the title.

## 14. CONSEQUENTIAL DEFERRAL

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360, and a Deferral date which is within the period specified in the title.

## 15. CLOSED AT REGION (TOTAL)

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340 or 360 which have a Closed date within the period specified in the title, and which have the following values in Type of Closure:

- a) LACK OF JURISDICTION - "1"
- b) SUBSTANTIAL COMPLIANCE-IN COMPLIANCE - "2"
- c) SUBSTANTIAL COMPLIANCE-VOLUNTARY - "3"
- d) TO BE HANDLED UNDER TITLE VIII - "4"
- e) TO BE HANDLED UNDER SECTION 109 - "5"
- f) TO BE HANDLED UNDER EEO CONTRACT CLAUSE - "6"
- g) TO BE HANDLED UNDER OTHER AUTHORITY - "7"



## 16. REFERRED TO HEADQUARTERS (TOTAL)

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have a Referred To Headquarters date within the period specified in the title and which have the following values in Reason for Headquarters Referral:

- a) ADMINISTRATIVE PROCESS - "1"
- b) REFERRAL TO JUSTICE - "2"
- c) REFERRAL TO OTHER FEDERAL AGENCY - "3"
- d) FOR ADVICE - "4"

## 17. REASON FOR FOLLOW-UP

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have a Follow-up date within the period specified in the title, and which have the following values in the leftmost position of Type of Follow-up:

- a) MONITORING - "1"
- b) AFTER REFERRAL TO HEADQUARTERS - "2"

## 18. RESULTS OF FOLLOW-UP (TOTAL)

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have a Follow-up date within the period specified in the title, and which have the following values in the rightmost position of Type of Follow-up:

- a) ADMINISTRATIVE PROCESS - "1"
- b) REFERRAL TO JUSTICE - "2"
- c) REFERRAL TO OTHER FEDERAL AGENCY - "3"
- d) FOR ADVICE - "4"
- e) IN COMPLIANCE - "5"
- f) COMPLIANCE ACHIEVED - "6"
- g) INTERIM DEFERRAL - "7"

## 19. OPEN AT END OF PERIOD

Total number of compliance reviews with an Authority Code of 310, 320, 330, 340, or 360 which have a Compliance Review Opened date which is not later than the end of the period specified in the title and which have no Closed date or a Closed date which is later than the end of the period specified in the title.

Report Identification: EO2AQC - A (Format 3-1)

Title: Equal Employment Opportunity Contract Clause  
Status Summary of Complaints

Purpose: To provide for each region an analysis of complaint activity under the EEO Contract Clause provision.

Source Document: HUD 930.3 - Regional Monthly Status Summary - Equal Employment Opportunity Contract Clause

Definition of Stub Items:

1. RECEIVED

Total number of complaints with an Authority Code of 380, and a Complaint Received date which is within the period specified in the title.

2. ON HAND BEGINNING OF PERIOD

Total number of complaints with an Authority Code of 380, a Complaint Received date which is earlier than the beginning of the period specified in the title, and a Closed date which is blank or on or after the beginning of the period specified in the title.

3. AWAITING INVESTIGATION

Total number of open complaints with an Authority Code of 380, and an Investigation Commenced On Site date which is blank or later than the end of the period specified in the title.

Note: A complaint is open if the Complaint Received date is earlier than the end of the period specified in the title and the Closed date is blank or later than the end of the period specified in the title.

4. AWAITING INVESTIGATION MORE THAN 30 DAYS

Total number of complaints awaiting investigation as defined in 3 above and which have a Complaint Received date which is more than 30 days earlier than the end of the period specified in the title.

## 5. UNDER INVESTIGATION

Total number of open complaints with an Authority Code of 380, which have an Investigation Commenced On Site date which is not later than the end of the period specified in the title and no entry in Preliminary Report Completed as of the end of the period specified in the title.

## 6. UNDER INVESTIGATION MORE THAN 30 DAYS

Total number of complaints under investigation as defined in 5 above which have an Investigation Commenced On Site date which is more than 30 days earlier than the end of the period specified in the title.

## 7. INVESTIGATED AND FOUND IN COMPLIANCE

Total number of complaints with an Authority Code of 380, which have a Preliminary Report Completed date within the period specified in the title, a Negotiations Initiated date which is blank, a Closed date which is not later than the end of the period specified in the title, and a Type of Closure equal to "1".

or

Total number of complaints with an Authority Code of 380, which have a Preliminary Report Completed date within the period specified in the title, a Negotiations Initiated date within the period specified in the title, and a Results of Negotiations field which contains a "1" or "2".

## 8. INVESTIGATED AND FOUND IN NON-COMPLIANCE

Total number of complaints with an Authority Code of 380, which have a Preliminary Report Completed date within the period specified in the title and a Negotiations Initiated date which is not later than the end of the period specified in the title.

## 9. PRELIMINARY REPORT COMPLETED

Total number of complaints with an Authority Code of 380, which have a Preliminary Report Completed date within the period specified in the title.

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## 10. UNDER NEGOTIATION

Total number of open complaints with an Authority Code of 380, which have a Negotiations Initiated date which is not later than the end of the period specified in the title and a Results of Negotiations field which is blank.

## 11. UNDER NEGOTIATION MORE THAN 30 DAYS

Total number of complaints under negotiation as defined in 10 above which have a Negotiations Initiated date which is more than 30 days earlier than the end of the period specified in the title.

## 12. RESULTS OF NEGOTIATION

Total number of complaints with an Authority Code of 380, which have a Negotiations Initiated date within the period specified in the title and the following values in Results of Negotiations:

- a) VOLUNTARY PLAN SECURED - "1"
- b) COMPLIANCE ACHIEVED - "2"
- c) VOLUNTARY COMPLIANCE FAILED - "3"

## 13. FIR COMPLETED

Total number of complaints with an Authority Code of 380, which have an FIR Completed date which is within the period specified in the title.

## 14. CLOSED AT REGION ( TOTAL )

Total number of complaints with an Authority Code of 380, which have a Closed date within the period specified in the title and which have the following values in Type of Closure:

- a) SUBSTANTIAL COMPLIANCE - "1"
- b) HEADQUARTERS REFERRAL TO OTHER AGENCY - "2"

## 15. REFERRED TO HEADQUARTERS (TOTAL)

Total number of complaints with an Authority Code of 380, which have a Referred To Headquarters date which is within the period specified in the title and which have the following values in Reason For Headquarters Referral:

- a) ADMINISTRATIVE PROCEDURES - "1"
- b) REFERRAL TO JUSTICE - "2"
- c) REFERRAL TO OTHER FEDERAL AGENCY - "3"
- d) FOR ADVICE - "4"

## 16. FOLLOW-UP, REASONS FOR ( TOTAL )

Total number of complaints with an Authority Code of 380, which have a Follow-up date which is within the period specified in the title and which have the following values in the leftmost position of Type of Follow-up:

- a) REQUESTED TO DEVELOP AAP - "1"
- b) REQUESTED TO IMPLEMENT AAP - "2"
- c) OTHER MONITORING ACTIVITY - "3"

## 17. FOLLOW-UP, RESULTS OF ( TOTAL )

Total number of complaints with an Authority Code of 380, which have a Follow-up date within the period specified in the title, and which have the following values in the rightmost position of Type of Follow-up:

- a) IMPOSITION OF SANCTIONS - "1"
- b) REFERRAL TO JUSTICE - "2"
- c) REFERRAL TO OTHER FEDERAL AGENCY - "3"
- d) IN COMPLIANCE - "4"
- e) COMPLIANCE ACHIEVED - "5"

## 18. OPEN AT END OF PERIOD

Total number of complaints with an Authority Code of 380, which have a Complaint Received date which is not later than the end of the period specified in the title and which have no Closed date or a Closed date which is later than the end of the period specified in the title.

APPENDIX 3

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Report Identification: EO2ARC -A (Format 3-2)

Title: Equal Employment Opportunity Contract Clause  
Status Summary of Compliance reviews

Purpose: To provide for each region an analysis of compliance  
review activity under the EEO Contract Clause provision.

Source Document: HUD 930.3 - Regional Monthly Status Summary - Equal  
Employment Opportunity Contract Clause

Definition of Stub Items:

1. OPENED

Total number of compliance reviews with an Authority Code of 385, and a Compliance Review Opened date which is within the period specified in the title.

2. ON HAND BEGINNING OF PERIOD

Total number of compliance reviews with an Authority Code of 385, a Compliance Review Opened date which is earlier than the beginning of the period specified in the title, and a Closed date which is blank or on or after the beginning of the period specified in the title.

3. AWAITING INVESTIGATION

Total number of open compliance reviews with an Authority Code of 385 and an Investigation Commenced On Site date which is blank or later than the end of the period specified in the title.

Note: A compliance review is open if the Compliance Review Opened date is earlier than the end of the period specified in the title and the Closed date is blank or later than the end of the period specified in the title.

4. AWAITING INVESTIGATION MORE THAN 120 DAYS

Total number of compliance reviews awaiting investigation as defined in 3 above and which have a Compliance Review Opened date which is more than 30 days earlier than the end of the period specified in the title.

## 5. PRELIMINARY REPORT COMPLETED

Total number of compliance reviews with an Authority Code of 385, which have a Preliminary Report Completed date within the period specified in the title.

## 6. UNDER INVESTIGATION

Total number of open compliance reviews with an Authority Code of 385, which have an Investigation Commenced On Site date which is not later than the end of the period specified in the title and no entry in Preliminary Report Completed as of the end of the period specified in the title.

## 7. UNDER INVESTIGATION MORE THAN 120 DAYS

Total number of compliance reviews under investigation as defined in 5 above which have an Investigation Commenced On Site date which is more than 30 days earlier than the end of the period specified in the title.

## 8. INVESTIGATED AND FOUND IN COMPLIANCE

Total number of compliance reviews with an Authority Code of 385 which have a Preliminary Report Completed date within the period specified in the title, a Negotiations Initiated date which is blank, a Closed date which is not later than the end of the period specified in the title, and a Type of Closure equal to "1".

or

Total number of compliance reviews with an Authority Code of 385, which have a Preliminary Report Completed date within the period specified in the title, a Negotiations Initiated date within the period specified in the title, and a Results of Negotiations field which contains a "1" or "2".

## 9. INVESTIGATED AND FOUND IN NON-COMPLIANCE

Total number of compliance reviews with an Authority Code of 385, which have a Preliminary Report Completed date within the period specified in the title and a Negotiations Initiated date which is not later than the end of the period specified in the title.

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## 10. PRELIMINARY REPORT COMPLETED

Total number of compliance reviews with an Authority Code of 385, which have a Preliminary Report Completed date within the period specified in the title.

## 11. UNDER NEGOTIATION

Total number of open compliance reviews with an Authority Code of 385, which have a Negotiations Initiated date which is not later than the end of the period specified in the title, and a Results of Negotiations field which is blank.

## 12. UNDER NEGOTIATION MORE THAN 30 DAYS

Total number of compliance reviews under negotiation as defined in 10 above which have a Negotiations Initiated date which is more than 30 days earlier than the end of the period specified in the title.

## 13. RESULTS OF NEGOTIATION (TOTAL)

Total number of compliance reviews with an Authority Code of 385, which have a Negotiations Initiated date within the period specified in the title and the following values in Results of Negotiations:

- a) VOLUNTARY PLAN SECURED - "1"
- b) COMPLIANCE ACHIEVED - "2"
- c) FAILED TO COMPLY - "3"

## 14. FIR COMPLETED

Total number of compliance reviews with an Authority Code of 385, which have an FIR Completed date which is within the period specified in the title.

## 15. CLOSED AT REGION (TOTAL)

Total number of compliance reviews with an Authority Code of 385, which have a Closed date within the period specified in the title, and which have the following values in Type of Closure:

- a) SUBSTANTIAL COMPLIANCE - "1"
- b) HEADQUARTERS REFERRAL TO OTHER AGENCY - "2"



## 16. REFERRED TO HEADQUARTERS (TOTAL)

Total number of compliance reviews with an Authority Code of 385, which have a Referred to Headquarters date which is within the period specified in the title and which have the following values in Reason for Headquarters Referral:

- a) FOR ADMINISTRATIVE PROCEDURES - "1"
- b) FOR REFERRAL TO JUSTICE - "2"
- c) FOR REFERRAL TO OTHER FEDERAL AGENCY - "3"
- d) FOR ADVICE - "4"

## 17. REASONS FOR FOLLOW-UP (TOTAL)

Total number of compliance reviews with an Authority Code of 385, which have a Follow-up date which is within the period specified in the title and which have the following values in the leftmost position of Type of Follow-up:

- a) REQUIREMENT TO DEVELOP AAP - "1"
- b) REQUIREMENT TO IMPLEMENT AAP - "2"
- c) MONITORING - "3"

## 18. FOLLOW-UP COMPLETED

Total number of compliance reviews with an Authority Code of 385, which have a Follow-up date within the period specified in the title.

## 19. RESULTS OF FOLLOW-UP (TOTAL)

Total number of compliance reviews with an Authority Code of 385 which have a Follow-up date within the period specified in the title, and which have the following values in the rightmost position of Type of Follow-up:

- a) IMPOSITION OF SANCTIONS - "1"
- b) REFERRAL TO JUSTICE - "2"
- c) REFERRAL TO OTHER FEDERAL AGENCY - "3"
- d) IN COMPLIANCE - "4"
- e) COMPLIANCE ACHIEVED - "5"

## 20. OPEN AT END OF PERIOD

Total number of compliance reviews with an Authority Code of 385, which have a Compliance Review Opened date which is not later than the end of the period specified in the title, and which have no Closed date or a Closed date which is later than the end of the period specified in the title.

Report Identification: E02ATC-A (Format 4-1)

Title: Status Summary of Complaints  
Section 3 of the Housing and Urban Development Act of 1968

Purpose: To provide for each region an analysis of complaint  
activity under Section 3.

Source Document: HUD 903.4 - Regional Monthly status Summary of Complaints  
Received and Compliance Reviews Conducted - Section 3  
of the Housing and Urban Development Act of 1968.

Definition of Stub Items:

1. RECEIVED

Total number of complaints with an Authority Code of 700, 710, or 720, which have a Complaint Received date which is within the period specified in the title.

2. ON HAND BEGINNING OF PERIOD

Total number of complaints with an Authority Code of 700, 710, or 720, which have a Complaint Received date which is earlier than the beginning of the period specified in the title and a Closed date which is blank or on or after the beginning of the period specified.

3. AWAITING INVESTIGATION

Total number of open complaints with an Authority Code of 700, 710, or 720, which have an Investigation Commenced date which is blank or later than the end of the period specified in the title.

NOTE: A complaint is open if the Complaint Received date is earlier than the end of the period specified in the title and the Closed date is blank or later than the end of the period specified in the title.

4. AWAITING INVESTIGATION MORE THAN 30 DAYS

Total number of complaints awaiting investigation as defined in 3 above and which have a Complaint Received date which is more than 30 days earlier than the beginning of the period specified in the title.

## 5. UNDER INVESTIGATION

Total number of open complaints with an Authority Code of 700, 710, or 720, which have an Investigation Commenced date which is not later than the end of the period specified in the title, no entry in Negotiations Initiated as of the end of the period specified, and no entry in FIR Completed as of the end of the period specified in the title.

## 6. UNDER INVESTIGATION MORE THAN 30 DAYS

Total number of complaints under investigation as defined in 5 above which have an Investigation Commenced date which is more than 30 days earlier than the end of the period specified in the title.

## 7. INVESTIGATED AND FOUND IN COMPLIANCE

Total number of complaints with an Authority Code of 700, 710, or 720 which have a Negotiations Initiated date within the period specified in the title, Results of Negotiations equal to "1", and a Closing date which is within the period specified in the title.

## 8. UNDER NEGOTIATION

Total number of open complaints with an Authority Code of 700, 710, or 720 which have a Negotiations Initiated date which is not later than the end of the period specified in the title and a Results of Negotiations which is blank.

## 9. UNDER NEGOTIATION MORE THAN 30 DAYS

Total number of open complaints under Negotiation as defined in 8 above which have a Negotiations Initiated date which is more than 30 days earlier than the end of the period specified in the title.

## 10. RESULTS OF NEGOTIATION (TOTAL)

Total number of complaints with an Authority Code of 700, 710, or 720 which have a Negotiations Initiated date within the period specified in the title and the following values in Results of Negotiations:

- a. IN COMPLIANCE - "1"
- b. NON-COMPLIANCE - "2"
- c. COMPLIANCE FAILED - "3"

APPENDIX 3

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## 11. FIR COMPLETED

Total number of complaints with an Authority Code of 700, 710, or 720 which have an FIR Completed date which is within the period specified in the title.

## 12. SHOW CAUSE NOTICES ISSUED

Total number of complaints with an Authority Code of 700, 710, or 720 which have a Show Cause Notice Issued date which is within the period specified in the title.

## 13. CLOSED AT REGION (TOTAL)

Total number of complaints with an Authority Code of 700, 710, or 720 which have a Closed date which is within the period specified in the title and the following values in Type of Closure:

- a. ALLEGATION NOT SUPPORTED - "01"
- b. REQUISITE INFORMATION FROM GRIEVANT LACKING - "02"
- c. LACK OF JURISDICTION - "03"
- d. TRANSFERRED TO SECTION 3 - "04"
- e. TRANSFERRED TO OTHER AUTHORITY - "05"
- f. CONCILIATED SUCCESSFULLY--RELIEF AND AFFIRMATIVE ACTION - "06"
- g. CONCILIATED SUCCESSFULLY--NO RELIEF - "07"
- h. CONCILIATION EFFORTS UNSUCCESSFUL - "08"

## 14. REFERRED TO HEADQUARTERS (TOTAL)

Total number of complaints with an Authority Code of 700, 710, or 720 which have a Referred to Headquarters date which is within the period specified in the title and which have the following values in Reason for Headquarters Referral:

- a. ENFORCEMENT PROCEEDINGS - "1"
- b. REFERRAL TO LABOR - "2"
- c. REFERRAL TO JUSTICE - "3"
- d. REFERRAL TO OTHER AGENCY - "4"
- e. OTHER RECOMMENDATION - "5"

## 15. OPEN AT END OF PERIOD

Total number of complaints with an Authority Code of 700, 710, or 720 which have a Complaint Received date which is not later than the end of the period specified in the title and which have no Closed date or a Closed date which is later than the end of the period specified in the title.

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Report Identification: E02AUC-A (Format 4-2)

Title: Status Summary of Compliance Reviews  
Section 3 of the Housing and Urban Development Act of 1968

Purpose: To provide for each region an analysis of compliance activity  
under Section 3.

Source Document: HUD 903.4 - Regional Monthly Status Summary of Complaints  
Received and Compliance Reviews Conducted - Section 3 of  
the Housing and Urban Development Act of 1968.

Definition of Stub Items:

1. OPENED

Total number of complaints with an Authority Code of  
750 or 755, which have a Complaint Received date which is  
within the period specified in the title.

2. ON HAND BEGINNING OF PERIOD

Total number of complaints with an Authority Code of  
750 or 755, which have a Compliance Review Opened  
date which is earlier than the beginning of the period  
specified in the title and a Closed date which is blank  
or on or after the beginning of the period specified  
in the title.

3. AWAITING INVESTIGATION

Total number of open compliance reviews with an Authority Code  
of 750 or 755, which have an Investigation Commenced date  
which is blank or later than the end of the period specified  
in the title.

NOTE: A compliance review is open if the compliance Review  
Opened date is earlier than the end of the period  
specified in the title and the Closed date is blank  
or later than the end of the period specified in the  
title.

4. AWAITING INVESTIGATION MORE THAN 30 DAYS

Total number of compliance reviews awaiting investigation as  
defined in 3 above and which have a Compliance Review Opened  
date which is more than 30 days earlier than the end of the  
period specified in the title.

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APPENDIX 3

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## 5. UNDER INVESTIGATION

Total number of open compliance reviews with an Authority Code of 750, or 755, which have an Investigation Commenced date which is not later than the end of the period specified in the title, no entry in Negotiations Initiated as of the end of the period specified, and no entry in FIR Completed as of the end of the period specified in the title.

## 6. UNDER INVESTIGATION MORE THAN 30 DAYS

Total number of compliance reviews under investigation as defined in 5 above which have an Investigation Commenced date which is more than 30 days earlier than the end of the period specified in the title.

## 7. INVESTIGATED AND FOUND IN COMPLIANCE

Total number of compliance reviews with an Authority Code of 750, or 755, which have a Negotiations Initiated date within the period specified in the title, Results of Negotiations equal to "1", and a Closing date which is within the period specified in the title.

## 8. UNDER NEGOTIATION

Total number of open compliance reviews with an Authority Code of 750, or 755, which have a Negotiations Initiated date which is not later than the end of the period specified in the title and a Results of Negotiations which is blank.

## 9. UNDER NEGOTIATION MORE THAN 30 DAYS

Total number of open compliance reviews under negotiation as defined in 8 above which have a Negotiations Initiated date which is more than 30 days earlier than the end of the period specified in the title.

## 10. NEGOTIATION RESULTS

Total number of compliance reviews with an Authority Code of 750, or 755, which have a Negotiations Initiated date within the period specified in the title and the following values in Results of Negotiations:

- a. IN COMPLIANCE - "1"
  - b. NON-COMPLIANCE - "2"
  - c. COMPLIANCE FAILED - "3"
-

## 11. FIR COMPLETED

Total number of compliance reviews with an Authority Code of 750, or 755, which have an FIR Completed date which is within the period specified in the title.

## 12. SHOW CAUSE NOTICES ISSUED

Total number of compliance reviews with an Authority Code of 750, or 755, which have a Closed date which is Issued date which is within the period specified in the title.

## 13. CLOSED AT REGION (TOTAL)

Total number of compliance reviews with an Authority Code of 750, or 755, which have a Closed date which is within the period specified in the title and the following values in Type of Closure:

- a. IN COMPLIANCE - "20"
- b. NON-COMPLIANCE AFTER RE-REVIEW - "21"
- c. COMPLIANCE ACHIEVED DURING SHOW CAUSE - "22"
- d. NOT IN COMPLIANCE AFTER SHOW CAUSE - "23"

## 14. REFERRED TO HEADQUARTERS (TOTAL)

Total number of compliance reviews with an Authority Code of 750, or 755, which have a Referred to Headquarters date which is within the period specified in the title and which have the following values in Reason for Headquarters Referral:

- a. ENFORCEMENT PROCEEDINGS - "1"
- b. REFERRAL TO LABOR - "2"
- c. REFERRAL TO JUSTICE - "3"
- d. REFERRAL TO OTHER FEDERAL AGENCY - "4"
- e. OTHER RECOMMENDATION - "5"

## 15. OPEN AT END OF PERIOD

Total number of compliance reviews with an Authority Code of 750, or 755, which have a Compliance Review Opened date which is not later than the end of the period specified in the title and which have no Closed date or a Closed date which is later than the end of the period specified in the title.

APPENDIX 3

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Report Identification: EO2AWC-A (Format 5-1)

Title: Title VIII of the Civil Rights Act of 1968  
Analysis of Referral Activity by State and  
Local Agencies

Purpose: To provide an analysis for evaluation of State and local  
agency processing of Title VIII complaints under the  
Department's Substantial Equivalency Regulation.

Source Document: HUD 948 - State/Local Referral Agency Report.

General Format:

In addition to displaying data for each State or local agency, summaries are accumulated for each region, i.e., all State or local agencies within the region, and for all regions. The report provides for two time periods--the first is variable and is selected by the user, the second is a fiscal year cumulative summary.

Definition of Stub Items:

1. TOTAL NUMBER OF REFERRALS THIS PERIOD

Total number of complaints with a Date Referred which is within the period specified in the title.

2. TOTAL RECEIVED AT AGENCY, BEGINNING OF PERIOD

Total number of complaints which have a Date Complaint Received which is within the period specified in the title.

3. TOTAL CLOSED BY STATE/LOCAL AGENCY

Total number of complaints which have a Date Case Closed which is within the period specified in the title.

4. TOTAL AT AGENCY, END OF PERIOD

Total number of complaints which have a Date Complaint Received which is not later than the end of the period specified in the title and a Date Case Closed which is later than the end of the period specified in the title.

NOTE: All succeeding items pertain only to complaints which have a Date Case Closed which is within the period specified in the title.



## 5. AWAITED INVESTIGATION MORE THAN 30 DAYS

Total number of complaints with a Date Referred which is more than 30 days earlier than the Date Investigation Commenced.

## 6. UNDER INVESTIGATION MORE THAN 30 DAYS

Total number of complaints with a Date Investigation Commenced which is more than 30 days earlier than Date Investigation Completed.

## 7. NOT INVESTIGATED

Total number of complaints with no date in Date Investigation Completed.

## 8. INVESTIGATED

Total number of complaints with a date in Date Investigation Completed.

## 9. INVESTIGATION RESULTS - PROBABLE CAUSE

Total number of complaints investigated as defined in 8 above which have a "1" (check mark) in Probable Cause.

## 10. INVESTIGATION RESULTS - NO PROBABLE CAUSE

Total number of complaints investigated as defined in 8 above which have a "2" (check mark) in No Probable Cause.

## 11. INVESTIGATION RESULTS - COMPLAINT WITHDRAWN

Total number of complaints investigated as defined in 8 above which have a "3" (check mark) in Complaint Withdrawn.

## 12. CLOSED IN LESS THAN 60 DAYS

Total number of complaints with a Date Case Closed which is less than 60 days after Date Referred.

## 13. CLOSED IN 60-90 DAYS

Total number of complaints with a Date Case Closed which is from 60 to 90 days later than Date Referred.

APPENDIX 3

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## 14. CLOSED IN MORE THAN 90 DAYS

Total number of complaints with a Date Case Closed which is more than 90 days later than Date Referred.

## 15. NOT CONCILIATED

Total number of complaints which have a "2" (no) in Conciliated.

## 16. CONCILIATED IN 30 DAYS OR LESS

Total number of complaints which have a "1" (yes) in Conciliated and a Date Conciliation Completed which is less than 31 days later than Date Investigation Completed.

## 17. CONCILIATED FOR MORE THAN 30 DAYS

Total number of complaints which have a "1" (yes) in Conciliated and a Date Conciliation Completed which is more than 30 days later than Date Investigation Completed.

## 18. CONCILIATION RESULTS - SUCCESSFULLY (INCLUDES PARTIALLY SUCCESSFUL)

Total number of complaints with a "1" (yes) in Conciliated, an entry in Date Conciliation Completed, and a "1" (check mark) in Successful or a "3" (check mark) in Partial.

## 19. CONCILIATION RESULTS - UNSUCCESSFUL

Total number of complaints with a "1" (yes) in Conciliated, an entry in Date Conciliation Completed, and a "2" (check mark) in Unsuccessful.

## 20. CONCILIATION RESULTS - OTHER

Total number of complaints with a "1" (yes) in Conciliated, an entry in Date Conciliation Completed, and a "4" (check mark) in Other.

## 21. TYPES OF RELIEF OBTAINED - CASES IN WHICH HOUSING WAS SECURED

Total number of complaints with a "1" (check mark) in Dwelling.

## 22. TYPES OF RELIEF OBTAINED - AMOUNT OF COMPENSATION AWARDED

Sum of the dollar values contained in Monetary Compensation.

## 23. TYPES OF RELIEF OBTAINED - INSTANCES OF AFFIRMATIVE ACTION

Total number of complaints with a "1" (check mark) in Affirmative Action.

## 24. TYPES OF RELIEF OBTAINED - INSTANCES OF OTHER TYPES OF RELIEF

Total number of complaints with a "1" (check mark) in Other.

## 25. CONCILIATION AGREEMENTS WITH MONITORING

Total number of complaints with a "1" (yes) in "Does Conciliation Agreement Provide For Future Monitoring Of Respondent's Operations?"

## 26. CONCILIATION AGREEMENTS WITH NO MONITORING

Total number of complaints with a "2" (no) in "Does Conciliation Agreement Provide For Future Monitoring Of Respondent's Operations?"

## 27. FINAL DISPOSITION - LEGAL ACTION BY COMPLAINANT

Total number of complaints with a "1" (check mark) in Legal Action By Complainant.

## 28. FINAL DISPOSITION - FURTHER ACTION BY COMMISSION

Total number of complaints with a "1" (check mark) in Further Action By Commission.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY												FISCAL YEAR		CURRENT REPORTING MONTH									
REGIONAL MONTHLY STATUS SUMMARY OF COMPLAINTS RECEIVED TITLE VIII OF THE CIVIL RIGHTS ACTS OF 1968 AND EXECUTIVE ORDER 11063												PAGE NUMBER		OCT		FEB							
														NOV		MAR							
														DEC		APR							
														JAN		MAY							
														JUN		JUL							
														AUG		SEP							
INSTRUCTIONS: This form is to be maintained as a complaint log in each Region on a fiscal year basis. For complete instructions see 8000.1 Rev.														STATE COUNTY		BASIC		DATE OF VIOLATION PROGRAM		SECTION 8		FILE NUMBER OF PREVIOUS COMPLAINT	
RECEIVED		CLOSED		CLOSING CODE		RELIEF		COMPENSATION		COMPLAINANT		RESPONDENT											
REFERRAL AGENCY MONITORING ACTIVITY DATES														HUD-EO MILESTONE ACTION COMPLETION DATES		EO SPECIALIST ASSIGNED		REMARKS					
REFERRAL 30-DAY CHECK	60-DAY CHECK	90-DAY CHECK	ANALYSIS COMPLETED	ASSIGNED TO INVESTIGATION	INVESTIGATION COMPLETED	DETERMINATION BY ACTION CODE	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED		
RECEIVED	CLOSED	CLOSING CODE	RELIEF	COMPENSATION	COMPLAINANT	RESPONDENT																	
REFERRAL AGENCY MONITORING ACTIVITY DATES														HUD-EO MILESTONE ACTION COMPLETION DATES		EO SPECIALIST ASSIGNED		REMARKS					
REFERRAL 30-DAY CHECK	60-DAY CHECK	90-DAY CHECK	ANALYSIS COMPLETED	ASSIGNED TO INVESTIGATION	INVESTIGATION COMPLETED	DETERMINATION BY ACTION CODE	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED			
RECEIVED	CLOSED	CLOSING CODE	RELIEF	COMPENSATION	COMPLAINANT	RESPONDENT																	
REFERRAL AGENCY MONITORING ACTIVITY DATES														HUD-EO MILESTONE ACTION COMPLETION DATES		EO SPECIALIST ASSIGNED		REMARKS					
REFERRAL 30-DAY CHECK	60-DAY CHECK	90-DAY CHECK	ANALYSIS COMPLETED	ASSIGNED TO INVESTIGATION	INVESTIGATION COMPLETED	DETERMINATION BY ACTION CODE	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED			
RECEIVED	CLOSED	CLOSING CODE	RELIEF	COMPENSATION	COMPLAINANT	RESPONDENT																	
REFERRAL AGENCY MONITORING ACTIVITY DATES														HUD-EO MILESTONE ACTION COMPLETION DATES		EO SPECIALIST ASSIGNED		REMARKS					
REFERRAL 30-DAY CHECK	60-DAY CHECK	90-DAY CHECK	ANALYSIS COMPLETED	ASSIGNED TO INVESTIGATION	INVESTIGATION COMPLETED	DETERMINATION BY ACTION CODE	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED	CONCILIATION COMPLETED			
RECEIVED	CLOSED	CLOSING CODE	RELIEF	COMPENSATION	COMPLAINANT	RESPONDENT																	

HUD-930.1A (8-76)

8000.2

APPENDIX 4

8000.2

APPENDIX 4

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY										FISCAL YEAR		CURRENT REPORTING MONTH																					
REGIONAL MONTHLY STATUS SUMMARY OF COMPLIANCE REVIEWS TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968 AND AFFIRMATIVE FAIR HOUSING MARKETING										PAGE NUMBER		OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.										
INSTRUCTIONS This form is to be maintained as a continuing record of the compliance review log in each Region on a fiscal year basis. For Complete Instructions see B000.1.		COMPLIANCE REVIEW OPENED		DETERMINATION CODE		CLOSED		CLOSING CODE		RESPONDENT OR RECIPIENT		STATE/COUNTY		PROGRAM		FOLLOW-UP MEETING		DATE OF LAST REVIEW		COMPLIANCE REVIEW IN SECTION 8 PROGRAM		FILE NUMBER OF INITIATING COMPLAINT		MILESTONE ACTION COMPLETION DATES		EO SPECIALIST ASSIGNED		REMARKS					
REC		FY		MO		SER		AUTH		IND														REVIEW COMMENCED		REVIEW COMPLETED		DETERMINATION		CONCILIATION CONFERENCE			



8000.2

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY										FISCAL YEAR		CURRENT REPORTING MONTH											
REGIONAL MONTHLY STATUS SUMMARY OF COMPLAINTS RECEIVED AND COMPLIANCE REVIEWS CONDUCTED TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND SECTION 109 OF THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974										PAGE NUMBER		OCT.	FEB.	JUN.									
												NOV.	MAR.	JUL.									
INSTRUCTIONS This log is to be maintained as a complaint and compliance review log in each region on a fiscal year basis. For complete instructions see 8000.11.										FILE NUMBER		DEC.	APR.	AUG.									
												REG	FY	MO	SER	AUTH	JAN.	MAY.	SEPT.				
PROGRAM										MILESTONE ACTIONS										REMARKS			
STATE/COUNTY										BASIS													
RECIPIENT										COMPLAINT RECEIVED													
COMPLIANCE REVIEW										OPENED													
COMPLETED										PRELIMINARY REPORT													
30-DAY NOTICE (AND/OR REFERRAL)										NEGOTIATIONS INITIATED													
RESULTS OF NEGOTIATIONS										FIR COMPLETED													
DEFERRAL										CLOSED													
TYPE OF CLOSURE										REFERRED TO CENTRAL OFFICE													
REASON FOR CD REFERRAL										FOLLOW-UP													
TYPE OF FOLLOW-UP										FOLLOW-UP													

HUD-930.2 (8-76)

[illegible]

REGIONAL MONTHLY STATUS SUMMARY OF COMPLAINTS RECEIVED AND COMPLIANCE REVIEWS CONDUCTED SECTION 3 OF THE HOUSING AND URBAN DEVELOPMENT ACT OF 1968																	FISCAL YEAR		CURRENT REPORTING MONTH														
																	PAGE NUMBER		OCT	FEB	JUN												
																			NOV	MAR	JUL												
																			DEC	APR	AUG												
																			JAN	MAY	SEPT												
<b>INSTRUCTIONS:</b> This form is to be maintained as a complaint and compliance review log in each Region Office file folder. For complete instructions see HUD-001 LR (Rev. 3).			COMPLAINT RECEIVED		COMPLIANCE REVIEW OPENED		DETERMINATION CODE		A. GRIEVANT B. RESPONDENT		STATE/COUNTY		BASIS	PROGRAM		MILESTONE ACTIONS					CLOSED		TYPE OF CLOSURE		REFERRED TO HEADQUARTERS		REASON FOR REFERRAL		REMARKS				
REC	FY	MO	SER	AUTH																													
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APPENDIX 4

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT STATE/LOCAL REFERRAL AGENCY REPORT			
I. NAME OF STATE/LOCAL REFERRAL AGENCY		FOR HUD USE ONLY	
CASE NUMBER		DATE REFERRED	
DATE COMPLAINT RECEIVED		NAME OF REFERRAL AGENCY	
NAME, ADDRESS AND TELEPHONE NUMBER OF COMPLAINANT		HUD CASE NUMBER	
NAME, ADDRESS AND TELEPHONE NUMBER OF RESPONDENT		HUD MONITOR	
		DATE RECEIVED IN HUD	
BASIS: <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> RELIGION <input type="checkbox"/> SEX <input type="checkbox"/> NATIONAL ORIGIN			
ISSUE			
II. INVESTIGATION		CONCILIATION	
DATE ASSIGNED      DATE COMMENCED		CONCILIATION IN PROCESS <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE CONCILIATION COMPLETED
DATE INVESTIGATION COMPLETED		CONCILIATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
RESULTS  <input type="checkbox"/> PROBABLE CAUSE  <input type="checkbox"/> NO PROBABLE CAUSE  <input type="checkbox"/> COMPLAINT WITHDRAWN		RESULTS  <input type="checkbox"/> SUCCESSFUL <input type="checkbox"/> UNSUCCESSFUL <input type="checkbox"/> PARTIAL <input type="checkbox"/> OTHER (Specify) _____	
FINAL DISPOSITION  <input type="checkbox"/> LEGAL ACTION BY COMPLAINANT  <input type="checkbox"/> FURTHER ACTION BY COMMISSION		RELIEF OBTAINED (Check Applicable Box(es))  <input type="checkbox"/> DWELLING (Contested or next available unit)  <input type="checkbox"/> MONETARY COMPENSATION \$ _____  <input type="checkbox"/> AFFIRMATIVE ACTION _____  <input type="checkbox"/> OTHER (Specify) _____	
DATE OF STATUS REPORT  <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS  <input type="checkbox"/>		DOES CONCILIATION AGREEMENT PROVIDE FOR FUTURE MONITORING OF RESPONDENT'S OPERATIONS?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
III. REMARKS			
DATE CASE CLOSED		TYPED NAME OF AGENCY INVESTIGATOR	
		SIGNATURE OF AGENCY INVESTIGATOR	

**Previous Edition May Be Used**

HUD-21D (10-68)

### INSTRUCTIONS

This is a HUD Form to be used by State and Local agencies in reporting the status of Title VIII cases referred to it for processing. There is a separate form completed for each Title VIII.

Procedure for utilizing the form: *(Form is printed in color-coordinated NCR Paper).*

1. After thirty (30) days, the regional staff should complete the top portion of the form *(through respondent identification)* retaining the white copy and forwarding the remaining forms to the referral agency for updating. The referral agency then updates and returns all copies to the regional office.
2. After sixty (60) days, the regional staff should retain the green copy of the form and forward the yellow, pink and gold copies to the referral agency for updating. The referral agency then updates and returns all copies to the regional office.
3. After ninety (90) days, the regional staff should retain the yellow copy and forward the pink and gold copies to the referral agency for further updating. After updating, the referral agency retains the gold copy for its record and returns to the regional office the pink copy.

The white copy should have "original copy" printed on it, the green, yellow and pink should have "return to region" and the gold copy should be printed "referral agency's copy."

The region shall keep one copy of the completed form in the Title VIII case folder and make two copies to be sent to the Central Office, one copy will go to Office of Policy Development and Data Analysis and the other to Civil Rights Compliance and Enforcement.

### PRIVACY ACT OF 1974 (PL 93-579) STATEMENT HUD-948 (11-75) STATE/LOCAL REFERRAL AGENCY REPORT

**Authority** - Title VIII of the Civil Rights Act of 1968 (PL 90-284), as amended by Section 808(b) (1), (2) and (3), the Housing and Community Development Act of 1974 (PL 93-383).

**Purpose** - The information requested in this form is to be used by the department to provide information necessary to investigate and conciliate complaints of discrimination in housing and to evaluate the referral agency's ability to meet equivalency requirements.

**Use** - This information may be disclosed by the Department of Housing and Urban Development to the Department of Justice in initiating pattern or practice suits of discrimination in housing.