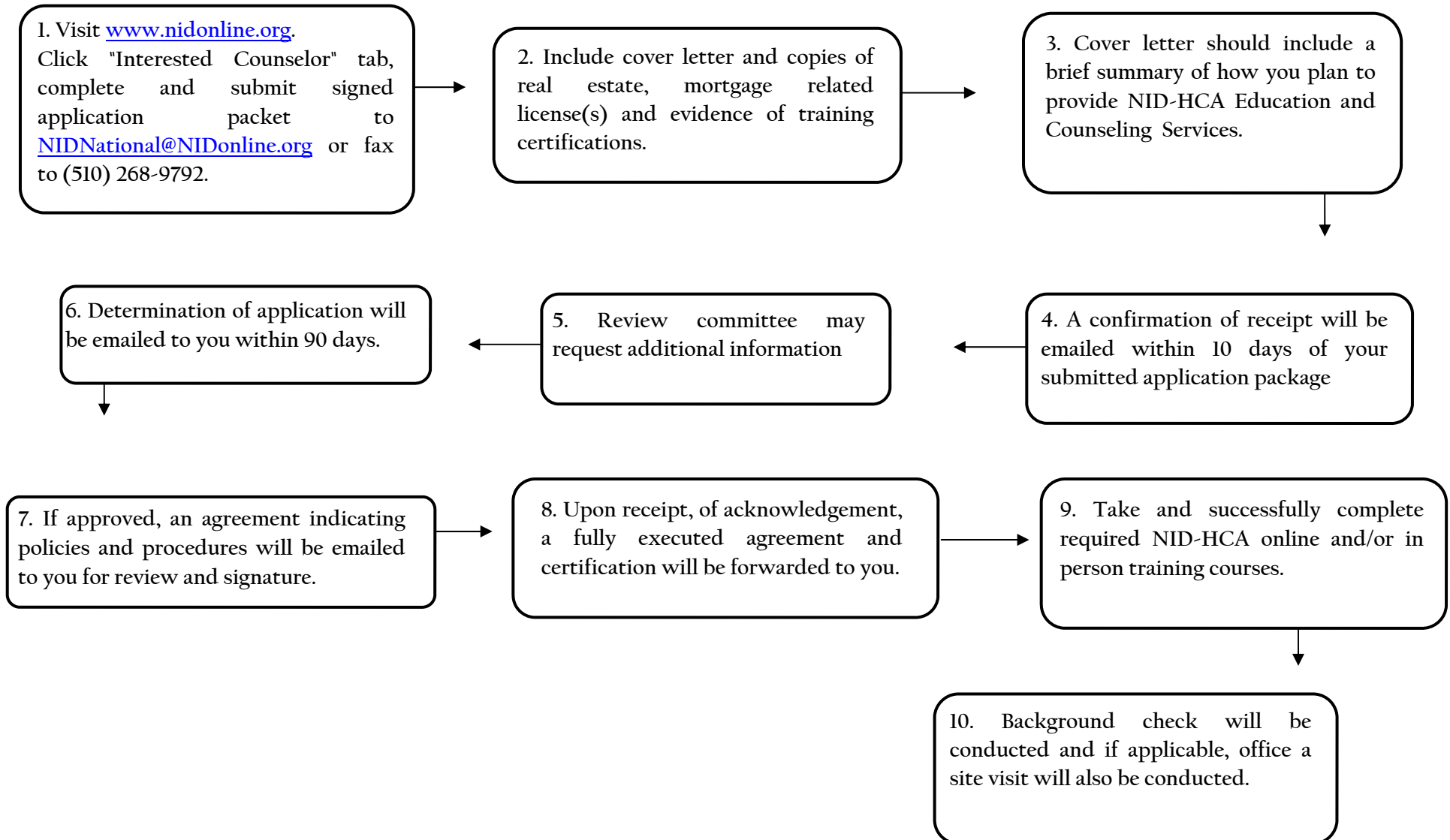


NID-HCA Counselor Application Flow Chart

Applications are accepted on an ongoing basis; typical processing time is 90 days.



NID-HCA® Counselor Application

INTRODUCTION

NID-HCA certification helps to create and give a collective voice to recognized community leaders by being a conduit for real estate professionals to couple their real estate experience, expertise and market knowledge with the unique educational offerings of housing counseling education. The housing counseling field is geared toward assisting clients with their housing needs. NID-HCA also dictates that counselors should have a broad area of knowledge and expertise as to assist clients with a broad range of housing needs.

NID-HCA Certified Housing Counselor Eligibility Requirements:

- ✓ Submit an application for review and assessment
- ✓ Successful background check
- ✓ Have an active professional license in the area of real estate and/or documented history to support real estate related experience
- ✓ Have a documented history of 5 years or more active community involvement in the areas of housing and real estate
- ✓ Be actively engaged in the real estate service industry
- ✓ Branch Managers candidates must have a physical commercial office location with space designated for NID-HCA activities
- ✓ Designate a geographic service area (in which NID-HCA will determine if there is a need for services)
- ✓ Attend NID-HCA required certification and training courses
- ✓ Educational course work, including training and/or certification in housing counseling, housing, real estate related fields

Date: _____

Instructions:

1. Be sure to read the entire application before completing. Please type or print legibly.
2. Return form with your resume and copies of any related housing, housing counseling or real estate credentials via fax to (510) 268-8776 or email NIDNational@NIDonline.org. Applications are accepted on an ongoing basis.
3. Your confirmation will be sent via email or within 10 days of receipt of application.

I. General Information

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home/Cell Phone (____) _____ Date of Birth _____

Email (required) _____

Race (optional) _____ Ethnicity (optional) _____

Have you applied to NID-HCA before? Yes/No

If you have previously applied, please state date of application submittal and determination: _____

Are you currently working for an existing NID-HCA Branch Office? Yes/No

If you are, please provide name of Branch Manager and location: _____

What type of counseling services are you interested in offering, e.g., Loss Mitigation, Pre-Purchase, HECM, Credit Counseling, etc.? Please list: _____

Are you seeking to establish a new NID-HCA Branch Office? Yes/No

What geographic areas are you interested in serving? Please answer whether or not you are seeking to establish a new office, list by city and state: _____

II Education/Employment History

<u>Name of College/University/Organization</u>	<u>From</u>	<u>To</u>	<u>Degree/Certification</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

Please include all housing/real estate related work experience for the last five years, starting with the most current.

a. Current Employer _____

Are you self-employed? _____ Yes _____ No

Street Address _____ City _____

State _____ Zip Code _____ Work Number (_____) _____

How long have you been with this company/organization? _____ (Years) _____ (Months)

Immediate Supervisor _____

b. Previous Employer _____

Street Address _____ City _____

State _____ Zip Code _____ Work Number (_____) _____

How long have you been with this company/organization? _____ (Years) _____ (Months)

Immediate Supervisor _____

c. Previous Employer _____

Street Address _____ City _____

State _____ Zip Code _____ Work Number (_____) _____

How long have you been with this company/organization? _____ (Years) _____ (Months)

Immediate Supervisor _____

III Licensure/Certification/Good Standing/ Disciplinary History

Occupational Licenses *

Issuing Agency

Expiration Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

* Please include all relevant real estate related licenses

Certification*

Certifying Agency

Date of License

_____	_____	_____
_____	_____	_____
_____	_____	_____

* Please include all relevant housing counseling certifications.

If you have been denied certification by any certifying entity, please list the certifying entity, type of certification, dates and reasons given for denial (attach additional pages if necessary).

Certification _____ Certifying Agency _____

Date of Certification _____

Reason for Denial _____

Good Standing

Applicant is a member in good standing of the licensing/certification agency of all states in which the applicant is licensed to practice (or was a member in good standing at the time any license may have been voluntarily surrendered). Applicant's state of primary practice is the state in which certification is sought.

_____ Yes

_____ No

Grievance Matters

a. Have you been the subject of any of the following matters, or are any of these matters currently pending against you: (1) a disciplinary law suit or action; (2) a complaint or inquiry with a grievance committee of any association or with the designated disciplinary entity of any state; (3) a finding or admission of malpractice; (4) a criminal indictment or information for a felony crime? If yes, please provide full details including all written evidence of dismissal or other disposition as an attachment to this application.

_____ Yes _____ No

b. Have you been convicted, given probation or fined for a felony crime? If yes, give full details and attach all relevant documentation on an attachment to this application. Please answer "yes" regardless of: (1) whether the conviction resulted from a plea of guilty or nolo contendere; (2) whether the conviction resulted from a verdict after trial or otherwise; or (3) whether an appeal is currently pending.

_____ Yes _____ No

IV Additional Information

1. How long have you been a housing counselor? _____ Years _____ Months

2. Is your office located in a commercial area? _____ Yes _____ No If so, how long? _____ Years _____ Months

3. Are you the owner/broker of your real estate related business? _____ Yes _____ No If so, how long? _____ Years _____ Months

4. What housing counseling agencies have you worked for and/or with, if any, how long for each?

Counseling Agency: _____ Years _____ Months

Counseling Agency: _____ Years _____ Months

Counseling Agency: _____ Years _____ Months

5. What community service organizations and/or programs, including faith-based organizations, have you worked with, if any, what was your focus and how long?

Organization: _____ Years _____ Months

Description of Role: _____

Organization: _____ Years _____ Months

Description of Role: _____

Organization: _____ Years _____ Months

Description of Role: _____

6. If you are the owner/operator of your organization and/or business, how many employees, partners and/or agents do you have? _____

7. What professional and/or charitable organizations have you and/or presently are a member of?

Organization: _____ Membership Date _____

Organization: _____ Membership Date _____

Organization: _____ Membership Date _____

8. Why do you want to become a NID-HCA Certified Counselor? (Please attach additional sheet if necessary and please be specific) _____

V Background Check Authorization

AUTHORIZATION TO OBTAIN INFORMATION From LAW ENFORCEMENT AGENCIES

I, the below-signed, authorize NID-Housing Counseling Agency to obtain all information in your possession to the NID Housing Counseling Agency regarding any convictions I may have for felony offenses.

This information is to be used only to determine my fitness to serve as a Certified Housing Counselor and this authorization is valid throughout the application process and certification period.

Dated: _____

Print Name

Sign Name



I, _____, being duly sworn, do hereby state under penalty of perjury that (i) I have read and prepared the foregoing Application and attached appendices, and have made or approved all statements, representations and covenants therein or in connection therewith and have answered each question therein full and frankly and without concealment or reservation, and such answers are true and complete; (ii) I understand that NID-HCA will rely upon such statements, representations and answers in making its decision regarding my certification

Signature

Date