

**Georgia Department of Community Affairs
Housing Counseling Programs
Ready, Set, Go Agency Application Process**

Please submit the application and requested supporting documentation to Jamilla Byrd via mail, email, or fax during the Application Submission Periods. Approved applications will receive an Agreement and Agreement Addendum within 14 business days of receipt of the Decision Letter. Mandatory RSG agency training will be provided.

Application Submission Periods

September 1 – 12, 2016

October 1 – 10, 2016

November 1 – 11, 2016

Decision Letter Emailed

September 30, 2016

October 31, 2016

November 30, 2016

Applications and requested supporting documentation must be submitted no later than the last day of the Application Submission Period to:

Jamilla Byrd, Grants Specialist

Georgia Department of Community Affairs

60 Executive Park South, NE

Atlanta, GA 30329

Email: Jamilla.byrd@dca.ga.gov

Fax: 404-327-6858

Applications received after the last day of the submission period will be returned to the applicant for re-submission.

**Ready, Set, Go Individual Pre-Purchase Counseling Program
Agency Application**

Agency Name:

Address:

City:

State:

Zip:

Phone:

Toll Fee:

Fax:

Website:

Executive Director

Name:

Phone:

Email:

Program Manager (Point of Contact):

Name:

Title:

Phone:

Email

Organization Information

1. Agency Tax ID# _____. Include a copy of your agency's tax-exemption letter.
2. Agency DUNS # _____
3. Client Management System Used: _____
4. Has your agency adopted the National Industry Standards for Housing Counseling? ___Yes ___No
 - a. If no, would you agree to begin the application process to adopt the National Standards for Housing Counseling within 90 days of the application approval notification? ___Yes ___No
5. What counties does your agency serve?
6. How many pre-purchase individual housing counseling sessions did your agency complete during the most recent calendar year? _____
7. Please describe your agency's process for assisting clients who speak English as a second language. If your agency has a Memorandum of Understanding (MOU) with a translation service, please provide a current copy of the MOU with this application. Be specific.
8. Please describe how your agency provides or would provide access of the facility and of materials for housing counseling services for the disabled population.
9. Please provide a blank copy of your agency's Action Plan used for individual housing counseling.
10. Please provide a copy of your agency's most recent Financial Audit, Review Statement, or Compilation Statement completed by a CPA.

11. List all housing counselors who will provide pre-purchase individual housing counseling under the Ready, Set, Go Program in the chart below. Provide their name, years of pre-purchase counseling experience, if they have are certified by the State or Nationally, name and year of the most recent pre-purchase counseling course(s) totaling, at least, ten (10) hours completed within the last year (2015), and the organization that provided the course. If the counselor is new to the agency (hired within the last 18 months) please provide a Certificate of Completion from a 30 hour housing counselor course where an exam was administered. **In addition, provide copies of the counselor's Certificate of Completion Certificate(s) listed in this application.**

	<i>Counselor's Name</i>	<i>Years of Experience</i>	<i>Indicate if the counselor is has a state or national Housing Counseling certification</i>	<i>Names of Course(s) completed in 2015</i>	<i>Certification Source</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

OFFICE USE ONLY

Date Received: _____ Application completed? ___ Yes ___ No

Additional items needed: _____

Sub-Grantee Application Status: ___ New ___ Renewal

Score: _____ ___ Accepted ___ Denied