|  |  |
| --- | --- |
| **green_transparent** | **Rural Community Assistance Corporation** |

**HUD Housing Counseling Intermediary**

**Letter of Interest**

Rural Community Assistance Corporation (RCAC) is a National HUD Housing Counseling Intermediary with a network of counseling organizations serving rural clients throughout the Western United States. Major factors for selecting potential new organizations to join this network include, but are not limited to, the number of clients your organization serves each year, your housing counseling program income and your organization’s overall capacity.

As an Intermediary, RCAC strictly follows HUD’s Housing Counseling program rules and has the ability to make more stringent requirements in some cases.

RCAC gives first priority to existing sub-grantee’s reapplying. Organizations seeking new acceptance into RCAC affiliation must submit a Letter of Interest. Upon receipt of your Letter of Interest, an RCAC committee will review your responses and determine if a pre-application will be requested from your organization.

**Some basic RCAC eligibility criteria include, but are not limited to:**

* You must have an established Housing Counseling Program with at least one year experience serving a minimum of 30 one-on-one clients.
* Your organization must have funding available to operate your housing counseling program for at least one year *without* HUD housing counseling funds.
* You must be able to show capacity to administer a housing counseling program.

**Letter of Interest**

Please answer the following questions:

|  |  |
| --- | --- |
| **Question** | **Response** |
| 1. Are you currently HUD approved? |  |
| 1. Do you currently receive your HUD approval status through a HUD intermediary? |  |
| If yes, please name the intermediary and the reason for switching to RCAC |  |
| 1. What year did you begin your housing counseling program? |  |
| 1. How many housing counselors do you currently employ? |  |
| 1. How many clients did you counsel last year? |  |
| 1. What electronic client management system do you use? |  |
| 1. What geographic area do you serve? |  |

1. List the training your counselors have received (add more cells as needed):

|  |  |  |
| --- | --- | --- |
| **Counselor Name** | **Counseling They Provide** | **Training they have received** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Please write a short narrative (maximum one page) that describes your housing counseling program, your rural program focus and why you want to affiliate with RCAC.

**Attach a copy of your latest financial audit and your housing counseling plan.**