

MISSISSIPPI HOMEBUYER EDUCATION/MHI  
PRE-APPLICATION SUB-GRANTEE PROFILE FORM

**Note: Once you have completed this form with attachments, please save all in PDF format, scan, and email to us, then mail the hard copy with original signature.**

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_

Organization's Physical Address:

\_\_\_\_\_

\_\_\_\_\_

Organization's Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Are you registered at the following?

HUD.gov \_\_\_\_\_ Yes \_\_\_\_\_ No

SAM.gov \_\_\_\_\_ Yes \_\_\_\_\_ No

Organization's Executive Director: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization's Contact Person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: www. \_\_\_\_\_

What is your organization's Mission Statement? Please provide in the space below:

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Does your organization have a Board of Directors? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please attach a current list of the members.**

Is the organization/agency a HUD-approved organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, year approved by HUD: \_\_\_\_\_

What is your organization's designation? Faith-Based \_\_\_\_\_

Public Non-profit \_\_\_\_\_ Private Non-profit \_\_\_\_\_

What state(s) is the organization incorporated in? \_\_\_\_\_

**Please attach a copy of your incorporation.**

Is the organization a 501(c)(3)? Yes \_\_\_\_ No \_\_\_\_

**If yes, please attach a copy of your state and/or IRS determination letter.**

If no, has the 501(c)(3) status with the IRS been applied for? Yes \_\_\_\_ No \_\_\_\_

What housing counseling services does your organization offer? (Please explain in detail.)

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Do you offer specialized services in housing to Veterans? \_\_\_\_ Yes \_\_\_\_ No

Do you offer any of the following services? If so, place a check mark next to the service:

Homebuyer Education \_\_\_\_\_

Housing for the disabled \_\_\_\_\_

Services to the Homeless \_\_\_\_\_

Rental Counseling \_\_\_\_\_

Mobility and Relocation Counseling \_\_\_\_\_

Fair Housing \_\_\_\_\_

Mortgage Delinquency \_\_\_\_\_

Reverse Mortgages \_\_\_\_\_

Home Improvement and Rehabilitation \_\_\_\_\_

Loss Mitigation \_\_\_\_\_

Money/Debt Management \_\_\_\_\_

Marketing and Outreach \_\_\_\_\_

Provide Housing Referral Services \_\_\_\_\_

Predatory Lending \_\_\_\_\_

Languages:

What languages does your organization have capability of speaking?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other(s) \_\_\_\_\_

What zip codes does your organization cover? \_\_\_\_\_

What counties does your organization cover? \_\_\_\_\_

Other information you believe should be considered: \_\_\_\_\_

Is your organization delinquent on federal taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have an office or work with an affiliate in any of the following states?  
(Please check as many that apply to you.)

\_\_\_\_\_ Arkansas \_\_\_\_\_ Tennessee \_\_\_\_\_ Alabama

Application Completed and Signed by:

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

## **SELF-CERTIFICATION AS TO LAWSUITS**

This is to certify that \_\_\_\_\_ (agency name) is not involved with any lawsuits filed against the organization by any governments, private individuals, or businesses.

Signed:

Date: \_\_\_\_\_

Executive Director

\_\_\_\_\_

(Printed Name)

\_\_\_\_\_

(Signature)

## **SELF-CERTIFICATION AS TO OUTSTANDING DEBT**

This certification is to note that this organization \_\_\_\_\_  
(Organization name)

does not owe or have any outstanding debt with any governmental units including local, state,  
regional, or U.S. agencies.

Signed:

Date: \_\_\_\_\_

Executive Director

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)