



NATIONAL ASSOCIATION OF HOUSING COUNSELORS AND AGENCIES, INC.

Section I.

Application for NAHCA Certification

To Be Completed by Applicant (Please type or print)

1. Applicant's Name: _____ Date of Birth: _____
 Home Address: _____ Apt.: _____
 City/State: _____ Zip: _____
 Home Phone: _____ Home Fax: _____
 Home Email: _____

2. Employer's Name: _____ Supervisor: _____
 Address: _____
 City/State: _____ Zip: _____
 Work Phone: _____ Work Fax: _____
 Work Email: _____ Web Address: _____

3. Education/Training: Chronologically list schools attended (high school, colleges/universities, professional schools or other accredited institutions.

Name of Institution	Location (City/State)	Attended (Year)	Degree/Major/Certificate	Yes/No

List Housing Counseling Training Program(s) and dates attended.

Type of Training (i.e. Loss Mitigation, etc.) within the Last 5 years	Location (City/State)	Dates

- 4. List Housing Counseling Chapter(s) [State, Region or Territory] of which you have been or are currently a member. Indicate years of membership.**

Name of Housing Counseling Chapter	Location (City/State)	From	To

Provide the name, address and telephone number of your current Chapter President:

Chapter President: _____ **Telephone:** _____

Address: _____ **City/State/Zip:** _____

Email: _____ **Website:** _____

- 5. Are you affiliated with a HUD-Approved Housing Counseling Agency?**

Yes No

a. If yes, give the dates of your most recent HUD Approval: _____

HUD Office: _____

Address: _____ **City/State/Zip:** _____

Email: _____ **Website:** _____

b. If no, please state the activities or programs of your organization which relate to housing counseling.

6. Professional References:

- a. Name: _____ Telephone: _____
 Address: _____ City/State/Zip: _____
 Email: _____
- b. Name: _____ Telephone: _____
 Address: _____ City/State/Zip: _____
 Email: _____
- c. Name: _____ Telephone: _____
 Address: _____ City/State/Zip: _____
 Email: _____

7. Experience. Please check the Housing Counseling areas in which you have had experience. Also indicate the dates and percentage of your time spent in each field checked. Include a copy of your resume.

Area of Housing Counseling	Check only if Experience	Dates	% of Time
Home Buyer Education			
Homeownership			
Rental			
Credit			
Contact with Financial Institutions			
Money Management			
Loss Mitigation			
Rental Delinquency			
Fair Housing			
Predatory Lending			
Reverse Mortgage			
Post-Occupancy			
Pre-Purchase			
Housing Administration			

8. **Indicate the types of Certification for which you are applying.**
- Certified Professional Housing Counselor Specializing in Tenancy**
 - Certified Professional Housing Counselor Specializing in Home Ownership**
 - Certified Professional Comprehensive Housing Counselor**
9. **A completed application, (signed by the State Chapter President if one exists), resume and three reference letters are required prior to training and testing. Please visit the website at www.n-a-h-c-a.org for certification criteria and fee structure.**

Send completed documents to:

**Sandra L. Moore
111 Shirley Picard Drive
Lafayette, LA 70501**

**For more info contact: (337) 291-8447 (Office) (337) 291-5459 (Fax)
smoore@lafayettegov.net**

I hereby certify to the best of my knowledge and belief that the information provided in this application is true and correct.

Signature

Date

I hereby authorize NAHCA, Inc. to release my test scores to the following individuals: _____, Supervisor/Agency

Signature

Date

Section II: To Be Completed By Your Supervisor

Employment Verification: I hereby verify that _____ is employed by _____, (firm, agency or organization).

Dates of Employment: from _____ to _____

Supervisor's Name: _____ **Title:** _____

Signature **Date**

Section III: To Be Completed by State Chapter

Is the applicant a member in good standing with the State Chapter: Yes No

Give the dates of affiliation: From _____ To _____

Signature **Date**

Section IV: To Be Completed by the Certification Committee

Receipt of letters of recommendation from references

Date(s) received: _____

Receipt of recommendation of State Chapter or Regional Vice President

Date received: _____

Is applicant a member of NAHCA? Yes No

Action taken by committee: _____

Signature of Certification Committee **Date**