



# Iowa Home Ownership Education Project

PO Box 31028, Des Moines, IA 50310  
Ph. 515-278-1415 • Fax 888-241-3112 • www.ihoeep.com

## 2010 MEMBERSHIP APPLICATION FORM

### Section A - Please check the Level of Membership

**Supporting Partners - \$400**

Supporting partners are organizations that don't provide housing counseling. Supporting partner agencies provide products and services essential to supporting home ownership and home ownership education.

- 4 people listed in IHOEP Membership Directory. Additional listings \$25 each.
- 1 office location listing. Additional office listings \$25 each.
- Complimentary exhibit space with 2 attendees per conference.
- Complimentary advertisement in IHOEP directory.

**Organization - \$150**

Organizational membership is for organizations working with individuals on home ownership.

- 4 people listed in the IHOEP Membership Directory. Additional listings \$25 each.
- 1 office location listing. Additional office listings \$25 each (non-profit service providers are free).
- Eligible to submit grant applications.
- All employees receive member rate at IHOEP sponsored events and training classes.
- Advertising can be purchased in the directory for \$100 for a full page ad.

**Individual - \$50**

**Includes 1 person in the Membership Directory.**

- Individual receives membership rate at IHOEP sponsored events and training classes.

**Student - \$10**

Non-voting membership, for reduced attendance fees to students at IHOEP sponsored events.

### Section B – Please complete. This information will be in the directory.

To list more than one office and/or more than four contacts for your agency in the directory see page 3.

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

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

City, State Zip: \_\_\_\_\_

General Business/Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Employees:** (Supporting Partners and Organizational Members can include a total of 4 people to be listed in the IHOEP Directory. Additional people may be listed at \$25.00 each – please include on a separate page).

<b>Employees</b>	<b>Phone#</b>	<b>E-Mail Address</b>
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*If there is more than one office only list those for the main office here*

1. (Main contact from above)

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please check here if you do not want individual information (phone # or email) included in the IHOEP directory.

**Section C– FOR COUNSELING AGENCIES ONLY - All Members that provide home ownership services to the public should complete this section for use in the directory and website.**

**1. Please list the COUNTIES YOU SERVE on a regular basis.**

If you do not want to accept referrals for a county please indicate below so that it will not be listed in the directory or on the web site. If you serve all counties write "statewide". You can attach a list.

**2. For each category please check the appropriate box.**

You may need to check one, two or three boxes in each row. *Please only check a box if you will regularly accept referrals from the general public.*

	Provide service and accept referrals	Provide service in Spanish
Anti-Predatory Lending	<input type="checkbox"/>	<input type="checkbox"/>
Delinquency/Foreclosure Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Down Payment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Fair Housing	<input type="checkbox"/>	<input type="checkbox"/>
Financial Literacy/Budgeting/Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Home Sales	<input type="checkbox"/>	<input type="checkbox"/>
HUD approved HECM Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Landlord/Tenant Education	<input type="checkbox"/>	<input type="checkbox"/>
Post-purchase education	<input type="checkbox"/>	<input type="checkbox"/>
Pre-purchase Homebuyer Education	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Mortgage Delinquency	<input type="checkbox"/>	<input type="checkbox"/>
Rental Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Rural Homebuyer Education	<input type="checkbox"/>	<input type="checkbox"/>
Subsidized 1 <sup>st</sup> Mortgage Loans	<input type="checkbox"/>	<input type="checkbox"/>
Subsidized Rehab Loans	<input type="checkbox"/>	<input type="checkbox"/>

**3. Check any recognized designation that your agency has received:**

- HUD Approved Counseling Agency
- NeighborWorks® Agency
- National Foundation for Credit Counseling
- Approved to provide counseling under BAPCPA
- Adopted National Homeownership Education Standards ([www.homeownershipstandards.com](http://www.homeownershipstandards.com))
- Other: \_\_\_\_\_

**Section D - 2010 Membership Dues Payment Information:**

You may pay on-line at [www.ihoep.com](http://www.ihoep.com) or mail as follow:

Check Enclosed

Checks should be made payable to:  
**Iowa Home Ownership Education Project**  
 PO Box 31028  
 Des Moines, Iowa 50310  
 Fax: 1-888-241-3112

Membership Dues	\$ _____
Additional Listings	\$ _____
Additional Offices	\$ _____
Advertising	\$ _____
Less Discount	\$ (_____)
Total Due	\$ _____

Please mark this box if you will be advertising in the 2010 IHOEP Directory

For IHOEP use: Date Form Received \_\_\_\_\_ Payment received \_\_\_\_\_ Entered into database \_\_\_\_\_

**Section E - Additional Offices and Employee Listings**

*Each agency receives one listing with four employees. Additional offices listings are \$25 each except for non-profit housing counseling agencies which will not be charged an additional fee for an office listing. Each paid office listing includes one additional employee listing.*

Additional Office 1 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 General Business/Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Employee</b>	<b>Phone#</b>	<b>E-Mail Address</b>
<i>List only one for this office</i>		
_____	_____	_____

Additional Office 2 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 General Business/Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Employee</b>	<b>Phone#</b>	<b>E-Mail Address</b>
<i>List only one for this office</i>		
_____	_____	_____

Additional Office 3 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 General Business/Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Employee</b>	<b>Phone#</b>	<b>E-Mail Address</b>
<i>List only one for this office</i>		
_____	_____	_____

**Additional Employee Listings** - Additional people can be listed in the directory for \$25 for each person

<b>Name</b>	<b>Phone #</b>	<b>E-Mail Address</b>	<b>Which Office?</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please check here if you do not want individual information (phone # or email) included in the IHOEP directory.