



SENIOR HOMEOWNERSHIP PRESERVATION PROJECT (“SHOPP”) Technical Assistance and Training Application

Name of Agency: _____

Address: _____

Primary Contact/Position: _____

Phone/E-mail: _____

HUD Certified : Yes _____ No: _____ Number of Years in Operation: _____

Housing Counseling Services Currently Offered: _____

Number of Housing Counselors: _____ Number of HECM Counselors: _____

PCLM Counseling Experience: Yes _____ No _____ If Yes, Number of Years _____

Program Service Area (e.g. National, State, Count(ies), City): _____

Number of Clients Served Per Year Agency Wide: _____

Percentage of Senior Clients Served Per Year (60 and older): _____

Reason for Seeking PCLM Counseling Technical Assistance: _____

Number of PCLM Clients Currently Serve Per Year (if applicable): _____

Number of PCLM Clients Expect to Serve Post Training: _____

Supervisor Signature

Date