



Application for Membership

Agency Name: _____

Address: _____

City, Zip: _____

Agency Phone/Fax: _____

Contact Person: _____ Email: _____

Website Address: _____

Facebook: _____

Twitter: _____

LinkedIn/Other: _____

Age of Agency

Less than 1 year 1-3 years 4-6 years
 7-10 years over 10 years

Employee Staff Size

Volunteer only 1-3 employees 4-6 employees
 7-10 employees over 10 employees

Agency Annual Operating Budget

Less than \$200,000 \$200,000 --\$350,000 \$350,001--\$500,000
 \$500,001 to 1 million over 1 million

Organization Type: (check all that apply)

- 501©3 Non-profit
- Public Housing Authority
- Community Housing Develop. Org. (CHDO)
- Faith-Based organization

Affiliation(s)

- HUD Approved Counseling Agency
- ADFA Approved Homeownership Counseling Agency
- LISC
- NeighborWorks America
- Mission of Hope
- Other: _____
- Other: _____
- Other: _____

Certification(s)

- HUD Approved Counseling Agency
- NeighborWorks America Training the Trainer
- NeighborWorks America Housing Counseling
- AHECI
- Other: _____
- Other: _____
- Other: _____

Housing-related programs your agency participates in: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Owner-occupied rehab | <input type="checkbox"/> Down payment assistance |
| <input type="checkbox"/> Housing counseling | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Homebuyer education | <input type="checkbox"/> Acquisition and Rehab |
| <input type="checkbox"/> New construction (single family) | <input type="checkbox"/> Financial Management Classes |
| <input type="checkbox"/> New construction (multi-family) | <input type="checkbox"/> Self-Help Housing |

Your role with the organization: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Housing Counselor | <input type="checkbox"/> Homebuyer Educator |
| <input type="checkbox"/> Rehabilitation Specialist | <input type="checkbox"/> Executive Director/President |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Housing Director |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

Why are you interested in becoming part of ACHANGE:

Areas of Interest: (check all that apply)

- Housing Counseling certification program/standards
- Homebuyer Educator certification program/standards
- Regional workshops
- Public policy
- Management training
- Mentoring opportunities
- Other: _____

In applying for membership, I agree with the mission of ACHANGE and will do my part to improve the quality of housing and life of Arkansas residents.

Signature

Title

Date

The mission of ACHANGE is to collectively promote quality affordable housing and community economic development in Arkansas.