

# NLIHC State Partner Application Form



Thank you for your interest in becoming a state coalition partner with the National Low Income Housing Coalition. To ensure that your organization is best suited for this relationship, state coalition partners with seats on NLIHC's Board of Directors will review your organization based on the criteria below. Please submit your answers on additional pages if necessary. If there are questions, please contact **Renee Willis**, Vice President for Field and Communications, at [rwillis@nlihc.org](mailto:rwillis@nlihc.org), or 202-662-1530 ext. 247.

1. Organization Name: \_\_\_\_\_
2. Is the organization a member of NLIHC?  Yes  No
3. Organization's Mission: \_\_\_\_\_  
\_\_\_\_\_
4. When was the organization established? \_\_\_\_\_
5. Is the organization a 501c(3)?  Yes  No  
If not, please indicate your accountability structure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you have, or are you affiliated with, a 501c(4)? \_\_\_\_\_  
\_\_\_\_\_
7. Make-up of board of directors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Annual budget: \_\_\_\_\_
9. Number of members or contacts within your network: \_\_\_\_\_
10. Please describe your organization's membership (i.e. social service providers, non-profit housing developers, for-profit developers, individuals, etc). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. How is your membership engaged? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Policy Agenda: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is your organization's Policy Agenda congruent with NLIHC's Policy Agenda?  
See [www.nlihc.org/issues](http://www.nlihc.org/issues). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Do you believe your organization can support NLIHC's policy agenda? If there are concerns,  
please elaborate. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Is your organization able to commit to participating in NLIHC state coalition activities (i.e.  
monthly calls, distributing Calls to Action to network, call delegation when needed, attending  
bi-annual in-person meetings of state coalition partners, attending conference)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Are there other housing or homeless coalitions in your state? If yes, what is your relationship  
with them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Please describe the top achievements of your organization. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Does your organization have paid staff? If yes, please provide titles. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. What other national groups, if any, does your organization work with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Please provide 2-3 organizations as references for your organization's work (i.e. foundations, government agencies, etc). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

