

State of Michigan
Civil Service Commission
Capitol Commons Center, P.O. Box 30002
Lansing, MI 48909

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

POSITION DESCRIPTION

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. **THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.**

<p>2. Employee's Name (Last, First, M.I.) New/Vacant</p>	<p>8. Department/Agency LEO/Michigan State Housing Development Authority (MSHDA)</p>
<p>3. Employee Identification Number</p>	<p>9. Bureau (Institution, Board, or Commission)</p>
<p>4. Civil Service Classification of Position Departmental Technician 7-9; Limited-Term</p>	<p>10. Division Homeownership</p>
<p>5. Working Title of Position (What the agency titles the position) Homeowner Assistance Fund (HAF) Technician</p>	<p>11. Section MI- HAF Program Operations</p>
<p>6. Name and Classification of Direct Supervisor Katy Twining – Property Manager 15 FRZN</p>	<p>12. Unit</p>
<p>7. Name and Classification of Next Higher Level Supervisor Mary Townley – State Division Administrator 17</p>	<p>13. Work Location (City and Address)/Hours of Work 735 E Michigan Ave, Lansing, MI 48912 8:00 a.m. to 5:00 p.m. Mon-Fri</p>

14. General Summary of Function/Purpose of Position

This position serves as the statewide Homeowner Assistance Fund (HAF) Programs technician with respect to a federally funded emergency relief program in the American Rescue Plan, H.R. 1319. This Technician position will have direct contact with Michigan residents seeking mortgage payment assistance to reinstate a mortgage related to a period of forbearance, delinquency or default, utility assistance, including broadband internet, homeowner association condominium fees and/or property taxes. This Technician position will validate application data and may interface directly with mortgage lenders, national servicers, county treasurer offices, condominium association's officers, and utility providers to confirm amount owed and initiate funding. The HAF Technician to establish a close working relationship with the HAF Operation team and other State agencies in respect to the HAF program and professionally represent MSHDA Homeownership in all contact. Technician will objectively and fairly provide program detail and instructions to all Michigan residents seeking HAF information as able, and impartial to personal prejudices or discrimination, by answering incoming telephone calls, sending printed material, or referring the resident appropriately for assistance.

For Civil Service Use Only

15. Please describe your assigned duties, percent of time spent performing each duty, and explain what is done to complete each duty.

List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.

Duty 1

General Summary of Duty 1 **% of Time** 70%

Technician will independently review and determine applicant's eligibility for federal grant assistance from the Homeowner Assistant Fund (HAF) program in strict adherence to all required federal, state, MSHDA Homeownership and program guidelines.

Individual tasks related to the duty.

- Take ownership of assigned cases and independently manage an application pipeline from receipt to transfer to funding.
- Interface directly with applicant, explaining Program details and validating data provided; ensure all data is entered correctly into system of record.
- Review & analyze applicant's application package, objectively and fairly, ensuring decisions are impartial to personal prejudices or discrimination.
- Based upon review and analysis of application package submitted, empowered to recommend approval or denial of applicant's grant request.
- Inform applicant promptly of application outcome, issue commitment or adverse action notice in accordance with HAF program guidelines.
- Cancel incomplete application requests after 30 days if no progress or activity is documented.
- Identify and escalate any suspected issues of non-compliance to appropriate HAF leadership or management team, the Director of Homeownership, Finance or Legal Division as needed.
- Complete additional and specific tasks identified by role in the operation center, sub-set teams:
 - 1) Customer Service/Intake – Interface with 211 customer service team, validate applicant's identity and applicant data entry, send initial Welcome email, monitor HAF mailbox, process incoming paper mail
 - 2) Processing/Validating/Decisioning - Analyze application data, request missing supporting documents, validate applicant's ownership interest, determine type of HAF assistance requested, recommend approval or denial, estimate dollar amount requested.
 - 3) Funding/Reporting – Obtain mortgage, county tax, condominium or utility provider information including wire or ACH directions, reach out to partner to confirm amount owed, accurately enter data into system of record, follow-up with provider to ensure funds applied as directed, assist Team Lead with both data and financial reports reconciliation.
 - 4) Quality Control/Document Retention – random QC review on selected approved cases and all declined applications in accordance with pre-determined guidelines, document results at the case level and to management, assist with all internal and external audit reviews, including those by Department of U.S. Treasury or their oversight agency.

Duty 2

General Summary of Duty 2 **% of Time** 20%

Represent the Homeowner Assistance Fund (HAF) professionally, while responding to all inquiries from Michigan residents, mortgage industry partners, counseling agencies, and/or internal inquiries from MSHDA management or staff. Provide any internal or external program technical assistance, as needed and upon request.

Individual tasks related to the duty.

- Answering telephones & directing calls to appropriate staff personnel so that customer satisfaction benchmarks are met.
- Explain HAF program details accurately and fairly to Michigan residents, counseling agencies, lender/servicers, utility providers, co-workers, MSHDA staff, and other State agencies.
- Return all voice messages within 24 hours or the next business day.
- Forward all press related inquiries to MSHDA's Communication team; do not make public statements on behalf of the HAF program or MSHDA.
- Maintain an organized work area.
- Assist co-workers, as necessary, in order to meet HAF's total production benchmarks.

Duty 3

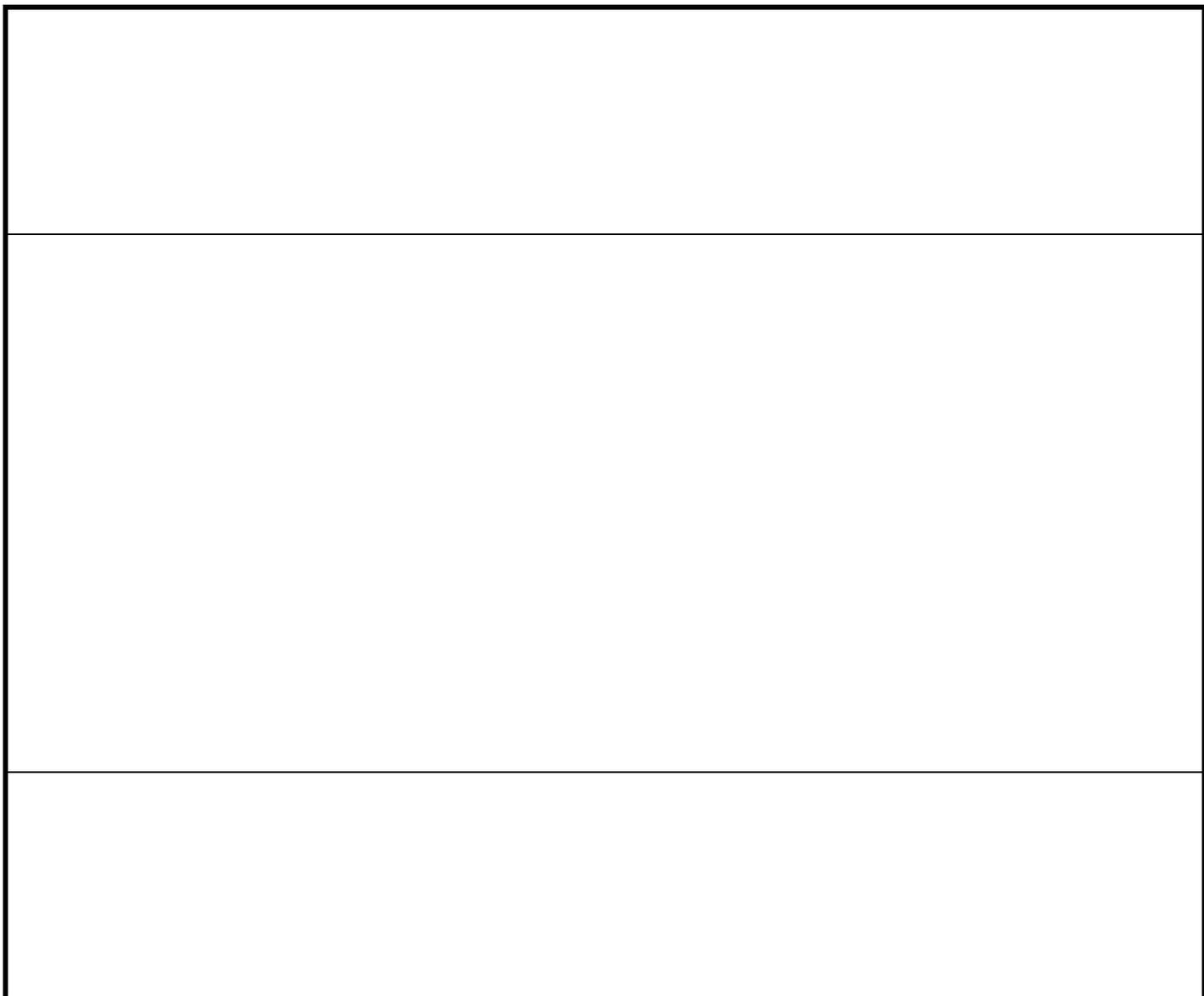
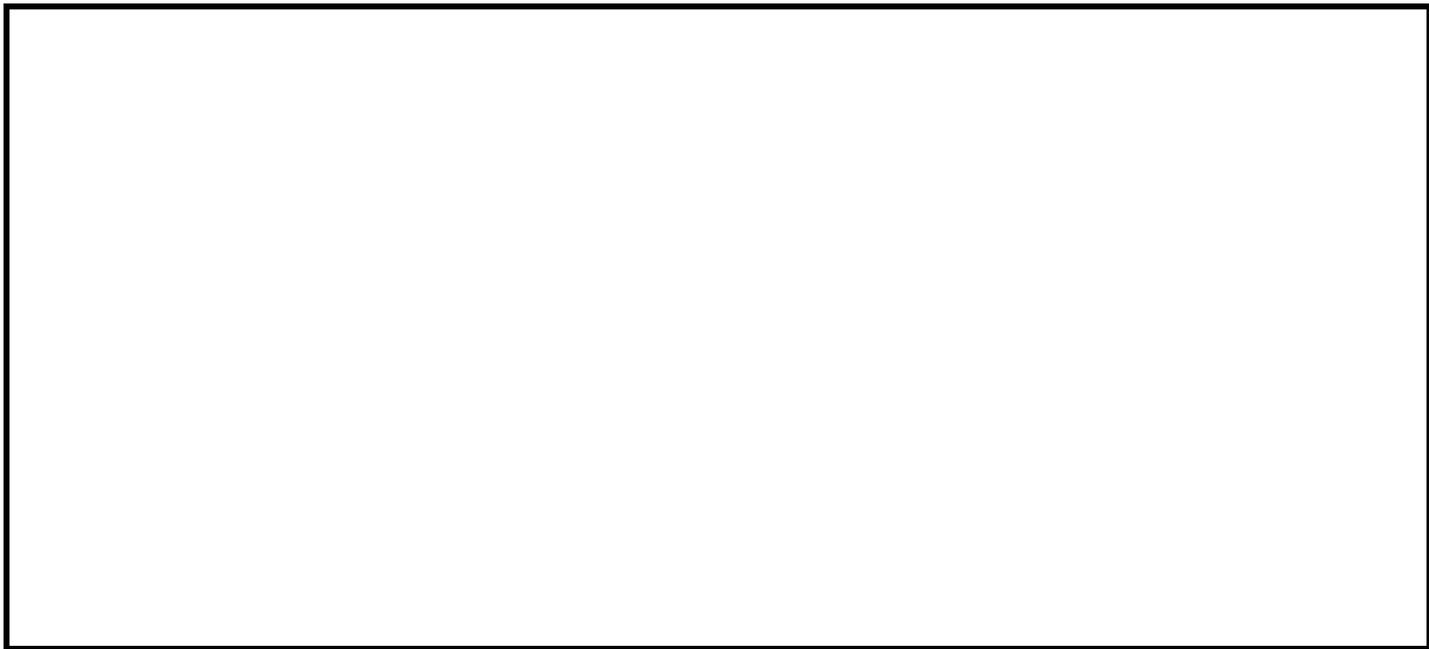
General Summary of Duty 3

% of Time 10%

Assist HAF Operation team and Homeownership Division by actively participating in weekly or monthly staff meetings, being an active team player, providing recommendation for process improvement, and compliance with MSHDA's time record SIGMA.

Individual tasks related to the duty.

- Attend and actively participate in All HAF staff monthly team meetings, or specific sub-set Team meetings. Attend Homeownership staff meetings, when included.
- Recommend topics to be covered at monthly staff meetings.
- Research, find and share more efficient way to complete tasks and minimizing errors within the Team.
- Promote Homeownership team relationships with co-workers by effective & non-judgmental communication.
- Enter all hours worked in SIGMA accurately and promptly as required; track HAF hours correctly.
- Request Annual Leave (AL) hours timely; adhere to acceptable use of Sick Leave (SL) and add comments as required.
- All other duties as assigned.



16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.

Interpretation of Homeowner Assistance Fund (HAF) programs parameters, as provided by MSHDA in accordance with all federal and state policies and regulations, in-order to provide emergency relief to Michigan residents in retaining their primary households. These decisions directly affect Michigan and MSHDA's public perception of the effectiveness of these programs, the individual homeowner's eligibility for this assistance and the compliance exposure with Department of U.S. Treasury.

17. Describe the types of decisions that require your supervisor's review.

Politically sensitive issues or decisions involving matters of agency policy or technical matters that have not been previously experienced. Decisions of a legal matter would be referred to the Manager of Homeownership Operations, Division of Homeownership Director and/or Staff Attorney, as appropriate.

18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.

Typical office setting with no adverse environmental conditions. The position requires extensive computer work. Daily, weekly, and monthly deadlines require the employee to be alert and capable of functioning well under pressure and the stress of a large volume of incoming files, mail, e-mails, phone calls and public perception. Flexibility and maintaining a cordial, helpful attitude is imperative. Minimal in-state and/or out-of-state travel may be required.

19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)

<u>NAME</u>	<u>CLASS TITLE</u>	<u>NAME</u>	<u>CLASS TITLE</u>

20. My responsibility for the above-listed employees includes the following (check as many as apply):

- | | |
|---|--|
| <input type="checkbox"/> Complete and sign service ratings. | <input type="checkbox"/> Assign work. |
| <input type="checkbox"/> Provide formal written counseling. | <input type="checkbox"/> Approve work. |
| <input type="checkbox"/> Approve leave requests. | <input type="checkbox"/> Review work. |
| <input type="checkbox"/> Approve time and attendance. | <input type="checkbox"/> Provide guidance on work methods. |
| <input type="checkbox"/> Orally reprimand. | <input type="checkbox"/> Train employees in the work. |

21. *I certify that the above answers are my own and are accurate and complete.*

_____ Signature _____ Date

NOTE: Make a copy of this form for your records.

TO BE COMPLETED BY DIRECT SUPERVISOR

22. Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?
New position.

23. What are the essential duties of this position?

The working title of this position is Homeowner Assistance Fund (HAF) Technician. This Technician’s responsibility will be to continually review applications submitted from Michigan residents who are seeking mortgage payment assistance to reinstate a mortgage related to a period of forbearance, delinquency or default, utility assistance, including broadband internet, homeowner association condominium fees and/or property taxes. Each applicant must be reviewed objectively and fairly. It is imperative to monitor and report all activity accurately to ensure MSHDA is within all federal and state requirements established for use of these funds.

24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.

New position.

25. What is the function of the work area and how does this position fit into that function?

The function of this area is to partner with the federal government by providing emergency housing assistance relief to Michigan residents directly impacted by the coronavirus pandemic and economic shutdown. If a homeowner is eligible, according to written program guidelines, assistance will be provided directly to the homeowner's lender, servicer, condominium association, or utility provider on their behalf to assist them in avoiding foreclosure and or shut-off of services.

26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

EDUCATION:

Possession of a high school diploma or a GED Certificate.

EXPERIENCE:

Departmental Technician 7

One year of experience performing 7-level administrative support activities.

Departmental Technician 8

One year of experience as a business and administrative technician or business and administrative para-professional equivalent to the entry level in state service.

OR

One year of experience performing 8-level administrative support activities.

Departmental Technician E9

Two years of experience as a business and administrative technician or business and administrative para-professional, including one year of experience equivalent to the intermediate level in state service.

KNOWLEDGE, SKILLS, AND ABILITIES:

- Two or three years of residential mortgage processing, underwriting, closing, servicing or origination experience.
- Or two to three years of financial counseling experience.
- Strong organizational skills.
- Ability to effectively and appropriately communicate both orally and in writing.
- Ability to establish and adhere to work priorities.
- Highly self-motivated, disciplined, flexible, patient, not easily frustrated.

- Knowledge and proficiency on basic computer software programs.
- Good math skills.
- Team player.
- Punctual and dependable.

CERTIFICATES, LICENSES, REGISTRATIONS:

None required.

NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.

27. I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.

Supervisor's Signature

Date

TO BE FILLED OUT BY APPOINTING AUTHORITY

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

29. I certify that the entries on these pages are accurate and complete.

Appointing Authority's Signature

Date