

NEW AFFILIATE ONBOARDING MANUAL



A stronger Illinois begins at home

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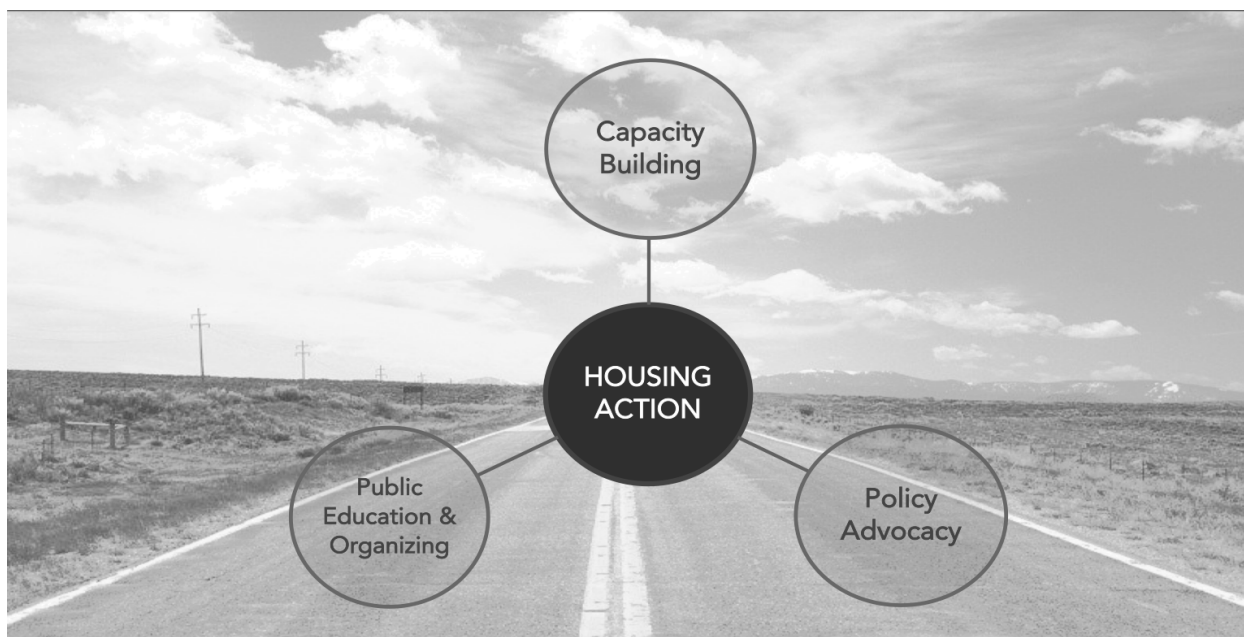
WELCOME TO HOUSING ACTION ILLINOIS

Housing Action Illinois is a statewide coalition that has been leading the movement to protect and expand the availability of quality, affordable and accessible housing in Illinois for more than 30 years. Our 160+ member organizations include housing counseling agencies, homeless service providers, developers of affordable housing, advocates, and more. We bring everyone together to work toward an Illinois where everyone can have a stable, good home. We empower communities to thrive through three primary programs: Policy Advocacy, Public Education & Organizing, and Capacity Building (formerly known as Training and Technical Assistance, or TA).

We support housing counseling agencies by coordinating and teaching regular workshops, offering one-on-one support, and facilitating the distribution of funds as a **HUD-Approved Housing Counseling Intermediary**. Welcome to our Intermediary network. We recognize that our affiliates bring unique backgrounds and valuable experiences to our network. This manual is intended to help you understand the guidelines created by HUD and the National Industry Standards and to share best practices. We hope that our onboarding process assists your agency in fine-tuning and maintaining current housing counseling activities while also introducing new ideas to assist the communities you serve.

We're Here to Help You

We are a statewide coalition that has been leading the movement to protect and expand the availability of quality, affordable housing in Illinois for more than 30 years.



We're Your Coach. We Want You to Succeed!

Housing Action Illinois is here to help you succeed, by delivering financial resources, creating training opportunities, and ensuring your agency is HUD-compliant.

Contact Housing Action *first* with any programmatic or reporting concerns.

Capacity Building Specialists

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OVERVIEW

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This mini workshop of counseling best practices prepares new counselors entering the industry, and serves as a refresher for tenured counselors. Participants will review study materials for HUD-certification and discuss counseling and group education strategies.

HUD Work Plan Review 5

Housing Action Illinois’ Capacity Building Specialists will verify that your organization’s counseling services are accurately reflected in the work plan.

Communication Plan 7

Your organization’s written and electronic materials are reviewed to ensure all materials are consistent with your brand and are HUD-compliant.

Training Schedule 9

Upon review of the work plan, the Capacity Building Specialists will draft a training plan to be completed by the organization within 12 months of becoming a Housing Action Illinois sub-grantee.

Counseling Process..... 12

The Capacity Building Specialist will review your organization’s client journey, from initial contact to file close-out/resolution and provide recommendations.

Reporting Expectations 16

This section reviews best practices for Client Management System data entry, how to complete the Quarterly Requisition and HUD-9902 reports, and how to reconcile erroneous reporting.

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COUNSELOR ACADEMY

Counselor Academy is a mini curriculum of best practices that reviews the major counseling areas and discusses the day-to-day responsibilities of a housing counselor. Data entry, counseling techniques, and certification preparation will be discussed.

The Academy will also assist new counselors prepare for the HUD-certification exam, with pre-tests and required reading from the online study modules.

The Academy will cover the following eight topics:

- The Role of the Counselor
- The Client Pipeline
- The One-on-One
- The Financial Analysis
- Client Follow-Up
- Conducting Workshops
- Avoiding Foreclosures
- Staying Informed



THE HUD WORK PLAN

The HUD handbook details the process of becoming a HUD-approved housing counseling agency and remaining compliant. However, the HUD work plan verifies the counseling and group education services your housing counseling agency provides and the demographics you serve. Think of the work plan as your agency's resume, with the exception that it summarizes *current* programs and services you offer.

Work plans should be reviewed annually. If your agency has added or removed a service, your work plan should be updated accordingly. In later sections, we will discuss the importance of contacting Housing Action first about program or demographic changes to your housing counseling program.

Before drafting or editing your work plan, please review the HUD template *"Developing a Housing Counseling Work Plan for HUD Approval."*

Dissecting the Work Plan

1. Target Community: Summarize the population you serve with verified statistics via published reports, the Census Bureau, and other reputable sources. This section, based on the data provided, should leave the reader understanding why your services are needed in your respective community, leading to the next section, Housing Needs and Problems.
2. Housing Needs and Problems: If the data provided in the previous section is current and reveals obvious inequities within your target community, this section should be fairly easy to compose. Again, list credible sources to substantiate why your services are vital to the community you serve.
3. Housing Counseling Services: As you might have guessed, each section builds upon the previous one. So far, your plan has summarized the housing challenges within your target community. The Housing Counseling Services section details how your organization will "answer the call" in providing relevant housing counseling services within your area. If your organization is providing services in a unique format or has a niche program, it should be



highlighted here. It may also be included in a later section, *Alternate Settings/Format*. Other subjects to be included in this section are:

- Details of your referral process
- Individual counseling and group education session requirements
- File content requirements, including storage protocols for confidential information
- Conflict of Interest Policy
- Quality Control/Security Plan Compliance

4. Limited English Proficiency: This section should discuss how your organization serves non-English speaking clients, such as employing bi-lingual housing counselors or having a referral network in place.
5. Alternative Settings Format: If your agency provides counseling services that deviate from in-person/in-agency counseling, you must list the formats in this section. Accommodations for clients with disabilities should also be addressed.
6. Fee Structure: If your agency charges a fee for any service within your organization (excluding foreclosure prevention and homeless counseling), you must disclose it here.
7. Affirmatively Further Fair Housing: HUD-approved housing counseling agencies are expected to promote fair housing, and to help remedy discrimination. Organizations should have a referral network in place for fair housing complaints.
8. Marketing and Outreach: Describe how your organization will advertise your organization's programs and services. Are you partnering with other housing counseling agencies, or industry partners such as banks and real estate professionals?



COMMUNICATION REVIEW

A clear communication plan is important to an organization's success. Whether your agency is marketing to existing clients or tapping into a new demographic, knowing your audience is key. Vague or contradictory language can confuse your audience, so remember to keep the *KISS (Keep it simple, sister!)* principle in mind.

A Capacity Building Specialist will review your communication plan to determine if it effectively reflects your brand and target audience.

Written Materials

1. Client-Facing Forms: Intake/application, program disclosure, authorization, action plan, budget, counseling agreement, etc.
 - a. Formats: Electronic and hard copy
 - b. Agency Identity: Logo, contact information, consistent across all forms.
 - c. Bi-lingual (if applicable): Are bilingual forms translated accurately?
2. Letter/Email Template Categories: *
 - a. New Client: Introductory email or letter. Can include a document checklist for upcoming appointments, or re-cap initial counseling session. Should include the assigned counselor's name.
 - b. Termination of Counseling: Email or letter confirming case resolution or case close-out due to client unresponsiveness. Confirms all parties have completed their responsibilities.
 - c. Additional/Missing Document Requested: Email or letter requesting more information to complete counseling assessment.
 - d. Registration Confirmed (for group education and outreach events): Delivered through email auto-responder or letter.
 - e. General Information: Acknowledging client inquiries for counselor/agency follow-up.

**Phone contact may be substituted for some of the above actions, but written verification is preferred.*



3. Marketing Collateral:

- a. Consistent style guide for brochures, flyers, business cards, door signs, and promotional items.
- b. Agency name and logo complement each other.

Electronic Materials

1. Website:

- a. Style guide consistent with print materials
- b. Navigation—two clicks or less for information
- c. Agency disclosures: fillable/static PDF
- d. Website/email inquiries
- e. Call to action

2. Social Media: Consider who will be responsible for content and how frequently to post.

- a. Facebook: Allows for more detailed message; largest platform
- b. Twitter: Quick messaging, more targeted message
- c. LinkedIn: More for industry professionals, “insider” knowledge
- d. Instagram: Similar to Twitter, catchy infographic/message

Notes:



TRAINING SCHEDULE

Ongoing training insures counselors are knowledgeable of industry trends and professional standards. Effective August 1, 2020, individuals providing housing counseling services must be HUD-certified and employed by a HUD-approved housing counseling agency. The HUD certification exam covers 6 counseling areas: Financial Management, Housing Affordability, Fair Housing, Homeownership, Avoiding Foreclosure and Tenancy. More information about becoming HUD-certified can be found [here](#), or <https://www.hudhousingcounselors.com/become-hud-housing-counselor>.

Although individual HUD certification is the industry standard, continuing education is still recommended. Training organizations such as Housing Action Illinois, Rural Community Assistance Corp (RCAC), NeighborWorks America (NWA), UnidosUS, Credit Builders Alliance, and The Counselor's Corner create and facilitate workshops throughout the year, in-person and online. Industry best practices and training curriculums are found below:

- a. NCHEC Certification ([Click here](#))
<http://www.neighborworks.org/Training-Services/Training-Professional-Development/Courses-Certifications/One-Week-Certifications/NCHEC-Professional-Certification>
- b. National Industry Standards - pages 19, 25, 32 ([Click here](#))
https://www.homeownershipstandards.org/Uploads/NISStdsGuidelines_LR_North%20Capitol_FINAL.pdf
- c. HUD Handbook – Chapter 3 ([Click here](#))
https://www.hud.gov/program_offices/administration/hudclips/handbooks/hsg/7610.1



The NeighborWorks Center for Homeownership Education and Counseling (NCHEC) recognizes the following courses under their certification program:

CORE CURRICULUM

To be completed within 1 year of becoming a Housing Action Illinois sub-grantee.

SERVICE AREA	REQUIRED COURSES
Financial Capability	<input type="checkbox"/> HO-208 <input type="checkbox"/> HO-209 <input type="checkbox"/> HO-310
Pre-Purchase	<input type="checkbox"/> HO-229
Post-Purchase	<input type="checkbox"/> HO-247
Homeownership Counseling	<input type="checkbox"/> HO- 250 <input type="checkbox"/> HO-109 or <input type="checkbox"/> HO-109eI
Foreclosure Intervention	<input type="checkbox"/> HO-345 <input type="checkbox"/> HO-307
Homeownership Counseling for Program Managers	<input type="checkbox"/> HO-360

Additional training and resources:

- HUD Certification Exam Test Preparation- Housing Action Illinois, NWA, RCAC
- CMS Training – HCO, CounselorMax or other HUD-approved system.
- *Credit as an Asset* – Credit Builders Alliance
- Mortgage Math Made Simple for Homeownership Professionals (HO-206eI, NWA)
- Student Loan Training- Housing Action Illinois, NWA, RCAC
- Disaster Recovery and Emergency Preparedness- Numerous training affiliates.



The First 6 Months

New housing counselors should be paired with a tenured counselor during the first 6 months of employment. Side-by-side mentoring and classroom instruction prepares new counselors for real-life client scenarios.

Months 1 - 2

1. Observe a minimum of ten (10) one-on-one counseling sessions with a tenured counselor, and track the appointments.
2. Attend 2 workshops, any topic.
3. Read the *Standards for Homeownership Education and Standards for Homeownership Counseling* sections of the National Industry Standards handbook.
4. Read the agency's policy and procedures manual.
5. Begin reviewing the HUD certification study guide.

Months 3 - 4

1. Attend an online or in-person training that counts toward NCHCEC certification.
2. Observe between 5-10, one-on-one counseling sessions and track appointments.
3. Attend one (1) workshop.
4. Read the *Standards for Homeownership Education and Counseling-Foreclosure Intervention Specialty* and complete the *Code of Ethics and Conduct for Homeownership Professionals* from the National Industry Standards handbook.
5. Continue reviewing the HUD certification study guide.

Months 5-6

1. Conduct two (2) one-on-one counseling sessions, with supervision.
2. Review the HUD certification study guides, and prepare to take the practice exam.

After 6 months:

1. Counselor should be prepared to sit for the HUD certification exam.
2. Conduct a minimum of twelve (12) one-on-one appointments.
3. Co-present workshops.



THE ONE-ON-ONE COUNSELING SESSION

Housing counseling agencies determine the path of the client journey based on organizational needs and to a degree, client expectations. Some agencies require clients to attend group education classes prior to scheduling a one-on-one counseling session, whereas others schedule the one-on-one counseling session first. Regardless of your method, the counselor should think of the one-on-one as a fact-finding mission:

- What is the client's current situation?
- What is the client's goal?
- Is this a short or long-term client?
- What is the path to reach their goal?

Review the activities required during a one-on-one session as discussed in Chapter 3 of the HUD handbook, and page 19 of the National Industry Standards manual.

Prior to session:

1. If the client did not previously attend a workshop, complete an intake.
2. Provide client with a document checklist prior to appointment. *(Advise client that documentation must be received prior to appointment).*
3. Establish client's monthly income and assets based on documentation submitted.

During session:

1. Give a brief introduction of your role and the services you will provide.
2. Present and explain agency disclosures. Forms should be current and legible, with definitive headings. Client and counselor to sign forms, when applicable.
3. Verify the information sent prior to the appointment and make necessary adjustments. Ask probing questions to fill in any gaps in information.
4. Complete a budget and action plan. The action plan should have explicit next steps for the counselor and client to follow. Follow-up expectations should be included within the action plan.
5. If additional documentation is needed, request the information on the action plan.

After session:

1. Counselor to enter case notes from the counseling appointment into the agency's CMS. Notes should objectively reflect the who, what, when, where, why, how of the appointment, including details from the action plan. (See *sample appointment notes in the HCO manual pages 40-42.*)
2. Set follow-up reminders per the action plan through Outlook, HCO or another calendaring system.
3. Determine the HUD impacts associated with the file. (See *page 43 of HCO manual.*) Not all case activity will require an impact.
4. Maintain client follow-up as required by HUD (see Section 3-5, #F). More frequent follow-up may be warranted based on client need. Once the client's situation has been resolved (purchased housing, avoided FC, found rental housing, improved credit), enter detailed case notes and promptly close out the case.
5. Per HUD, if the client has been unresponsive within a 90-day period (Sec 3-5, #H) and all contact attempts are documented, the counselor must close out (terminate) the file.
6. Files should be retained up to 3 years from the time counseling was terminated, or 3 years from the date the final grant invoice was paid by HUD. Longer file retention may be required if client received grant or loan assistance through a state or federal entity. Physical files should then be shredded.

Notes:



GROUP EDUCATION

Group education is an effective triaging tool, particularly for pre-purchase education clients. Developing and presenting relevant workshop content is just as important as the counseling session. Scheduling consistency and relevant content will help to develop group education classes.

Group education files should include the following information per HUD:

- Class roster from CMS and group ID#
- Flyer for workshop: Date, location, time, duration
- Course outline or curriculum
- Instructional goals
- Workshop intake forms (ethnicity, race, income levels of household)
- Disclosure statement if applicable
- Copy of receipt, if client paid fee and fee schedule disclosure

NOTE: Group education files are audited during the HUD performance review.

The HCA will determine if counselors or external partners will facilitate the workshops.

1. **MARKETING** - The HCA should market workshops no less than a month prior to the scheduled date. Leveraging real estate and lending partnerships to assist in presenting the curriculum may add legitimacy to workshop. Memos of Understanding (MOUs) or a consulting agreement should be in place to ensure expectations between the HCA and partners are addressed. Marketing efforts to promote events should include, but not limited to:
 - a. Email blasts to realtor, lender, and former clients
 - b. Social media posts
 - c. Newsletters, website events
 - d. Neighborhood newspapers, community bulletin boards
2. **CONTENT** - The workshop curriculum must reflect the objectives found in the National Industry Standards (*pages 12-14*). Workshop topics should be consistent with the services listed within the HCAs work plan. Workshop content may be created by the HCA, or other reputable industry organizations such as the



Consumer Financial Protection Bureau (CFPB), Freddie Mac, or NeighborWorks America.

3. **LOCATION** - The location should promote easy accessibility and adequate space, based on class size.
4. **FREQUENCY** - Maintain a consistent schedule for core workshops (weekly, monthly, or quarterly sessions).
5. **COMPLETION CERTIFICATES** - Released after completion of the group education workshop or 1-on-1 counseling session.

Notes:



REPORTING AND MONITORING EXPECTATIONS

Sub-grantees of Housing Action Illinois are required to accurately report counseling activities and programmatic outcomes. Reporting, in conjunction with the HUD Performance Review, ensures HCAs remain compliant and further the mission of executing housing counseling and fair housing initiatives.

The HUD 9902

The HUD 9902 is a quarterly report summarizing your organization's housing counseling and group education activity. Although the report is submitted quarterly, each report reflects cumulative data - year to date totals for the HUD fiscal year (October 1 - September 30). Your client management system electronically submits the 9902 report to HUD via the Housing Counseling System (HCS). Therefore, accurate data entry within your client management system is critical to reporting.

Erroneous data entry may prevent your organization from electronically submitting the 9902, and could impact your HUD funding award. Housing Action allocates funding awards to sub-grantees based on verified housing counseling activity. Consequently, **manual submission of the 9902 is not encouraged.** Manual and/or late reporting submissions are subject to delayed funding reimbursements and additional supporting documentation. Sub-grantees must contact Housing Action Illinois *first*, before attempting to manually submit the 9902.

The HUD 9902 and Your Data

Each client who receives one-on-one counseling or group education services should be accounted for within your CMS. HUD requires all housing counseling agencies to report the following for each client/household: Ethnicity, race, income level, rural status, and limited English proficiency status. In addition to client demographics, HUD also requests total number and type of group education workshops and one-on-one counseling sessions you have provided.



Quarterly Requisitions

As a HUD Intermediary, Housing Action also submits quarterly reporting to HUD on behalf of our sub-grantees. The Quarterly Requisition, similar to the 9902, records the quarterly reporting for group education and one-on-one counseling activity, in addition to capturing the agency's reimbursement amounts for each service.

1) Reporting for Quarter:

2) Name and Address of Grantee:

3) Name of person to whom payment should be sent:

4) Service Delivery and Staff Expenditures under the grant:

Group Education	# of Workshops Completed for Quarter	# of Households Receiving Education This Quarter	# of Households Graduated This Quarter (corresponds to Quarterly Report)	Staff Hours Expended for Education This Quarter	Hourly Billing Rate to HAI (per Billing Rate Form)	Requisition Amount
Financial Literacy Workshop (8a)						\$0.00
Predatory Lending, Loan Scam, or Other Fraud Workshop (8b)						\$0.00
Fair Housing Workshop (8c)						\$0.00
Homelessness Prevention Workshop (8d)						\$0.00
Rental Workshop (8e)						\$0.00
Pre-Purchase Homebuyer Education Workshop (8f)	10	200	200	60	50.00	\$3000.00
Non-Delinquency Post-Purchase Workshop (8g)						\$0.00
Resolving or Preventing Mortgage Delinquency or Default Workshop (8h)						\$0.00
Other Workshop (8i)						\$0.00
Subtotal Education	0	0	0	0		\$3000.00
Individual Counseling	# of Households Active in Counseling This Quarter from Previous	# of Households Initiating New Service This Quarter (corresponds to Q Report)	Total Households Counseled This Quarter	Staff Hours Expended Counseling This Quarter	Hourly Billing Rate to HAI (per Billing Rate Form)	Requisition Amount



TOP SECTION: The first column, group education, lists the type of workshops your agency offers. In the second column, you will enter the total number of workshops for each workshop type. For example, if your organization presented 10 pre-purchase classes for the quarter, then enter 10 in the second column.

The third column, Number of Households Receiving Education This Quarter” represents the total number of households that attended each particular workshop. For example, if you presented 10 pre-purchase workshops, with 20 households attending per workshop, the total number of households for the quarter is 200.



The fourth column reflects the total number of households who completed or graduated from the workshops. In the example above, we'll say 200 households attended, with 200 graduating in the quarter.

In the fifth column, the total numbers of hours spent per workshop is listed here. For example, if your pre-purchase workshop is a 6 hours per workshop and you presented 10 over the quarter, the total number of hours is 60.

The sixth column, Hourly Billing Rate to HAI, is the average hourly cost (using staff salary only) among employees providing counseling under the HUD grant. To determine your billing rate, you must refer to the **Billing Rate Form**, one of the required forms within the quarterly requisition package.

Counselor	Total Salary	% of time spent counseling under HUD Grant	Salary to include in direct rate	Hours to include in direct rate
Counselor 1	\$	0%	\$	0
Counselor 2	\$	0%	\$	0
Program Manager	\$	0%	\$ -	0
	\$	0%	\$ -	0
	\$	0%	\$ -	0
	\$	0%	\$ -	0
	\$	0%	\$ -	0
Total Billable Hours				0
Direct Rate Per Hour	0			

To determine the rate, add the salaries of those providing counseling under the HUD grant. If a staff person only spends 20% of their time counseling, then only include 20% of their salary in the sum. Divide this sum by the sum of the total number of hours spent counseling per year to arrive at an hourly direct rate. In the above example, if your hourly billing rate is \$50.00, and total group education hours were 60, then the total billed for group education would be \$3000.00.



BOTTOM SECTION: 1-on-1 counseling activity here should be identical to the data reported in the HUD-9902. Column one lists the individual counseling types, followed by column two reporting carry-over cases from the previous quarter. Column three reflects new cases for the current quarter, with column four reflecting the total number of households counseled during the current quarter. *The number shown from these two quarters should be reflected in the Client Level Data report.*

As with the group education section, the counselor’s total counseling hours are reported in column five; the billing rate from above is multiplied by the total staff hours to come up the individual counseling requisition amount in column seven.

Individual Counseling	# of Households Active in Counseling This Quarter from Previous	# of Households Initiating New Service This Quarter (corresponds to Q Report)	Total Households Counseled This Quarter	Staff Hours Expended Counseling This Quarter	Hourly Billing Rate to HAI (per Billing Rate Form)	Requisition Amount
Homeless Assistance (9a)			0			\$0.00
Rental Topics (9b)			0			\$0.00
Prepurchase/ Homebuying (9c)			0			\$0.00
Home Maintenance and Financial Management for Homebuyers (9d)			0			\$0.00
Reverse Mortgage (9e)			0			\$0.00
Resolving or Preventing Mortgage Delinquency or Default Workshop (9f)			0			\$0.00
Subtotal Individual	0	0	0	0		\$0.00

The Personnel Activity Report (PARS)

All housing counseling being billed to the HUD grant is tracked by timesheets, or PARS. Counselors record their time for one-on-one counseling and group education activities, (corresponds to sections 8 and 9 of the HUD-9902), administrative duties, marketing and outreach, and training and travel. The PAR should equal or exceed the hours included in the requisition. If the PAR shows less hours than the requisition, your agency must show the additional hours or reduce the hours of the requisition. The highlighted section automatically calculates the total number of hours per month and for each section. Timesheets must be signed by the employee and supervisor.



A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	
Organization:																						
Date:																						
Employee:																						
Employee ID:																						
Fund Code	Activity/Work Performed	Activity Code	Total Hours	September 2018																		
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
HUD-FY17	One-on-One Counseling (Ba-Bf)	HC0001	0																			
HUD-FY17	Administrative	HC0005	0																			
HUD-FY17	Group Education (Ba-Bf)	HC0002	0																			
HUD-FY17	Marketing & Outreach	HC0004	0																			
HUD-FY17	Training and Travel (B)	HC0003	0																			
	Grand Total HUD Hours		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	All Other Work		0																			
	Leave Without Pay		0																			
	Holiday		0																			
	Sick Leave		0																			
	Compensatory Leave		0																			
	Travel		0																			
	Total Hours Worked and Leave Taken		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

The Program Income Report

This report captures all fee-for-service activities for each quarter to prevent duplication of fund reimbursement. For example, if your organization charges \$25 per person for pre-purchase education, the fee must be listed on the form shown below.

HUD Fiscal Year 2017 (10/1/2017 - 9/30/2018) Program Income Report				
Reporting Period (cumulative):				
Agency Name:				
Do you earn program income?				
If yes, please fill out the report below				
List all fees earned on an accrual basis under the counseling program for the current program year (cumulative). If you charge more than one fee to a source (i.e. you charge different fees to homebuyers based on income), please list a new row for each fee charged to this source. Please see example on sheet 2 of this excel document. DO NOT include fees charged for credit reports.				
Fee Source	Fee Description	Rate (\$)	# of Households	Total Fee Income
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
TOTAL				\$0.00
By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, factitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218 Section 1001)				
<i>Name and Title of Authorized Certifying Official</i>				
<i>Signature of Authorized Certifying Official</i>		<i>Date</i>		



Client Level Data

The HUD Client Level Data report is generated through your organization’s CMS, and is a summary of clients who attended group education and individual counseling. This report is the foundation of the HUD-9902 and the quarterly requisition report.

Remember, the Quarterly Requisition is a summary of the HUD-9902, but it also includes the total amount of billable hours due for reimbursement based on group education and counseling activity. **Consequently, if the 9902 is manually submitted or if data is entered incorrectly, Housing Action cannot reimburse your organization for unverifiable information.**

Case File Unique ID	Case Number	HUD Case Number	Primary Client	Initial Contact Date	Ethnicity	Race	Income Level	Service Date	Service
162063196	154	000147	Haynie, Kendra L	09/22/2015	Not Hispanic	White	<30%	10/05/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162774269	187	000096	Goe, Charles	11/18/2015	Not Hispanic	White	<30%	11/10/2016	9a. Seeking Shelter or Services for the Homeless
162774605	189	000178	Amstutz, Margaret	12/14/2015	Not Hispanic	White	<30%	12/13/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162774702	190	000100	Cooper, Michael A	11/23/2015	Not Hispanic	White	<30%	11/17/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162774731	193	000195	Bryant, Jameesha L	11/05/2016	Not Hispanic	Black/African American	50-79%	11/08/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162774957	191	000086	Scaper, Christie D.	11/24/2015	Not Hispanic	White	<30%	11/10/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162774963	192	000173	Carpenter, Khalliah	10/14/2015	Not Hispanic	Black/African American	<30%	10/19/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162774979	195	000177	Mitchell, Tracy	12/07/2015	Not Hispanic	Black/African American	30-49%	12/08/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162775753	196	000105	Roth, Shad	12/17/2015	Not Hispanic	White	<30%	12/13/2016	9a. Seeking Shelter or Services for the Homeless
162775769	197	000182	Palmer III, Franklin	12/17/2015	Not Hispanic	White	<30%	11/22/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162775774	198	000128	Brewer, Stacy	12/07/2015	Not Hispanic	White	<30%	12/14/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162775836	199	000098	Harris, Toni J	12/01/2015	Not Hispanic	White	<30%	11/28/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162776463	200	000099	Hough, Lisa K	12/01/2015	Not Hispanic	White	<30%	11/28/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162776792	202	000184	Shelton, Lisa	12/02/2015	Not Hispanic	White	<30%	12/05/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
162776903	201	000101	Andrews, Elizabeth A.	12/02/2015	Not Hispanic	White	50-79%	11/22/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i

The Client Level Data report has 13 data points, which include the case or file number, the counselor assigned to the case, the client’s name and the type of service received. After filtering the Service column of the spreadsheet, you will be able to see the total number of clients per service area; these numbers should equal the numbers reported on the 9902 and the Quarterly Requisition.



Service Date	Service
10/05/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
11/10/2016	9a. Seeking Shelter or Services for the Homeless
12/13/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
11/17/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
11/08/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
11/10/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
10/19/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
12/08/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
12/13/2016	9a. Seeking Shelter or Services for the Homeless
11/22/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
12/14/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
11/28/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
11/28/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
12/05/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i
11/22/2016	9b. Seeking Help in Locating, Securing, or Maintaining Residence i



In summary, accurate reporting to HUD begins with accurate data entry within your CMS. It is imperative to track all HUD client data points, and to thoroughly document the client journey, from initial contact to case resolution/close out. Consistent file audits and other quality control processes are encouraged to address any reporting concerns.

Housing Action Illinois is also required to submit timely reporting to HUD on behalf of our affiliates. When a report is late, it impacts the entire network. Late reporting may include, but not limited to, the following outcomes: delay in payment under HUD or other counseling grants, requests for additional documentation, reduction of future allocations, placement in inactive status, or termination from the intermediary.

Notes:



THE HUD PERFORMANCE REVIEW

HUD periodically reviews a housing counseling agency's performance through an in-person evaluation or an off-site desk review. This comprehensive review involves, but is not limited to, the following areas: investigating an agency's compliance with program requirements, the financial and administrative capacity of the agency, facility and accessibility requirements, grant requirements and file reviews. The HUD 9910, the Performance Review Checklist, is used by the HUD reviewer as a monitoring tool when conducting and recording the results of the review.

Your assigned Capacity Building Specialist will assist with preparing your organization for the review. The specialist should request the following items at least one month prior to the review: group education and client files, client/counselor disclosures, marketing materials, and the policies and procedures of your agency. At the performance review, your specialist may assist the HUD reviewer with file audits.

U.S. Department of Housing and Urban Development Office of Housing Counseling Performance Review Of a HUD-Approved Housing Counseling Agency or Participating Agency	
<small>OMB APPROVAL NO. 2501-0014 0309-1101-0011</small>	
<small>Public reporting burden for this collection of information is estimated to average 9.5 hours per initial response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.</small>	
<small>The following information is used to assist HUD in evaluating the managerial and financial capacity of organizations to sustain operations sufficient to implement HUD approved housing counseling programs. The collection of information assists HUD to reduce its own risk from fraudulent activities or supporting inefficient or ineffective housing counseling programs. HUD publishes a web list of HUD approved Housing Counseling Agencies and maintains a toll free housing counseling hotline. Performance reviews help HUD ensure that individuals seeking assistance from these participating agencies can have confidence in the quality of services that they will receive. This information is collected in connection with HUD Housing Counseling Program and will be used by HUD to evaluate participating agencies' compliance with programmatic requirements. The information is considered sensitive and is protected by the Privacy Act of 1974, which required the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality. NOTE: Part A will be completed by the HUD Reviewer, based on housing counseling agency performance, and Part B and C (if applicable) will be completed by the housing counseling agency. The agency will self-certify the responses and are subject to verification. HUD may, at its discretion, request clarification or additional information from an agency. The agency may consult with HUD to determine the specific actions needed to complete the form.</small>	
Agency Name:	HCS ID Number:
Address:	
Name of Parent Agency, if Applicable:	Parent ID Number, if Applicable:
Reviewer(s):	Review Date:
<input type="checkbox"/> Onsite Review	<input type="checkbox"/> Desk Review
<small>INSTRUCTIONS: Use this form to record the results of the Performance Review. Check the "Yes," "No" or "N/A" box for each applicable question.</small>	
<small>TO SUPPORT ANSWERS, PROVIDE DETAILED COMMENTS AND DOCUMENTATION, IF APPLICABLE. Housing Counseling Agencies and HUD Reviewers are recommended to review Handbook 7610.1 REV 5, 24 CFR Part 214, and information on HUD's Website at: http://portal.hud.gov/node/portalHUD/rev-program_offices/housing/cb/revbook_home, in support of the most current legislative and programmatic requirements for the Department's Housing Counseling Program.</small>	
<small>PART A - Complete by HUD Reviewer(s)</small>	
<small>PART B - Complete by Housing Counseling Agency, self-certified by Representative of the Housing Counseling Agency</small>	
<small>PART C - Complete by Housing Counseling Agency, self-certified by Representative of the Housing Counseling Agency, (if applicable).</small>	



NOTICE OF FUNDING AVAILABILITY (NOFA)

HUD-approved housing counseling agencies are eligible to receive a grant award through the NOFA. The award provides financial support to organizations who deliver services to educate and stabilize communities through housing and financial services. The NOFA award leverages an agency's existing financial resources to help clients meet their housing needs and improve their financial situations.

The NOFA award is evaluated based on a scoring system. Factors such as agency capacity, performance reviews, measuring client satisfaction, identifying impediments to fair housing, counseling impacts, and projected performance are evaluated. As discussed in previous sections, accurate reporting remains the foundation for 'telling your story,' especially when capturing client satisfaction and impacts from counseling.

Factors That Affect Scoring (+ / -)

- Number of certified counselors within agency
- Too many observations from the performance review
- Minimum number of clients served
- Late reporting (HUD-9902)
- No in-kind or direct financial match

NOTE: All organizations within the Housing Action intermediary cannot apply for HUD funds individually. You must apply through Housing Action only!



RESOURCES



New Agency Checklist

ACTIVITY	✓	COUNSELOR	DATE STARTED	DATE COMPLETED	COMMENTS
<i>Counselor Academy</i>					
<i>Reporting</i>					
<i>Review HUD Work Plan</i>					
<i>Review Communication Plan</i>					
<i>Training Schedule</i>					

Notes:



HUD TEMPLATES



Sample Program Disclosure

Smith County Housing Counseling
 12345 Anywhere St, Main Town, IL 60053
www.smithcountyhca.com
 (123) 456-7890 Fax: (123) 555-1234

[Insert Your Agency's Logo Here]

Program Disclosure Form (Sample)

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Smith County Housing Counseling Agency (Smith HCA) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, reverse mortgage, rental and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. Preparing a household budget that will help you manage your debt, expenses, and savings. Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. Neither your counselor nor Smith HCA employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> Completing the steps assigned to you in your Client Action Plan. Providing accurate information about your income, debts, expenses, credit, and employment. Attending meetings, returning calls, providing requested paperwork in a timely manner. Notifying Smith HCA or your counselor when changing housing goal. Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">/</p> <p style="text-align: center; font-size: small;">Initials</p> </div>	<p>Termination of Services: Failure to work cooperatively with your housing counselor and/or Smith HCA with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p>

Agency Conduct: No Smith HCA employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Smith HCA has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, NeighborWorks America, USDA Rural Development, the State of Illinois, Smith County, and banks including Bank of America, Wells Fargo, and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of Smith HCA or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: Smith HCA has a first-time homebuyer program developed in partnership with Bank of America. However, you are not obligated to participate in this or other Smith HCA programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, and *[insert name of two additional HCA or community service organizations here]* for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

**Technical Assistance and Capacity Building/Materials for Housing Counseling Services
Agency Disclosure Forms: Required Elements and Best Practices**



Sample Program Disclosure (continued)

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Smith HCA and its exclusive partners and affiliates.

Initials

Privacy Policy: I/we acknowledge that I/we received a copy of Smith HCA's Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree Smith HCA, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Smith HCA counseling; and I hereby release and waive all claims of action against Smith HCA and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Smith HCA, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Smith HCA grantors such as HUD or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to Smith HCA's Program Disclosures.

Name 1 Signature Date

Counselor Signature Date

Name 2 Signature Date



Sample Privacy Policy

Smith County Housing Counseling
12345 Anywhere St, Main Town, IL 60053
www.smithcountyhca.com
(123) 456-7890 Fax: (123) 555-1234

[Insert Your Agency's Logo Here]

Privacy Policy (Sample)

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Smith County Housing Counseling Agency (Smith HCA) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does Smith HCA collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to Smith HCA employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct Smith HCA to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). **However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit Smith HCA's ability to provide services such as foreclosure prevention counseling.** If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that Smith HCA make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Smith HCA will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Smith HCA.

Name 1 (Printed) Signature Date Name 2 (Printed) Signature Date

RELEASE: I hereby authorize Smith HCA to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name 1 (Printed) Signature Date Name 2 (Printed) Signature Date

**Technical Assistance and Capacity Building/Materials for Housing Counseling Services
Agency Disclosure Forms: Required Elements and Best Practices**



Sample Counseling Agreement



595 Market Street • 15th Floor • San Francisco • CA 94105
(877) 511-CASA(2272) • (415) 777-4052 fax
www.housingeducation.org

Housing Counseling Agreement

Servicer Loan Number: _____

- I understand that the Housing Education Program a division of Consumer Credit Counseling Service of San Francisco (CCCS) provides confidential pre-purchase, post-purchase, reverse mortgage, and foreclosure prevention housing counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
- I understand that CCCS is a HUD approved, non-profit housing counseling agency that is in partnership with my lender, servicer or insurer and may require that CCCS share my information with my servicer to better assist me. I authorize my lender, servicer or insurer to share my information with CCCS. Funding comes from HUD, lender partners, and private foundations.
- I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- A counselor may answer questions and provide information about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances.
- I understand that in the event I am dissatisfied, I can request a copy of the Complaint Resolution Process, a copy of which is available upon request.
- I understand that CCCS provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from CCCS in no way obligates me to choose any of these particular loan products or housing programs.
- I acknowledge that I have received a copy of the Privacy Policy.

Client _____ Date _____ Client # _____

Client _____ Date _____ Client # _____

Hours: 8:00 am – 8:00 pm Monday to Thursday; 8:00 am – 5:00 pm Friday and Saturday

Rev 6/5/09



AGENCY TEMPLATES



Sample Action Plan - 1

Goals:	Reason for Seeking Counseling
Property Assessment:	

FINANCIAL ASSESSMENT				
Savings:				Completed?
Budget:				Completed?
Credit:	Equifax	Experian	TransUnion	Completed?

Client To Do:	Completed?
---------------	------------

Counselor To Do:	Completed?
------------------	------------

Referrals:	CLIENT: Initial next to items received or discussed For Your Protection: Get a Home Inspection_____
	Ten Questions to Ask your Home Inspector_____
	EPA/HUD Fact Sheet about Lead Paint_____



Sample Action Plan - 2

Date:
Name:
Address:

Counselor's Name
Phone Number
Fax Number
Email

Action Plan

Goals:	Completed?
Savings:	Completed?
Budget:	Completed?
Credit: Equifax Experian TransUnion	Completed?
Client To Do:	Completed?
Counselor To Do:	Completed?
Referrals:	CLIENT: Initial next to items received and discussed: For Your Protection: Get a Home Inspection ____ Ten Questions to Ask your Home Inspector ____ EPA/HUD Fact Sheet about Lead Paint ____

Client Signature

Date

Counselor Signature

Date



Sample Action Plan - 3

Courtesy of H.O.M.E. DuPage Inc.



Client Action Plan

Client File ID No.:	Date of Session:
Client(s) Name:	
<input type="checkbox"/> Counselor:	<input type="checkbox"/>
Counselor's Preferred Contact Method:	<input type="checkbox"/> Phone call (Phone Number) _____ <input type="checkbox"/> Email: _____
Housing Need:	
Housing Goal:	

TYPE OF SERVICE:

- Budgeting or Money Management
- Credit Review
- Mortgage Delinquency
- Pre-purchase Counseling
- Other: _____

BUDGET ASSESSMENT SUMMARY:

Total Gross Monthly Income \$ _____

Monthly Mortgage/Rent \$ _____

Housing Ratio % _____

New Monthly Income \$ _____

Total Monthly Living Expense \$ _____

Monthly Debt Obligations \$ _____

Discretionary Income Left Over \$ _____

DTI % _____

CLIENT OBSTACLES:

1. _____
2. _____
3. _____



Sample Credit Authorization

(Courtesy of NHS of Chicago)

CONSUMER AUTHORIZATION AND RELEASE

BORROWER INFORMATION		
Date:		
Full Name:		
Date of Birth:	SSN:	Phone:
Address:		
City:	State:	Zip:

I hereby authorize (name of credit company) to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, or TransUnion) and provide a copy of the Report to my credit counseling agency, (name of housing counseling agency) ("Counselor") for Counselor to provide credit counseling, financial education, and/or housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" AND THAT (CREDIT COMPANY) MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND (CREDIT COMPANY) EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by (Credit Company) not guaranteed by (Credit Company) and I hereby release (Credit Company) and (Credit Company)'s parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "Credit Company's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by my resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of any Report.

I covenant not to sue or maintain any claim, cause of action, demand cross action, counterclaim, third party action of other form of pleading against (Credit Company) or (Credit Company)'s affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by (Credit Company) hereunder.

If one of more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Date: _____

Signature

(Print Name)



CLIENT TEMPLATES



Sample Close Out Email/Letter

Agency letter head or contact info

Client name
Client address
City, State Zip

Date

Dear [Client's Name],

On [date of appointment] we met to discuss [brief description of housing situation]. We attempted to contact you to follow up on your case on [include dates of follow up attempts]. As of the date of this letter, we have not heard from you.

This letter is our final attempt to reach you to continue with our counseling service. If we do not hear from you within 30 days of the date on this letter, your file will be closed.

You can re-open your file at any time by simply contacting our agency with an update on your situation.

As a reminder, we need the following information to move forward where we left off: [list of missing documents, etc.]

We look forward to hearing from you.

Signed,

Counselor
Counselor contact information



Sample File Checklist - 1

Date Case Created _____ **Date Case Closed** _____
Client File Number _____ **Service Type** _____
Client Name _____
Address _____
Phone Number _____ **Email** _____

FILE CHECKLIST

_____ Action Plan (Signed by Counselor and Client)
 _____ Intake Form (Organization Application)
 _____ Client Disclosure Forms _____ Credit Authorization Form
 _____ PROOF OF FINANCIAL ANALYSIS
 _____ Budget
 _____ Credit Report & Analysis
 _____ Affordability Analysis
 _____ SUPPORTING DOCUMENTS
 _____ Pay Stubs/Income Verification
 _____ Bank Statements
 _____ Tax Returns
 _____ Other Pertinent Documents
 _____ Documentation to Support Closing File: _____

CLIENT FOLLOW UP

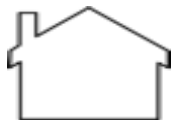
Contact Attempts	Method	Date	Staff Initials
1 st follow up attempt made			
2 nd follow up attempt made			
3 rd follow up attempt made			
Written termination letter sent			
Client case closed in CMS			

TERMINATION OF COUNSELING SERVICES

Reason for Termination

- Client meets his or her housing needs or resolved housing problem
- Further counseling will not meet the client's housing need or problem
- Client otherwise terminates housing counseling
- Client does not follow the agreed upon housing counseling plan
- Client fails to appear for counseling appointments or classes
- Agency attempted, but is unable to locate the client

Sample File Checklist - 2



FILE STACKING ORDER

Client Name _____
 Date Case Created _____ Date Case Closed _____
 Service Type _____

<u>DOCUMENT</u>	<u>INITIALS</u>
• CLIENT AUTHORIZATION FORM	_____
• INTAKE FORM (APPLICATION)	_____
• CREDIT REPORT (TRI-MERGE)	_____
• WORK PLAN (SIGNED BY COUNSELOR & CLIENT)	_____
• CLIENT LOG	_____
• HUD # (6 DIGITS)	_____
• LOAN PRODUCT COMPARISON (MINIMUM OF 3)	_____
• BUDGET	_____
• SUPPORTING DOCUMENTS	_____
○ TAX RETURN	
○ BANK STATEMENTS	
○ PAYROLL CHECKS	
○ OTHER PERTINENT DOCUMENTS	_____
• CERTIFICATES	_____
○ EDUCATION	
○ En Su Casa Certificate	
• CLOSING INFORMATION(HUD-1)	_____
* Bold items are required in paper files in the sequence listed	_____

** Unbolded items are to be in paper form in file or scanned in an easily accessible location with matching HUD number to paper file



Sample Intake Form - 1

(Courtesy of Center for Changing Lives)



What is your Primary Interest in CCL Services? (Please select one):

- Job Placement/Career Coaching
 Income Supports/Public Benefits
 Financial Education/Coaching
 Housing Education/Coaching
 Education/Training
 Rental Assistance
 Digital Literacy/Computer Instruction
 Other: _____

Referral Source (How did you hear about us?):

- Word of mouth
 Printed Material (where) _____
 Resource Fair (where) _____
 Internet Search
 Facebook (posted in what group) _____
 Referral from a Service Provider (If so, who?) _____
 Other: _____

Member Information	Contact Information
Name (First, M. Initial, Last): _____ Date of Birth: _____ Social Security #: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Nonbinary <input type="checkbox"/> Other: _____ Pronouns: <input type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> She/They <input type="checkbox"/> He/They <input type="checkbox"/> Other: _____ Race (please choose one): <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Biracial <input type="checkbox"/> Multiracial <input type="checkbox"/> Other Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino Do you have or have you ever had a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Marital Status: <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married (living together) <input type="checkbox"/> Married (living separately) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Active Duty Member <input type="checkbox"/> Spouse of Veteran <input type="checkbox"/> Never Served Do you have any criminal convictions? <input type="checkbox"/> Misdemeanor(s) <input type="checkbox"/> Felony(ies) <input type="checkbox"/> Both <input type="checkbox"/> None	Address: _____ _____ Zip Code: _____ <input type="checkbox"/> N/A-I am currently staying on the street, in a place not meant for habitation, or in a shelter. Email: _____ Cell: _____ Leave Message? <input type="checkbox"/> Yes <input type="checkbox"/> No Home: _____ Leave Message? <input type="checkbox"/> Yes <input type="checkbox"/> No Work: _____ Leave Message? <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred phone number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Alternate Name and Contact Info: _____ _____

Household and Income Information
What language do you most often speak at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Chinese <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____ How many people in your household are you financially responsible for (include yourself): _____ How many in your household are under the age of 18? _____



Sample Intake Form - 2
(Courtesy of Kingdom Community, Inc.)

KINGDOM COMMUNITY
COUNSELING CENTER
Kingdom Community, Inc.



5151 W. Madison St
Chicago, IL 60644
Tel. 773-379-0077
Fax. 773-287-0071

Client ID _____

KCI PERSONAL PROFILE INTAKE FORM

Pre-Purchase _____ Foreclosure _____ Financial Capabilities _____

CUSTOMER Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

How long have you lived at this residence? _____ Date of Birth ____/____/____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Mobile/Cell (____) _____ - _____

- Race (please circle):
1. White 2. Black or African American
3. American Indian/Alaskan Native 4. Asian
5. Native Hawaiian/Other Pacific Islander 6. American Indian/Alaskan Native and White
7. Asian and White 8. Black/African American and White
9. American Indian/Alaskan Native and Black 10. Other

Ethnicity Hispanic: Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female Disabled? Yes No

- Current Housing Arrangement (please circle):
1. Rent 2. Homeless
3. Homeowner with mortgage 4. Living with family member and not paying rent
5. Homeowner with mortgage paid off

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?
Yes ___ No ___ never owned a home _____

- Household Type (please select the most accurate)?
1. Female headed single parent household 2. Male headed single parent household 3. Single adult
4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ How many dependents (other than those listed by any co-borrower)? _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship _____ Age _____ Relationship _____ Age _____



Sample Intake Form - 2 (continued)

(Courtesy of Kingdom Community, Inc.)

Annual Family or Household Income: \$ _____

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelor's Degree
- 5. Master's Degree
- 6. Above Master's Degree

Referred to by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Staff/Board member
- Walk-In
- Friend
- Radio
- Realtor
- Newspaper Article

If referred by another source not listed above, which one? _____

CO-APPLICANT

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____-____ Work: (____) _____-____ Email: _____

How long have you lived at this residence _____ Date of Birth ____/____/____

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity: Hispanic: Yes No

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female Disabled? Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelor's Degree
- 5. Master's Degree
- 6. Above Master's Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Mother Father Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years Please Print Clearly

Primary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____-____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____ How many years in this line of work? _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?



Sample Intake Form - 2 (continued)

(Courtesy of Kingdom Community, Inc.)

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

LEP: _____ RURAL: _____

Customer Signature _____

Date _____

Co-Applicant _____

Date _____

HUD APPROVED COUNSELING AGENCY

Sample Group Education Intake - 1

(Courtesy of Center for Changing Lives)



Name: _____ Date of Birth: _____
 Street Address: _____ Zip: _____

N/A - I currently lack a fixed, regular nighttime residence.

Please provide as many ways as possible that we can reach you:

Email: _____ N/A Cell: _____ N/A
 Home Phone: _____ N/A Work: _____ N/A
 Alternate Contact Name and Information: _____ N/A

Personal information:

Gender: Female Male Transgender Other: _____
 Marital Status: Single (never married) Married Separated Divorced Widowed Partnered
 Ethnicity: Non-Hispanic Hispanic
 Race: African American/Black Caucasian/White Biracial Asian American Indian/Alaskan
 Multi-racial Other: _____
 Do you have a criminal background: Misdemeanor(s) only Felony(ies) Both N/A

Household Information:

Head of Household? Yes No
 How many in your household (include yourself)? _____ How many under the age of 18? _____
(In total household include the head(s) of the household and the people you are financially responsible for)
 What language do you most often speak at home? English Spanish Polish Other: _____

Living Arrangement: I rent a housing unit I rent with other households in an overcrowded unit
 I stay in a unit for free I am living on the street or in a shelter I own my housing

What types of cash income are received by any person in the household and who receives what income?

No income SSI Employment and Other
 TANF / (AFDC) Pension Employment ONLY
 Social Security Earn Fare/Transitional Assist. Child support
 SSD Unemployment Comp. Other: _____

Total Gross Monthly Household Income: _____

In the past 12 months, how many full months (4 continuous weeks) did you work? _____ Are you working now? Yes No
 If employed, name of Employer: _____

Medical Information:

Are you currently insured? Yes No If Yes, Medicaid Medicare County Care

Program Interest:

What is your primary interest in our services (select one)? Job Placement/Career Development
 Income Supports/Public Benefits Financial Education/Counseling Housing Education/Counseling
 Other: _____

How did you hear about us? _____

Client Signature: _____ Staff Signature: _____
 Date: _____ Date: _____

Thank you! This information, when combined with all other participant information without your name or identifying information, helps us improve our services! Your responses will be kept confidential.



Sample Group Intake - 2

Overview Information collected on this form is used by **YOUR AGENCY NAME** only and will be not shared with any other organization without your written express permission. Please answer all the questions completely. If you have any questions about this form or how we will use this information, please ask us.

Name:		Phone:	
Street Address:		Alt Phone:	
Unit Number:	City & State	Zip:	Email:

Which of the following best describes your interest in this workshop?		How did you know about this event/us?	
	<i>Check</i>		
I am a tenant		HUD Agency:	
I am a landlord		Lender/ Real Estate:	
I am a property manager		Outreach:	
I am a homeowner		Closing date yes/no/ when?	
I am an owner of a condominium unit		Other:	
I am using a Housing Choice Voucher		Write your initial next to item received:	<i>Initial</i>
Other:		For Your Protection: Get a Home Inspection	
What type of lease do you have?	Verbal ____ Written ____	Ten Questions to Ask your Home Inspector	
Length of occupancy?		EPA/HUD Fact Sheet about Lead Paint	

Demographic Information (collected for reporting purposes only)

		<i>Check</i>			<i>Check</i>
Race	White		Highest Level of Education	Doctorate	
	Black			Master Degree	
	Asian/Pacific Islander			Bachelor	
	Other			Some College	
	None of the Above			High School	
Ethnicity	Hispanic		Language Spoken in Household		
	Not Hispanic		Number of persons in household	#	
Gender	Male		Do you live in a rural area?		
	Female		Estimated Annual Household Income	\$	
Date of Birth			Marital Status		

Would you like to receive information about ORG'S NAME events? Yes ____ No ____



Sample Group Intake - 2 (continued)

Declaration of Consent

I am voluntarily providing this information to **YOUR AGENCY NAME** and I understand that my information will be remain confidential and will not share with any other entity without my express written permission. I also understand I am under no obligation to accept the recommendations presented by persons at this event. By signing below, I acknowledge that I have read and understand the purpose of this form

Signature: _____

Date:

Printed Name: ____

Event Date _____ **Class ID#** _____
(From CMS)



Sample Client Survey

(Courtesy of Respond Now)



Client Follow-up Survey

You received Housing Counseling services from Respond Now in the past. Please take a few moments to complete the questionnaire below to assist with improving our housing counseling services. Your responses will be anonymous and confidential.

Today's Date: _____

1. Type of counseling received:

- Rental/Utility Foreclosure Prevention Pre-Purchase Post-Purchase Financial Literacy

Rating Scale				
1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree

Question	1	2	3	4	5
2. The Housing Counselor Clearly explained the program and my options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Housing Counselor had a strong understanding of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The Housing counselor was professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My calls/emails were returned in a reasonable amount of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was able to solve the problem which I was seeking help with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was able to move forward on my own after receiving housing counseling services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am no longer in need of housing counseling services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend Respond Now to someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What recommendations would you offer for improving the program?

****If you find that you are in need of further assistance please call 708-755-HELP.**

Thank you for your time!



HUD-Approved Local Housing Counseling Agency

Sample Client Survey

(Courtesy of CEDA)



Quality of Service Questionnaire

Sir or Madam:

Our records indicate that the CEDA Housing Department has had the opportunity to serve you. We strive to provide outstanding quality service to all of our clients, and to ensure that we do, we ask that you fill out this quick survey and let us know how we are doing. Thank you.

In evaluating your most recent experience with CEDA, please respond if you disagree or agree with the following statements.

1. I receive excellent services from CEDA.
 - Strongly Disagree
 - Disagree
 - Neither Agree or Disagree
 - Agree
 - Strongly Agree

2. I was comfortable working with CEDA staff or asking them questions.
 - Strongly Disagree
 - Disagree
 - Neither Agree or Disagree
 - Agree
 - Strongly Agree

3. The CEDA staff listened to my concerns and seemed interested in helping me.
 - Strongly Disagree
 - Disagree
 - Neither Disagree or Agree
 - Agree
 - Strongly Agree

4. The CEDA staff was very knowledgeable.
 - Strongly Disagree
 - Disagree
 - Neither Disagree or Agree
 - Agree
 - Strongly Agree

5. Were there qualities of the CEDA staff that **displeased** you? (check all that apply)
 - Yes
 - No



HUD RESOURCES



The HUD Reporting Schedule - 9902

(courtesy of the Office of Housing Counseling)

HUD Fiscal Quarter	PERIOD COVERED	DUE DATE
1 st Qtr.	October 1 st - December 31 st	Due no later than January 31 st . Include all clients served in quarter 1.
2 nd Qtr.	October 1 st - March 31 st	Due no later than April 30 th . Please include all clients reported in the quarter 1 report plus new clients served in quarter 2.
3 rd Qtr.	October 1 st - June 30 th	Due no later than July 31 st . Please include all clients reported in the quarter 2 report plus new clients served in quarter 3.
4 th Qtr.	October 1 st - September 30 th	Due no later than December 31 st . Final 9902 includes complete year of client data including new clients served the 4 th quarter.



The HUD 9902

Housing Counseling Agency Activity Report

U.S. Department of Housing and Urban Development
Office of Housing Counseling
Federal Housing Commissioner

OMB Approval No:2502-0261
Exp. 04/30/2016

Read the instructions and Public Reporting Statement on the back of this form.

1. Counseling Agency Name		2. Reporting Period and Budget		
Agency Name		From:		
Agency ID:		To:		
Agency Type:		Date Submitted:		
Address:		Total Annual Housing Counseling Program Budget, All Sources:		
Parent Agency Name (if applicable)		\$		
Agency ID:				
Agency Type:				
		All Counseling and Education Activities	HUD Housing Counseling Program Grantees Only Counseling and Education Activities Attributed to HUD Housing Counseling Grant Funds - Actual, to date.	Counseling and Education Activities Attributed to HUD Housing Counseling Grant Funds - Annual Projection
3. Ethnicity of Households				
a.	Hispanic			
b.	Not Hispanic			
c.	Chose not to respond			
		Section 3 Total:		
4. Race of Households				
Single Race				
a.	American Indian/Alaskan Native			
b.	Asian			
c.	Black or African American			
d.	Native Hawaiian or Other Pacific Islander			
e.	White			
Multi-Race				
f.	American Indian or Alaska Native <i>and</i> White			
g.	Asian <i>and</i> White			
h.	Black or African American <i>and</i> White			
i.	American Indian or Alaska Native <i>and</i> Black or African American			
j.	Other multiple race			
k.	Chose not to respond			
		Section 4 Total:		
5. Income Levels				
a.	< 30% of Area Median Income (AMI)			
b.	30 - 49% of AMI			
c.	50 - 79% of AMI			
d.	80 - 100% of AMI			
e.	> 100% AMI			
f.	Chose not to respond			
		Section 5 Total:		
6. Rural Area Status				
a.	Household lives in a rural area			
b.	Household does not live in a rural area			
c.	Chose not to respond			
		Section 6 Total:		
7. Limited English Proficiency Status				
a.	Household is Limited English Proficient			
b.	Household is not Limited English Proficient			
c.	Chose not to respond			



The HUD 9902 (continued)

Section 7 Total:				
8. Households Receiving Group Education, by Purpose				
a.	Completed financial literacy workshop, including home affordability, budgeting and understanding use of credit			
b.	Completed predatory lending, loan scam or other fraud prevention workshop			
c.	Completed fair housing workshop			
d.	Completed homelessness prevention workshop			
e.	Completed rental workshop			
f.	Completed pre-purchase homebuyer education workshop			
g.	Completed non-delinquency post-purchase workshop, including home maintenance and/or financial management for homeowners			
h.	Completed resolving or preventing mortgage delinquency workshop			
i.	Completed other workshop			
Section 8 Total:				
9. Households Receiving One-on-One Counseling, by Purpose				
a.	Homeless Assistance			
b.	Rental Topics			
c.	Prepurchase/Homebuying			
d.	Home Maintenance and Financial Management for Homeowners (Non-Delinquency Post-Purchase)			
e.	Reverse Mortgage			
f.	Resolving or Preventing Mortgage Delinquency or Default			
Section 9 Total:				
Households Served Sections 8 and 9 Total:				
10. Impact and Scope of One-on-One Counseling Services				
a.	Households that received one-on-one counseling that also received group education services.			
b.	Households that received information on fair housing, fair lending and/or accessibility rights.			
c.	Households for whom counselor developed a sustainable household budget through the provision of financial management and/or budget services.			
d.	Households that improved their financial capacity (e.g. increased discretionary income, decreased debt load, increased savings, increased credit score) after receiving Housing Counseling Services.			
e.	Households that gained access to resources to help them improve their housing situation (e.g. down payment assistance, rental assistance, utility assistance, etc.) after receiving Housing Counseling Services.			
f.	Households that gained access to non-housing resources (e.g. social service programs, legal services, public benefits such as Social Security or Medicaid, etc) after receiving Housing Counseling Services.			
g.	Homeless or potentially homeless households that obtained temporary or permanent housing after receiving Housing Counseling Services.			
h.	Households that received rental counseling and avoided eviction after receiving Housing Counseling Services.			
i.	Households that received rental counseling and improved living conditions after receiving Housing Counseling Services.			
j.	Households that received prepurchase/homebuying counseling and purchased housing after receiving Housing Counseling Services.			
k.	Households that received reverse mortgage counseling and obtained a Home Equity Conversion Mortgage (HECM) after receiving Housing Counseling Services.			
l.	Households that received non-delinquency post-purchase counseling that were able to improve home conditions or home affordability after receiving Housing Counseling Services.			



HAI Quarterly Requisition Form

1) Reporting for Quarter:

2) Name and Address of Grantee:

3) Name of person to whom payment should be sent:

4) Service Delivery and Staff Expenditures under the grant:



Group Education	# of Workshops Completed for Quarter	# of Households Receiving Education This Quarter	# of Households Graduated This Quarter (corresponds to Quarterly Report)	Staff Hours Expended for Education This Quarter	Hourly Billing Rate to HAI (per Billing Rate Form)	Requisition Amount
Financial Literacy Workshop (8a)						\$0.00
Predatory Lending, Loan Scam, or Other Fraud Workshop (8b)						\$0.00
Fair Housing Workshop (8c)						\$0.00
Homelessness Prevention Workshop (8d)						\$0.00
Rental Workshop (8e)						\$0.00
Pre-Purchase Homebuyer Education Workshop (8f)						\$0.00
Non-Delinquency Post-Purchase Workshop (8g)						\$0.00
Resolving or Preventing Mortgage Delinquency or Default Workshop (8h)						\$0.00
Other Workshop (8i)						\$0.00
Subtotal Education	0	0	0	0		\$0.00
Individual Counseling	# of Households Active in Counseling This Quarter from Previous	# of Households Initiating New Service This Quarter (corresponds to Q Report)	Total Households COUNSELED This Quarter	Staff Hours Expended Counseling This Quarter	Hourly Billing Rate to HAI (per Billing Rate Form)	Requisition Amount



HUD Performance Review Checklist

New Agency Checklist

Organization:

Date:

#	PART 1. Organization Set Up on the Date of the Review	Status	Notes
1	Sign in Door - schedule hours - accessible entries		
2	HUD Approved certification		
3	National Industry Standards certification		
4	HUD Fair Housing poster		
5	Show agency space for one-on-one counseling and group education		
6	Workplace for HUD review the files		
7	List of client names and addresses counseled and/or counted on HUD-9902 within the last 24 months, sorted by client type, date and client number		
8	List of group education files for classes conducted within the last 24 months		
9	If applicable, list of lenders that fund housing counseling services offered by the agency and copies of any grant agreements, MOU, letters or agreement.		
PART 2. Documents Requested by HUD prior Site visit		Status	Notes
1	Certified copy of current housing counseling work plan		
2	IRS verification of non-profit status or proof of status as government entity		
3	Updated resumes of housing counseling staff indicating years of experience		
4	Current organizational chart with names (sample available)		
5	Disclosure forms provided to all housing counseling clients (HUD template)		
6	Name of client management system (CMS)		
7	List of trainings received by each staff within the last 2 years. Date of training, certification received		
9	List of community resources that clients are referred to		
10	Award letters and grant agreements with HUD and all other sources of funding (other than HUD) for last 2 years		
PART 3. Documents in clients file		Status	Notes
1	Case detail report from CMS		
2	Case file number in folder, CMS, and intake form		
3	Financial budget, or credit analysis of client's income and expenses		
4	Appointment (include time, duration, description)		
5	Action plan, signed and dated by both client(s) and counselor		
6	Follow up every 30 days, if applicable		
7	Results of counseling, if applicable		
8	Include disclosure & privacy statements		
9	Termination cause and/or explanation of counseling with date		
10	Funding source(s) if applicable		



11	Publication on home inspection and 10 questions, if pre-purchase		
12	In summary, update with reason(s) for termination or still in counseling		
13	Copy of receipt, if client paid fee and fee schedule disclosure documentation		
14	If credit report is in the file, authorization signed by client		
PART 4. Documents in workshops file		Status	Notes
1	Class roster from CMS and group ID #		
2	Flyer for workshop: Date, location, time, duration		
3	Course outline or curriculum		
4	Instructional goals		
5	Workshop intake forms (ethnicity, race, income levels of households)		
6	Disclosure statement if applicable		
7	Copy of receipt, if client paid fee and fee schedule disclosure documentation		



HUD Individual File Checklist

INDIVIDUAL CLIENT FILE CHECKLIST

Date: _____	Reviewer: _____
-------------	-----------------

Agency Name:	_____
Address:	_____
Counselor's Name:	_____
Client Type:	<input type="checkbox"/> Mortgagor <input type="checkbox"/> Potential Mortgagor <input type="checkbox"/> Homeless <input type="checkbox"/> Renter <input type="checkbox"/> Potential Renter <input type="checkbox"/> Other

Client's file number: _____ FHA case number (if applicable): _____

Client's name: _____

Client's address: _____

Client's telephone #: _____ Email address: _____

Date counseling began: _____ Counseling: Phone In-person

Duration of Session(s): _____

Type of Counseling Received:

- Pre-purchase/Home Buying
- Resolving or Preventing Mortgage Delinquency/Default
- Non-Delinquency, post purchase
- Locating, Securing or Maintaining Residency in Rental Housing
- Shelter or Services for the Homeless

YES	NO	N/A	DOES THE FILE CONTAIN THE FOLLOWING ITEMS?	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial, budget, and/or credit analysis of client's income, expenses, and/or spending habits established by client and counselor.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Publications on Home Inspection distributed to pre-purchase counseling clients, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity log with date, time, duration and description of each interaction or activity performed on behalf of, and by, the client.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Action plan with clear identifiable client's needs and what client/counselor will do to meet the client's housing goals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow-up communication to ensure client is progressing toward housing goal, to modify or terminate counseling, and to learn and report outcomes, if applicable.	



HUD Group Education File Checklist

GROUP EDUCATION FILE CHECKLIST

Date: _____	Reviewer: _____
-------------	-----------------

DATE(S) OF SESSION:	_____
AGENCY NAME: & NO.	_____
ADDRESS:	_____
NAME OF COUNSELOR(S)	_____
THIRD PARTY PRESENTER(S):	_____

COURSE TITLE:	_____
COURSE FUNDING SOURCE:	_____

The agency must maintain a separate file for each group. Did the file contain the following items?

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A group ID number: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | HUD grant activity and amount (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Course outline or established curriculum |
| <input type="checkbox"/> | <input type="checkbox"/> | Instructional goals |
| <input type="checkbox"/> | <input type="checkbox"/> | Place of each session |
| <input type="checkbox"/> | <input type="checkbox"/> | Duration of each session |
| <input type="checkbox"/> | <input type="checkbox"/> | Ethnicity of households |
| <input type="checkbox"/> | <input type="checkbox"/> | Race of households |
| <input type="checkbox"/> | <input type="checkbox"/> | Income Levels of households |
| <input type="checkbox"/> | <input type="checkbox"/> | If applicable, is a copy of the disclosure statement provided |
| <input type="checkbox"/> | <input type="checkbox"/> | Amount of fee and copy of receipt (if applicable) |

Delivery Method: Classroom Internet

Comments:

May 28, 2014



TRAINING RESOURCES



NCHEC Certifications

(Courtesy of NeighborWorks America)

Financial capability

Ideal for financial coaches, financial and housing counselors, & program managers

Certification Requirements:

- Complete [HO208 Building Skills for Financial Confidence](#) or [HO208el Building Skills for Financial Confidence](#) and earn a minimum score of 80 percent on the accompanying exam
- Complete [HO209rq Delivering Effective Financial Education for Today's Consumer](#)
- Complete [HO310 Financial Coaching: Helping Clients Reach Their Goals](#)
- Earn a score of 80 percent or higher on the comprehensive financial capability exam after completing these three courses
- All three courses must be completed within a three-year period to qualify for certification

Pre-purchase homeownership education

Ideal for educators providing group training in a seminar or workshop format

Certification Requirement:

- Complete [HO229 Homebuyer Education Methods: Training the Trainer](#) and score a minimum of 80 percent on the accompanying exam

Homeownership counseling

Ideal for professionals conducting one-on-one housing counseling

Certification Requirements:

- Complete the five-day course [HO250 Homeownership Counseling Principles, Practices and Techniques, Part I](#) and earn a minimum score of 80 percent on the accompanying exam
- Complete the two-day course [HO109](#) or [HO109el \(e-learning\) Foreclosure Basics](#)
- Both courses must be completed within a three-year period to qualify for certification



NCHEC Certification (continued)

(Courtesy of NeighborWorks America)

Foreclosure intervention and default counseling

Ideal for professionals with at least one year of foreclosure intervention counseling experience

Certification Requirements:

- Pass the online prerequisite exam before enrolling in [HO345rq Foreclosure Intervention and Default Counseling Certification, Part I](#). After taking the course, they must score a minimum of 80 percent on the accompanying exam.
- Complete [HO307 Advanced Foreclosure: Case Study Practicum](#) (in-person training or virtual classroom format).
- Both courses must be completed within a three-year period to qualify for certification.

Homeownership counseling for program managers and executive directors

Ideal for professionals at the management level

Certification Requirement:

- Complete the five-day course [HO360 Homeownership Counseling Certification for Program Managers and Executive Directors](#) and score a minimum of 80 percent on the accompanying exam



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