

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Office of Housing – Federal Housing Commissioner

Biennial Performance Review
Of a HUD-Approved Housing Counseling Agency

OMB Approval No. 2502-0261
(Exp. 2/28/2009)

Agency Name: _____

Address: _____

Reviewer: _____ Review Date: _____

INSTRUCTIONS TO REVIEWER. See HUD **Handbook 7610.1** for instructions regarding the Biennial Performance Review (BPR). Use this form to record the results of the BPR. Circle “Yes” or “No” for each item. Document on separate sheets each of your negative determinations (**a negative determination may be a “Yes” as well as a “No”**). Before you conduct the Biennial Performance Review, monitor the agency by means of a desk audit in accordance with paragraph 5-2 of **Handbook 7610.1**. Prepare a list of items for your special attention during the BPR.

It is important throughout the review that the reviewer determines whether the agency has fully implemented the housing counseling plan HUD approved as part of the agency’s application. The reviewer must also make a judgment as to whether the plan is appropriate to current housing market conditions. See paragraph 5-3 E 1.b of **Handbook 7610.1**

Basic Program Requirements

1. Has the agency changed its name, address, or telephone number? Yes No

2. Have the zip code areas served by the agency changed? Yes No

If “Yes”, did the agency submit the changes to the Department of Housing and Urban Development Yes No

If “No”, instruct the agency to provide accurate information immediately.

3. Is the agency still a nonprofit entity? Yes No

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| 4. During the past year, did the agency counsel at least 50 clients as defined in paragraph 1-3C? | Yes | No |
| If no, obtain documentation from the agency. | | |
| 5. Does the agency conform to the assurances it signed as part of its Application for Approval? | Yes | No |
| 6. Is the agency still in compliance with local and state requirements, if any, that relate to its counseling program? | Yes | No |
| Reviewers Comments: | | |

Skills and Experience

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|--|-----|----|
| 1. Is staff trained and experienced in housing counseling? | Yes | No |
| 2. Did the agency change personnel responsible for the counseling program? | Yes | No |
| 3. Did the agency report these changes to HUD? | Yes | No |
| 4. Does the agency counsel clients whose native language is not English using interpreters or bi-lingual or multi-lingual counselors? If yes, [Explain] | Yes | No |
| If "No" does the agency refer clients to other local housing counseling agencies | Yes | No |
| 5. Does staff possess a working knowledge of HUD housing programs? | Yes | No |
| 6. Does staff possess a working knowledge of non-HUD housing programs available and applicable to the targeted population? | Yes | No |
| 7. Has the staff received any training or education in the last two years? | Yes | No |
| Reviewers Comments: | | |

Financial Capacity

| | | |
|---|-----|----|
| 1. Does the agency have sufficient funds to carry out its counseling plan for the next year? | Yes | No |
| 2. Did the agency receive \$300,000 in federal funds during the past year? | Yes | No |
| | | |
| If yes, has the agency had an independent audit of its financial records Completed? | Yes | No |
| Does the audit comply with OMB Circular A-110 | Yes | No |
| 3. Does the agency charge fees for its counseling services? | Yes | No |
| If "Yes," answer the following: | | |
| a. Does the agency provide counseling without charge to clients who cannot afford the fees? | Yes | No |
| b. Are the fees in keeping with those of similar agencies in the targeted area? | Yes | No |
| c. Does the agency use a scaled fee structure? | Yes | No |
| d. Are the fees based on a sliding scale in relation to the income of the client? | Yes | No |
| e. Does the agency charge a fee for clients for whom it also bills HUD under a grant agreement? | Yes | No |
| Reviewers Comments: | | |
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Administrative Capacity / Program Practices

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| 1. Does the counseling activity of the agency conform to the counseling plan on file with HUD? | Yes | No |
| 2. Is the plan still appropriate in relation to current housing market conditions in the Agency's targeted area? | Yes | No |
| 3. Does the agency possess HUD housing program handbooks and are these used by the counseling staff? | Yes | No |
| 4. Does the agency maintain complete and accurate records of its client roll and related counseling activities? | Yes | No |
| 5. Did the counselor design a counseling plan with each client? | Yes | No |
| 6. Do the counseling plans include a goal/outcome? Do the plans address problems and meet the unique needs of the client? | Yes | No |
| 7. Did the counselor monitor the client's progress in meeting the housing need or correcting the housing problem? | Yes | No |
| 8. Does the agency use credit reports as a tool for counseling? | Yes | No |
| If "Yes," does the agency maintain the confidentiality of the reports? | Yes | No |
| Reviewers Comments: | | |
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Facilities

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| 1. Is the agency easily identified by signage on the building/ or office door? | Yes | No |
| 2. Are the agency's counseling facilities located within the area of the targeted population? | Yes | No |
| 3. Does the agency function during hours that are conducive to working clients? | Yes | No |
| Days and hours of operation: _____ | | |
| 4. Is the facility accessible to the handicapped? | Yes | No |
| 5. Do the facilities provide privacy for one-to-one counseling? | Yes | No |
| Reviewers Comments: | | |
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Conflict of Interest

- | | | |
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| 1. Does the agency provide any services besides housing counseling? | Yes | No |
| 2. Does the agency partner with other organizations, or enter into sub-agreements, to meet client needs? | Yes | No |
| 3. Are all services provided and partnerships or sub-agreements disclosed? | Yes | No |
| 4. Do separate staffs provide distinct services? | Yes | No |

If No, how does the agency prevent the appearance of a conflict of interest?

Reviewers Comments:

RECOMMENDATION

- () Unconditional Re-approval
- () Conditional Re-approval: Attach a sheet that sets forth the conditions of the re-approval.
- () Disapproval: Attach a sheet that sets forth the reasons for disapproval.

Signature of Reviewer

Date