

# Housing Counseling Client Survey

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

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

Public reporting burden for this collection of information is estimated to average 10 minutes per 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 information unless that collection displays a valid OMB control number.

This information is collected in connection with HUD's Housing Counseling Program, and will be used by HUD to determine that the grant applicant meets the requirements of the Notice of Funding Availability (NOFA) and to assign points for awarding grant funds on a competitive and equitable basis. The information is required to obtain funding under Section 106 of the Housing and Community Development Act of 1974. The information is considered sensitive and is protected by the Privacy Act which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality.

Counseling Agency Name and Address (completed by HUD office)

1. When you first went to the counseling agency, what kind of client were you? Check as many boxes as apply to you.

- |  |  |
|--|--|
| <input type="checkbox"/> was renting housing                               | <input type="checkbox"/> behind on rent payments       |
| <input type="checkbox"/> wanted to rent housing                            | <input type="checkbox"/> current on rent payments      |
| <input type="checkbox"/> landlord problem                                  | <input type="checkbox"/> being evicted                 |
| <input type="checkbox"/> employed  | <input type="checkbox"/> unemployed                    |
| <input type="checkbox"/> wanted to buy housing                             | <input type="checkbox"/> buying a house or condominium |
| <input type="checkbox"/> mortgage was current                              | <input type="checkbox"/> mortgage payments delinquent  |
| <input type="checkbox"/> homeowner interested in taking equity out of home |  |

2. Who interviewed you when you first went to the agency?

- a receptionist       a counselor

3. Did the person who counseled you do any of the following to help you. Check as many boxes as apply to you.

- helped you develop a plan to meet your housing needs
- suggested that you join a group counseling session
- referred you to other community agencies who could help you
- made recommendations to you about what you could do to solve your housing problem
- got in touch with your landlord or mortgage company to work out a plan for you to pay your back rent or past due mortgage payment
- got in touch with your creditors to work out a plan for you to pay your debts

4. If you own your house and are delinquent on your mortgage payments, did the agency do or recommend any of the following actions?

- any agreement with your mortgage company
- a deed-in-lieu of a foreclosure of your mortgage
- that you sell your house and obtain rental housing

5. Did your counselor impress you as a person who knew what he or she was doing?

- Yes       No

6. Was the setting in which the counseling was conducted a private one so that other persons could not hear your conversation?

- Yes       No

7. If you wanted rental housing, did the counselor discuss HUD rental housing programs for which you might be eligible?

- Yes       No

8. Did the agency charge you for their services?

- Yes       No

If "Yes," did the counselor explain that the charge would be based on a sliding scale and determined by your income?

- Yes       No

If "Yes," did you consider the charge to be:

- reasonable       too high

9. Did you participate in any group counseling sessions?

- Yes       No

If "Yes," did you find the sessions helpful?

- Yes       No

10. Was the counseling agency open during hours when it was convenient for you to obtain counseling?

- Yes       No

If you answered "No," please indicate the hours when the agency was open to assist you.

Opened	Closed
--------	--------

11. If you want further counseling, will you:

- go back to the same agency       go to another agency

If you checked "go to another agency," please tell us why.