

Appendix A

Housing Counseling Outcome Surveys

Housing Counseling Study

Baseline Questionnaire – Pre-Purchase Clients

[NOTE: THIS SURVEY WILL BE PRINTED AS A PAMPHLET AND DISTRIBUTED TO CLIENTS TO COMPLETE WHEN THEY VISIT THE COUNSELING AGENCY. FOR CLIENTS THAT ARE COUNSELED BY TELEPHONE THE SURVEY WILL BE COMPLETED BY MAIL.]

The U.S. Department of Housing and Urban Development with Abt Associates is conducting a study of how well your housing counseling needs will be met and how to improve services provided to you. We'd like to ask you some questions about yourself and if applicable, the people you might be buying a house with. Your answers to all questions will be confidential and will not affect any counseling or other services you receive. Answering the questions will take about 20 minutes. If you have any questions as you complete the questionnaire, please ask the counseling agency staff helping to oversee this survey.

1. Why are you seeking housing counseling services at this time? (CHECK ALL THAT APPLY.)

- I want help deciding whether I should try to buy a house
- I want help determining how much house I can afford
- I want help improving my credit or getting out of debt
- I want help with financial education or money management
- I want help searching for the right house for me
- I want help getting the right mortgage
- I want to learn how to avoid high-cost/predatory lenders
- I want help finding any assistance programs that might help me purchase a house
- I need homebuyer education or counseling to obtain down payment or closing cost assistance or qualify for a specific loan program
- I want help with the final stages of buying a house (e.g., the closing process)
- Other reason (specify): _____

2. How did you hear about the housing counseling services at this agency? (CHECK ALL THAT APPLY.)

- Through a family member or friend
- Through my bank or lender
- Through a real estate agent
- Through my landlord or housing authority
- Through my employer
- Through the HUD website or local HUD office
- Through another web site or web search
- Through the newspaper, TV, or radio
- Through a poster or billboard
- Through a flyer I received in the mail
- I just walked in
- Other (specify): _____

3. In the past three years, have you received any counseling or education on the following topics? Include any counseling/education received from this agency and other agencies. (CHECK ALL THAT APPLY.)
- Improving your credit or managing your debt
 - Budgeting or financial management
 - Buying/owning a house
 - Renting
 - Retirement planning
4. Where are you currently in the home purchase process? (CHECK ALL THAT APPLY.)
- I have not yet decided whether I want to purchase a house
 - I am planning to purchase a home more than a year from now
 - I am planning to purchase a home between three months and a year from now
 - I am planning to purchase a home in the next three months
 - I have a signed agreement to purchase a house
 - I am pre-qualified or pre-approved for a mortgage loan to purchase a house
5. If and when you purchase a house, do you plan to take out the home mortgage loan on your own or with one or more co-borrowers? (CHECK ALL THAT APPLY.)
- I plan to purchase on my own, without any other borrowers
 - I plan to purchase with my legal spouse as a co-borrower
 - I plan to purchase with my common law spouse as a co-borrower
 - I plan to purchase with my domestic partner as a co-borrower
 - I plan to purchase with my son/daughter as a co-borrower
 - I plan to purchase with a parent or other relative as a co-borrower
 - I plan to purchase with a non-relative as a co-borrower
 - I have not yet decided whether I will purchase on my own or with someone else

The following questions ask about the income and other assets you have to purchase a house. Answer the questions for yourself plus anyone you plan to take out a mortgage with (your co-borrowers).

6. What is your gross monthly income? (Include all sources of income and the income of any co-borrowers as well as your own income.)

\$ _____

- a. Does this include...? (CHECK ALL THAT APPLY.)

- Income from employment
- Interest, dividend, or other investment income
- Child support payments, alimony, or maintenance payments
- Social Security retirement or disability benefits
- Other pensions or retirement income
- Unemployment benefits
- Veterans' benefits
- Other income

7. How much money do you have in savings? (“Savings” includes money in checking accounts, savings accounts, money market accounts, certificates of deposit, mutual funds, brokerage accounts, savings at home, savings with others who are keeping it safe, and any other kinds of savings. Include your savings as well as the savings of any co-borrowers.)

\$ _____

Don't know

8. How much money do you have in retirement accounts, such as 401(k) accounts, 403(b) accounts, or IRAs? (Include your retirement accounts as well as those of any co-borrowers.)

\$ _____

Don't know

9. Given your credit, how easy or hard do you think it will be for you (and any co-borrowers) to get a loan to purchase a house?

- Very easy
- Somewhat easy
- Somewhat hard
- Very hard
- Don't know

Answer the remainder of the survey just for you. Do not include information on people you might be planning to purchase with.

10. What is your gender?

- Male
- Female

11. What is your age? _____ years

12. Which describes your ethnicity? (Select *only one*.)

- Hispanic or Latino
- Not Hispanic or Latino

13. Which describes your race? (Select *one or more*.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

14. Were you born in the United States?

- Yes
- No

15. Is English your primary language?

- Yes
- No →
 - a. What is your primary language? _____
 - b. How well do you speak English?
 - Very well
 - Well
 - Not well
 - Not at all

16. What is your marital status? (CHECK ONE.)

- Now married
- Widowed
- Divorced
- Separated
- Never married
- Other (please describe) _____

17. What is the highest degree or level of school you have completed? (CHECK ONE.)

- Less than 12th grade
- 12th grade, no diploma
- High school diploma or equivalent (e.g., GED)
- 1 or more years of college, no degree
- Associate degree
- Bachelor's degree
- Master's degree, professional degree, or doctorate degree

18. What is your current work status? (CHECK ONE.)

- Employed full-time
- Employed part-time
- Homemaker or student
- Unemployed, looking for work
- Unemployed, not looking for work
- Temporarily laid off or on leave
- Retired or disabled

19. How many dependents (under the age of 18) do you currently have living with you?
(CHECK ONE.)

- 0
- 1
- 2
- 3
- More than 3

20. What type of housing do you currently live in? (CHECK ONE.)

- Single family home
- Duplex or two-family home
- Multifamily apartment building, condo, or co-op
- Manufactured or mobile home
- Other (specify): _____

21. How much do you pay each month for rent? \$_____
22. How much do you pay each month for utilities, such as electricity, heat, gas, and water? (Do not include utilities that are included in your rent.) \$_____
23. Have you ever owned your own home?
- Yes
 - No

Those are all the questions we have.

Thank you for participating in this survey!

**Please return this questionnaire to the housing agency staff person
overseeing this survey.**

Housing Counseling Study

Baseline Questionnaire – Foreclosure Mitigation Clients

[NOTE: THIS SURVEY WILL BE PRINTED AS A PAMPHLET AND DISTRIBUTED TO CLIENTS TO COMPLETE WHEN THEY VISIT THE COUNSELING AGENCY. FOR CLIENTS THAT ARE COUNSELED BY TELEPHONE THE SURVEY WILL BE COMPLETED BY MAIL.]

The U.S. Department of Housing and Urban Development with Abt Associates is conducting a study of how well your housing counseling needs will be met and how to improve services provided to you. We'd like to ask you some questions about yourself and, if applicable, the people you own your house with. Your answers to all questions will be confidential and will not affect any counseling or other services you receive. Answering the questions will take about 30 minutes. If you have any questions as you complete the questionnaire, please ask the counseling agency staff overseeing this survey.

1. What are the main reasons you are seeking housing counseling services at this time?
(CHECK ALL THAT APPLY.)

- I want to bring my mortgage current
- I want to avoid foreclosure
- I want to lower my monthly mortgage payments
- I want to refinance my mortgage
- I want help negotiating with my lender
- I believe I am a victim of predatory lending
- I want to improve my credit
- I want to sell my house
- I need counseling to qualify for financial assistance/second mortgage/refinancing
- I want advice about possibly filing for bankruptcy
- I want help with home repairs or home improvement financing
- I want help finding an affordable housing solution
- Other reason (specify): _____

2. How did you hear about the housing counseling services at this agency? (CHECK ALL THAT APPLY.)

- Through a family member or friend
- Through my bank or lender
- Through my landlord or housing authority
- Through my employer
- Through a real estate agent
- Through the HUD website or local HUD office
- Through another web site or web search
- Through the newspaper, TV, or radio
- Through a poster or billboard
- Through a flyer I received in the mail
- I just walked in
- Other (specify): _____

3. In the past three years, have you received any counseling or education on the following topics? Include any counseling/education received from this agency and other agencies. (CHECK ALL THAT APPLY.)

- Improving your credit or managing your debt
- Budgeting or financial management
- Buying/owning a house
- Managing your mortgage payments or avoiding foreclosure
- Renting
- Retirement planning

4. Are you the sole owner of your house?

- Yes → **Skip to #5**
- No → Who owns your house with you? (CHECK ALL THAT APPLY)
 - My legal spouse
 - My common law spouse
 - My domestic partner
 - My son or daughter
 - A parent or other relative
 - A non-relative

The following questions ask about your income and assets. Answer the questions for yourself plus anyone who owns your house with you (your co-owners).

5. What is your gross monthly income? (Include all sources of income and the income of any co-owners as well as your own income.)

\$ _____

a. Does this include...? (CHECK ALL THAT APPLY.)

- Income from employment
- Interest, dividend, or other investment income
- Child support payments, alimony, or maintenance payments
- Social Security retirement or disability benefits
- Other pensions or retirement income
- Unemployment benefits
- Veterans' benefits
- Income from rental properties
- Other income

6. How much money do you have in savings? (“Savings” includes money in checking accounts, savings accounts, money market accounts, certificates of deposit, mutual funds, brokerage accounts, savings at home, savings with others who are keeping it safe, and any other kinds of savings. Include your savings as well as the savings of any co-owners.)

\$ _____

- Don't know

7. How much money do you have in retirement accounts, such as 401(k) accounts, 403(b) accounts, or IRAs? (Include your retirement accounts as well as those of any co-owners.)

\$ _____

Don't know

The following questions are about your house and mortgage. If you own more than one house or mortgage, answer the question for the house/mortgage you are seeking help with.

8. What type of housing is the house/apartment that you own?

- Single family home
- Condominium or cooperative
- Multifamily home (where you rent out one or more of the units)
- Manufactured or mobile home

9. When did you purchase this house?

- | | | |
|--------------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Before 1980 | <input type="checkbox"/> 1996-2000 | <input type="checkbox"/> 2004 |
| <input type="checkbox"/> 1980-1985 | <input type="checkbox"/> 2001 | <input type="checkbox"/> 2005 |
| <input type="checkbox"/> 1986-1990 | <input type="checkbox"/> 2002 | <input type="checkbox"/> 2006 |
| <input type="checkbox"/> 1991-1995 | <input type="checkbox"/> 2003 | <input type="checkbox"/> 2007 |

10. Are you currently living in the house?

- Yes
- No

11. Do you still have the original mortgage you used to buy this home, or have you refinanced that loan?

I still have the original loan → **Skip to #12**

I refinanced → a. How many times have you refinanced in the last 5 years?

- Once
- Twice
- Three times
- More than three times

b. If you obtained cash when you refinanced, what did you spend the money on? (CHECK ALL THAT APPLY.)

- | | |
|---|--|
| <input type="checkbox"/> Home improvements or repairs | <input type="checkbox"/> Appliances or furniture |
| <input type="checkbox"/> Invest in a business | <input type="checkbox"/> Investment in real estate |
| <input type="checkbox"/> Divorce/separation expenses | <input type="checkbox"/> Travel/vacation expenses |
| <input type="checkbox"/> Medical/dental expenses | <input type="checkbox"/> Wedding or funeral expenses |
| <input type="checkbox"/> Tax and insurance expenses | <input type="checkbox"/> Car or boat expenses |
| <input type="checkbox"/> Vacation property | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bill/debt consolidation | (specify): _____ |

12. What type of lender did you get your current mortgage from?

- From my regular bank
- From my credit union
- From another bank in my area
- From a mortgage broker or mortgage company
- From another type of lender (specify): _____
- Don't know

13. How did you find the lender?

- Through family or friends
- Through my place of worship
- Through the internet/web site
- Through my real estate agent
- The lender contacted me
- I had worked with the lender before
- Other

14. How many lenders did you meet or speak with before choosing one?

- I met/spoke only with the lender that gave me the mortgage
- I met/spoke with one other lender
- I met/spoke with two other lenders
- I met/spoke with more than two other lenders

15. Do you think your lender treated you fairly?

- Yes
- No
- Don't know

16. Are you behind on your mortgage payments at this time?

- Yes
- No → **Skip to #22**

17. How many months behind are you? _____ months

18. Have you received a notice of intent to foreclose from your bank or lender?

- Yes
- No

19. What caused you to get behind on your mortgage? (CHECK ALL THAT APPLY.)

- | | |
|--|--|
| <input type="checkbox"/> Mortgage payments were always too high | <input type="checkbox"/> Business venture failed |
| <input type="checkbox"/> Mortgage payments increased | <input type="checkbox"/> Lost job |
| <input type="checkbox"/> Difficulty paying property taxes or homeowners' insurance | <input type="checkbox"/> Still employed, but income reduced |
| <input type="checkbox"/> Difficulty paying for home repair or maintenance | <input type="checkbox"/> Injury or health emergency |
| <input type="checkbox"/> Credit card debt or other loan burden | <input type="checkbox"/> Chronic medical condition or disability |
| <input type="checkbox"/> Car expenses | <input type="checkbox"/> Divorce/separation |
| | <input type="checkbox"/> Death in family |
| | <input type="checkbox"/> Other (SPECIFY): _____ |

20. When you first realized you might not be able to make your mortgage payment, did you or someone in your house try to contact your lender or mortgage servicer?

- Yes → **Answer part a**
- No → **Answer part b**

a. What did the lender or servicer tell you to do?

(CHECK ALL THAT APPLY.)

- Find some way to make the payments that are due
- Provide the lender with more detailed information on my financial situation
- Negotiate a payment plan with them to make up my missed payments
- Consider selling my home
- Consider refinancing or restructuring my mortgage
- See a counselor
- Not sure, it was confusing

b. Why didn't you contact your lender or mortgage servicer?

(CHECK ALL THAT APPLY.)

- | | |
|---|--|
| <input type="checkbox"/> Did not think the lender would care | <input type="checkbox"/> Afraid the lender would charge a penalty or fee |
| <input type="checkbox"/> Did not think the lender could help | <input type="checkbox"/> Afraid the lender would foreclose on me faster |
| <input type="checkbox"/> Reluctant to talk about my financial problems | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Assumed I could make the payment in a few days | |

21. Is this the first time you have been behind on your mortgage?

- Yes
- No

22. Have you ever lost a house you owned because of a foreclosure?

- No
- Yes → What year was the foreclosure?

<input type="checkbox"/> 2007	<input type="checkbox"/> 2004	<input type="checkbox"/> 2001
<input type="checkbox"/> 2006	<input type="checkbox"/> 2003	<input type="checkbox"/> 2000
<input type="checkbox"/> 2005	<input type="checkbox"/> 2002	<input type="checkbox"/> Before 2000

23. Thinking about your situation today, how confident are you that you will avoid a foreclosure?

(CHECK ONE.)

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident

24. If you could do everything over again, what would you change? (CHECK ALL THAT APPLY.)

- | | |
|---|---|
| <input type="checkbox"/> I would choose a different lender | <input type="checkbox"/> I would pay off my debts faster |
| <input type="checkbox"/> I would use a bank or credit union, not a broker or mortgage company | <input type="checkbox"/> I would choose a less expensive house |
| <input type="checkbox"/> I would choose a different mortgage | <input type="checkbox"/> I would choose a house needing fewer repairs |
| <input type="checkbox"/> I would read the terms of my mortgage more carefully | <input type="checkbox"/> I would not buy a house |
| <input type="checkbox"/> I would become more educated/informed | <input type="checkbox"/> I would not change anything |
| <input type="checkbox"/> I would save more money | <input type="checkbox"/> Other (Specify): |

25. What is your gender?

- Male
- Female

26. What is your age? _____ years

27. Which describes your ethnicity? (Select *only one*.)

- Hispanic or Latino
- Not Hispanic or Latino

28. Which describes your race? (Select *one or more*.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

29. Were you born in the United States?

- Yes
- No

30. Is English your primary language?

- Yes
- No →
 - a. What is your primary language? _____
 - b. How well do you speak English?
 - Very well
 - Well
 - Not well
 - Not at all

31. What is your marital status? (CHECK ONE.)

- Now married
- Widowed
- Divorced
- Separated
- Never married

Other (please describe) _____

32. What is the highest degree or level of school you have completed? (CHECK ONE.)

- Less than 12th grade
- 12th grade, no diploma
- High school diploma or equivalent (e.g., GED)
- 1 or more years of college, no degree
- Associate degree
- Bachelor's degree
- Master's degree, professional degree, or doctorate degree

33. What is your current work status? (CHECK ONE.)

- Employed full-time
- Employed part-time
- Homemaker or student
- Unemployed, looking for work
- Unemployed, not looking for work
- Temporarily laid off or on leave
- Retired or disabled

34. How many dependents (under the age of 18) do you currently have living with you?
(CHECK ONE.)

- | | | |
|----------------------------|----------------------------|--------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 2 | <input type="checkbox"/> More than 3 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | |

Those are all the questions we have.

Thank you for participating in this survey!

**Please return this questionnaire to the housing agency staff person
overseeing this survey.**

Housing Counseling Study

Service Tracking Survey – Pre-Purchase Clients

[NOTE: THIS SURVEY WILL BE ADMINISTERED USING A WEB-BASED SYSTEM. COUNSELING AGENCY STAFF WILL LOG ONTO THIS SYSTEM AND COMPLETE THESE QUESTIONS FOR INDIVIDUAL CLIENTS ON A SERIES OF SCREENS.]

There are two categories of data to be collected regarding the services received by pre-purchase counseling clients participating in the study. The first category is information on the characteristics of education and counseling services received by each client over a six-month period. In addition, agencies will also be asked to provide information (to the extent available) on the outcomes realized by each client by the end of the six-month period. The client's name and a unique identifier assigned to each client at intake will be used to verify that the information is being entered for the correct client.

I. COUNSELING SERVICES RECEIVED

1. Has the client previously received housing counseling services from the agency? (Answer at intake from agency records.)
 - Yes, in the past three years
 - Yes, more than three years ago
 - No

The following information will be collected separately for each workshop or counseling session (individual or group) the client attends over the six-month tracking period. If the client attends both a group session and an individual session on the same day, they will be entered as separate sessions.

2. What type of session was it?
 - Pre-purchase homebuyer education workshop
 - Financial literacy workshop
 - Predatory lending workshop
 - Pre-purchase homebuyer counseling
 - Other individual counseling (specify): _____
 - Other workshop/group education (specify): _____
3. When did the session occur? (If it is a group session spanning multiple days, record the last day of the group session.)
 MM/DD/YY

4. How long did the session last?
- a. For **workshops and group** sessions, record length of session in **hours**. If the session spans multiple days, record the total number of hours through all the days of the session.)
 HOURS
- b. For **individual counseling** sessions, record length of session in **minutes**.
 MINUTES
5. Was the session conducted face-to-face, by telephone, or over the internet, or some other way? (CHECK ALL THAT APPLY.)
- Face-to-face
 - Telephone
 - Internet
 - Video conferencing
 - Other (SPECIFY): _____
6. What topics were covered during the session? (CHECK ALL THAT APPLY)
- | | |
|--|---|
| <input type="checkbox"/> Searching for a home | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Home purchase process | <input type="checkbox"/> Affordability analysis |
| <input type="checkbox"/> Home inspection | <input type="checkbox"/> Understanding credit and credit repair |
| <input type="checkbox"/> Fair housing issues | <input type="checkbox"/> Creating a savings plan |
| <input type="checkbox"/> Mortgage options | <input type="checkbox"/> Resolving or preventing mortgage delinquency |
| <input type="checkbox"/> Mortgage qualification | <input type="checkbox"/> Home maintenance |
| <input type="checkbox"/> Shopping for a mortgage | <input type="checkbox"/> Housing rehabilitation |
| <input type="checkbox"/> Predatory lending | <input type="checkbox"/> Energy efficiency |
| <input type="checkbox"/> Financial assistance options
(i.e., grants, special loans, etc.) | <input type="checkbox"/> Other (SPECIFY): _____
_____ |
7. Who led the session?
- Housing counselor/educator employed by the agency: _____ (NAME)
 - Other agency staff person: _____ (NAME AND TITLE)
 - Real estate agent
 - Mortgage lender or broker
 - Attorney
 - Title or escrow agent
 - Home inspector
 - Representative of government agencies providing homebuyer assistance
 - Insurance agent
 - Tax advisors/accountants/financial planner
 - Environmental or energy expert
 - Other nonprofit organizations or agency representative
 - Other (specify): _____

8. Who else was involved in the session, for example, as a guest speaker?

(CHECK ALL THAT APPLY)

- Housing counselors or educators employed by the agency
- Other agency staff persons
- Real estate agents
- Mortgage lenders or brokers
- Attorneys
- Title or escrow agents
- Home inspectors
- Representatives of government agencies providing homebuyer assistance
- Insurance agents
- Tax advisors/accountants/financial planners
- Environmental or energy experts
- Other nonprofit organizations or agency representatives
- None of the above
- Other (specify): _____

9. Did the client pay any fee for the session?

- No
- Yes → How much did the client pay for the session? \$ _____

10. Did the client complete any of the following action steps before or during this session, or was the client asked to complete any of the steps after the session? (CHECK ALL THAT APPLY)

Action Step	Completed before or during session	Asked to complete after session
Prepare a household budget	<input type="checkbox"/>	<input type="checkbox"/>
Review their credit report	<input type="checkbox"/>	<input type="checkbox"/>
Take steps to repair their credit	<input type="checkbox"/>	<input type="checkbox"/>
Begin saving toward amount needed to purchase a home	<input type="checkbox"/>	<input type="checkbox"/>
Follow a debt management or other type of financial plan	<input type="checkbox"/>	<input type="checkbox"/>
Begin the housing search process	<input type="checkbox"/>	<input type="checkbox"/>
Contact mortgage lenders	<input type="checkbox"/>	<input type="checkbox"/>
Participate in additional workshops or counseling	<input type="checkbox"/>	<input type="checkbox"/>

11. What is the counselor's assessment of the client's homebuyer status? (CHECK MOST APPROPRIATE CATEGORY.)

- Mortgage-ready
- Expected to be mortgage-ready within 90 days
- Will need more than 90 days to become mortgage-ready

12. As of the end of this session, did the client complete their counseling or education?

- Yes
- No, next appointment scheduled

- No, next appointment not scheduled

II. CLIENT OUTCOMES

At the end of the six-month tracking period, the agency will be asked to complete this section for every client, based on information available to the agency as part of their usual follow up with clients.

13. Date client outcome data is entered:

MM/DD/YY

14. Were any of the following outcomes achieved during the six-month tracking period?

(CHECK ALL THAT APPLY)

- Purchased housing
- Entered lease purchase program
- Decided not to purchase housing
- Still pursuing homeownership
- Other (SPECIFY): _____
- Unknown

Housing Counseling Study

Service Tracking Survey – Foreclosure Mitigation Clients

[NOTE: THIS SURVEY WILL BE ADMINISTERED USING A WEB-BASED SYSTEM. COUNSELING AGENCY STAFF WILL LOG ONTO THIS SYSTEM AND COMPLETE THESE QUESTIONS FOR INDIVIDUAL CLIENTS ON A SERIES OF SCREENS.]

There are three categories of data to be collected regarding the services received by foreclosure mitigation clients participating in the study. The first category is information on the characteristics of counseling services received by each client over a six-month period. The second category is information on the client's mortgage at the time of the first counseling session. Finally, agencies will also be asked to provide information (to the extent available) on the outcomes realized by each client by the end of the six-month period to the extent that the agency is aware of any outcomes. The client's name and a unique identifier assigned to each client at intake will be used to verify that the information is being entered for the correct client.

I. COUNSELING SERVICES RECEIVED

1. Has the client previously received housing counseling services from the agency? (Answer at intake from agency records.)
 - Yes, in the past three years
 - Yes, more than three years ago
 - No

The following information will be collected separately for each session the client attends over the six-month tracking period.

2. What type of session was it?
 - Resolving or preventing mortgage delinquency workshop (group)
 - Resolving or preventing mortgage delinquency counseling (individual)
 - Direct intervention with lender without the client's participation (**Skip to #13**)
 - Financial literacy workshop
 - Predatory lending workshop
 - Rental workshop
 - Rental counseling
 - Other individual counseling (specify): _____
 - Other workshop/group education (specify): _____
3. When did the session occur? (If it is a group session spanning multiple days, record the last day of the group session.)

MM/DD/YY

4. How long did the session last?
- a. For **workshops and group** sessions, record length of session in **hours**. (If the session spans multiple days, record the total number of hours through all the days of the session.)
 HOURS
- b. For **individual** sessions, record length of session in **minutes**. (If the session spans multiple days, record the total number of hours through all the days of the session.)
 MINUTES
5. Was the session conducted face-to-face, by telephone, or over the internet, or some other way?
(CHECK ALL THAT APPLY.)
- Face-to-face
 - Telephone
 - Internet
 - Video conferencing
 - Other (SPECIFY): _____
6. What topics were covered during the session? (CHECK ALL THAT APPLY)
- Review of household income, credit, debts, assets, and affordability
 - Review of client's mortgage documents
 - Review of options for resolving delinquency (**Answer part a**)
 - Other (SPECIFY): _____
- a. What was included in the review of options for resolving delinquency?
(CHECK ALL THAT APPLY)
- Review of available lender remedies (in general)
 - Direct intervention with lender
 - Review of refinancing (in general)
 - Review of special programs for refinancing or assistance
 - Review of actual refinance documents
 - Review of legal options including foreclosure and bankruptcy
 - Educational information on shopping for refinance, avoiding predators, alternatives for housing, budgeting and savings
 - Other (SPECIFY): _____
7. Who conducted the session?
- Housing counselor/educator employed by the agency: _____ (NAME)
 - Other agency staff person: _____ (NAME AND TITLE)
8. Did the client pay any fee for the session?
- No
 - Yes → How much did the client pay for the session? \$ _____

9. At the time of this session, how many months is the client behind on their mortgage? (ENTER "0" IF CURRENT ON MORTGAGE)

MONTHS

10. Has the lender initiated foreclosure proceedings?

- Yes
- No

11. What actions were taken before or during this counseling session? (INCLUDE ACTIONS TAKEN BY THE COUNSELOR AS WELL AS THE CLIENT. CHECK ALL THAT APPLY)

- Prepare a household budget
- Review the client's credit report
- Develop an action plan for the client
- Contact the servicer or lender (include attempts to contact)
- Draft and submit a hardship letter to the servicer or lender
- Complete and submit paperwork for a workout plan, loan modification or other available loss mitigation option offered by the lender
- Contact local resource options (including refinance programs, foreclosure prevention grant or loan, grant or loan for home repairs or maintenance)
- Complete and submit paperwork for local resource options (including refinance programs, foreclosure prevention grant or loan, grant or loan for home repairs or maintenance)
- Contact a real estate agent
- Put the house up for sale
- File for bankruptcy
- Begin saving for alternative housing in the event of foreclosure
- Contact a lawyer or legal services
- Contact another service provider (SPECIFY TYPE): _____

12. Since the last session, has the client made a good faith effort to complete their assigned action steps? (CHECK ONE. DO NOT ASK AFTER THE FIRST SESSION.)

- Client has made a very good effort to complete his/her action steps
- Client has made some effort to complete his/her action steps
- Client has not made much effort to complete his/her action steps
- Client has made no effort to complete his/her action steps

13. What are the next steps to be taken by the counselor and/or client? (CHECK ALL THAT APPLY)

- Prepare a household budget
- Review the client's credit report
- Develop an action plan for the client
- Contact the servicer or lender (include attempts to contact)
- Draft and submit a hardship letter to the servicer or lender
- Complete and submit paperwork for a workout plan, loan modification or other available loss mitigation option offered by the lender
- Contact local resource options (including refinance programs, foreclosure prevention grant or loan, grant or loan for home repairs or maintenance)
- Complete and submit paperwork for local resource options (including refinance programs, foreclosure prevention grant or loan, grant or loan for home repairs or maintenance)
- Contact a real estate agent
- Put the house up for sale
- File for bankruptcy
- Contact a lawyer or legal services
- Contact another service provider (SPECIFY TYPE): _____

14. As of the end of this session, has the client completed their counseling or education?

- Yes
- No, next appointment scheduled
- No, next appointment not scheduled

15. In your assessment, how likely is the client to be able to retain ownership of their house?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Not sure

II. MORTGAGE TERMS

Counselors will collect the following information about the client's outstanding mortgage(s) and house value.

16. What type is the primary mortgage?

- Standard ARM
- Option ARM
- Interest only
- Fixed rate
- Other (SPECIFY) _____

17. When was the primary mortgage originated?

MM/YYYY

18. What is the full term of the loan?

YEARS

19. What was the interest rate at origination?

(XX.XX%)

20. For adjustable rate loans:

a. What is the current interest rate?

(XX.XX%)

b. What is the maximum annual interest rate adjustment?

(XX.XX%)

21. What was the original loan amount?

22. What is the current loan amount?

23. What is the estimated current value of the home?

a. What is the source of this estimate?

- Client estimate
- Tax assessed value
- Zillow or other online home valuation tool
- Counselor estimate based on discussion with client
- Other (specify): _____

24. What is the total amount of any subordinate mortgages? (ENTER 0 if none)

25. Did the client purchase the home with assistance from a government program or nonprofit organization in the form of a loan or grant?

- No
- Yes
- Don't know

26. What is the current monthly mortgage payment? \$ _____

27. Does the monthly mortgage payment include property taxes?

- Yes
- No → What is the annual property tax payment? \$ _____

28. Does the monthly mortgage payment include homeowners insurance?

- Yes
- No → What is the annual homeowners' insurance payment? \$ _____

29. Does the monthly mortgage payment include private mortgage insurance or FHA insurance?

- Yes
- No

30. What is the total monthly utility cost for the property (electricity, heat, gas, and water)?
\$ _____

III. CLIENT OUTCOMES

At the end of the six-month tracking period, the agency will be asked to complete this section for every client based on information available to the agency as part of their usual follow up with clients.

31. Date client outcome data is entered:

MM/DD/YY

[Survey continues on next page]

32. Is the client still in the home they were in at the time they began counseling?

<input type="checkbox"/> Yes →	<p>a. What is the client's mortgage status?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current on mortgage <input type="checkbox"/> Making payments under forbearance agreement/repayment plan <input type="checkbox"/> Not making payments <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown <p>b. Was the mortgage refinanced or modified during the six month tracking period?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Mortgage was refinanced <input type="checkbox"/> Mortgage was modified <input type="checkbox"/> Partial claim loan obtained <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown <p>c. Did the client declare bankruptcy during the six-month tracking period?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No →	<p>a. What actions did the client take during the six month tracking period? (CHECK ALL THAT APPLY.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Executed a deed in lieu <input type="checkbox"/> Sold property and resolved delinquency <input type="checkbox"/> Sold property for less than amount owed (pre-foreclosure or short sale) <input type="checkbox"/> Mortgage foreclosed <input type="checkbox"/> Declared bankruptcy <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown <p>b. Where did the client move? (CHECK ONE.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moved into rental housing as the leaseholder <input type="checkbox"/> Purchased a new home <input type="checkbox"/> Moved in with another household <input type="checkbox"/> Has not found permanent housing/living with relatives/living with friends/living in shelter/living on street <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Don't know	

Housing Counseling Study

Service Tracking Survey – Counselor Information

[NOTE: THIS SURVEY WILL BE ADMINISTERED USING A WEB-BASED SYSTEM. COUNSELING AGENCY STAFF WILL LOG ONTO THIS SYSTEM AND COMPLETE THESE QUESTIONS FOR THEMSELVES ON A SERIES OF SCREENS.]

This survey is intended to gather basic information on the educators and counselors employed by the agency to be able to link this information to the services received by each client. It will be completed for each educator/counselor on the agencies staff prior to enrolling clients in the study. It should also be completed for any new educators/counselors added to the staff during the six-month service tracking period if the new staff provides services to study participants.

Each time a client receives services, the name of the counselor(s) leading the session will be recorded so that outcomes can be analyzed by levels of counselor training and experience.

1. Counselor Name:

First Last

2. What is your gender?

- Male
- Female

3. What is the highest degree or level of school you have completed? (CHECK ONE.)

- Less than 12th grade
- 12th grade, no diploma
- High school diploma or equivalent (e.g., GED)
- 1 or more years of college, no degree
- Associate degree
- Bachelor's degree
- Master's degree, professional degree, or doctorate degree

4. Which describes your ethnicity? (Select *only one*.)

- Hispanic or Latino
- Not Hispanic or Latino

5. Which describes your race? (Select *one or more*.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

6. Were you born in the United States?
- Yes
 - No
7. When did you start working as a housing counselor/trainer?
- YYYY
8. When did you start working for [counseling agency name]?
- YYYY
9. Have you ever worked as a...? (CHECK ALL THAT APPLY)
- Lender/mortgage broker
 - Realtor
 - Financial planner
 - None of the above
10. Have you received training on any of the following topics in the past three years? (CHECK ALL THAT APPLY)
- Pre-purchase homebuyer education
 - Pre-purchase homebuyer counseling
 - Credit counseling/credit repair
 - Financial literacy education
 - Mortgage lending
 - Predatory lending
 - Default and delinquency counseling
 - Foreclosure prevention
 - HECM or reverse mortgage
 - Fair housing
 - Training or counseling methods in general
11. In total, about how many days of housing counseling-related training have you received in the past three years? (If you have attended several training sessions over this period, estimate the length of each and add them together. Do not count on-the-job training.)
- 1-2 days
 - 3-5 days
 - More than 5 days but less than 2 weeks
 - More than 2 weeks but less than 4 weeks
 - More than 4 weeks

12. Have you received any of the following certifications? (CHECK ALL THAT APPLY)

NeighborWorks® Center for Homeownership Education and Counseling (NCHEC):

- Certification in Homeownership Education
- Certificate in Homeownership Counseling
- Certificate in Post-purchase Homeownership Education
- Certificate in Foreclosure Intervention Counseling

Association for Financial Counseling and Planning Education (AFCPE):

- Accredited Financial Counselor™
- Certified Housing Counselor™
- Accredited Credit Counselor™

National Foundation for Credit Counseling:

- Certified Consumer Credit Counselor

National Association of Housing Counselors and Agencies (NAHCA):

- Certified Professional Comprehensive Housing Counselor
- Certified Professional Housing Counselor Specializing in Tenancy
- Certified Professional Housing Counselor Specializing in Home Ownership
- Certified Housing Counselor Administrator

National Federation of Housing Counselors:

- Certified Housing Counselor

State or regional certification

(SPECIFY): _____

Other certification (SPECIFY): _____

Passed HECM Counselor Exam