

Housing Counseling Session Evaluation

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

OMB Approval No.
(Exp. Xx/xx/xxxx)

Counseling Agency Name and Address (completed by HUD office)

1. Why were you seeking assistance from the counseling agency? (check all that apply)

- | | |
|----------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> renting a house | <input type="checkbox"/> behind in rent payments |
| <input type="checkbox"/> looking 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"/> looking to buy housing | <input type="checkbox"/> buying some type of housing |
| <input type="checkbox"/> mortgage was current | <input type="checkbox"/> mortgage payments were delinquent |
| <input type="checkbox"/> homeowner interested in taking equity out of home | |

2. Who interviewed you when you first contacted the agency?

- | | |
|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> a receptionist | <input type="checkbox"/> a counselor |
|-----------------------------------------|--------------------------------------|

3. Did the person who counseled you do any of the following:
(check all that apply)

- 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 on how to solve your housing problem
- got in touch with your landlord or mortgage company to work out a plan for you to pay back rent or past due mortgage payment
- got in touch with your creditors to work out a payment Plan

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

10. b If yes, please indicate who the individual at the

5. Did the counselor complete a budget or financial analysis of your present situation in order to formulate a plan to achieve your goals?

- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|------------------------------|

6. If your counseling session was face-to-face, was the setting in which the counseling was conducted private so that no one could hear your conversation to insure confidentiality?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7. If you wanted rental housing, did the counselor discuss HUD rental housing programs (i.e., Section 8 or subsidized) for which you might be eligible?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

8. a. Did the agency charge you for their services?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

b. If "Yes", how much was the charge for the counseling service?

\$ _____

c. Did the counseling agency provide you with a fee schedule prior to the counseling session starting?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

9. Did you participate in any group education sessions?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

10. a. Was anyone at the agency (or their family members) your builder, real estate agent or broker, mortgage broker, attorney, collection agent for your mortgage lender, creditor, or owner of a property that you sought to rent or purchase?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

10. b If yes, please indicate who the individual at the agency was and what other capacity that they served in, or what the other service they provided.

Yes No

11. a. Did anyone at the counseling agency refer you to a specific mortgage lender or broker, builder, real estate agent or broker, attorney, or landlord?

Yes No

b. If yes, please indicate who the individual at the counseling agency was, who they referred you to, and what service that referral provided.

12. a. Were you encouraged to use a specific mortgage product, for example, one offered by the agency itself or a particular lender or loan program?

Yes No

If Yes, please elaborate.

b. If the counselor discussed any specific loan products or features, properties, or other programs, did they also provide information on at least three alternatives?

Yes No

13. Were you encouraged to purchase or rent a specific property, for example, one that the agency or one of its partners owned?

Yes No N/A

14. Did the counselor or anyone employed at the agency offer to purchase a property that you own, or did they refer you to anyone who offered to purchase your property?

Yes No

If Yes, please elaborate.

15. 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?

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.