

**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: _____
<b>INSTRUCTIONS TO REVIEWER.</b> See HUD <b>Handbook 7610.1</b> 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 ( <b>a negative determination may be a “Yes” as well as a “No”</b> ). Before you conduct the Biennial Performance Review, monitor the agency by means of a desk audit in accordance with paragraph 5-2 of <b>Handbook 7610.1</b> . 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 <b>Handbook 7610.1</b>	
<b>Basic Program Requirements</b>	
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

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
<b>Reviewers Comments:</b>		

### Skills and Experience

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
<b>Reviewers Comments:</b>		

## 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
<b>Reviewers Comments:</b>		

## Administrative Capacity / Program Practices

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
<b>Reviewers Comments:</b>		

## Facilities

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
<b>Reviewers Comments:</b>		

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**Conflict of Interest**

- |  |     |    |
|--|-----|----|
| 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