

Appendix L: Study Participant Tracking Letter

HUD's Pre-Purchase Homeownership Counseling Demonstration and Impact Evaluation

Date

Dear Study Participant,

Thank you for agreeing to participate in an important national study exploring what happens after people apply for a first-time loan to buy a home. . This study, the *First-time Homebuyer Study*, is funded by the U.S. Department of Housing and Urban Development and is conducted by an evaluation team lead by Abt Associates and Abt SRBI.

We would like to talk to you to see how you are doing. We will contact you about 12 months after you entered the study to ask you some questions. This survey will take about 45 minutes. To thank you for your time, you will receive up to \$35 after you complete the interview. Your participation in the interview is voluntary.

To make sure that our records are accurate, we would like to verify your contact information by completing the enclosed form. This form has the information you gave when you agreed to participate in the study. If your **address, telephone number, or other information is different** from what is listed, please **make changes on the form**. If you have another telephone number, please add it in the space marked "additional telephone number (to add)."

If you have no changes to your information, please return the form and check the box '**No Changes.**'

Also, please check and change, if needed, the names, addresses, and telephone numbers of the persons outside your household who usually know where to reach you. We would call these friends or relatives only if we cannot find you. If there are additional people you want to list, please add them to this form.

Please return the form to us in the enclosed postage-paid envelope. Or, you can call Abt SRBI toll-free at 1-XXX-XXX-XXXX and give your information over the phone. **You will receive \$5 to thank you for your time and effort.**

If you have any questions or concerns about the study, please feel free to call (NAME) at (TOLL FREE NUMBER).

Remember to check the box and return the form even if there are no changes to your information. We must receive your completed form in order to send you the \$5 check.

This information will help us greatly when we attempt to contact you again and will only be used for that purpose. Your continuing participation in this study is very important and greatly appreciated. Thank you for your time.

Sincerely,
[Name]
Project Director

On the **left** side of this form, you will find the last contact information we have for you. Please update any new information on the **right** side. Check the box if there has not been any changes. **Please send this form back in the postage paid envelope provided.**

Check here if no changes to the following information

<u>PRESENT INFORMATION</u>	<u>UPDATED INFORMATION</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Study Participant's name</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Additional Study Participant's name</p> <p>MAILING ADDRESS:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Street</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>City</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 40%; margin-bottom: 5px;"> <input style="width: 95%; height: 15px;" type="text"/> </div> <div style="border: 1px solid black; padding: 2px; width: 40%; margin-bottom: 5px;"> <input style="width: 95%; height: 15px;" type="text"/> </div> </div> <p>State Zip</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Study Participant's Cell Phone Number</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Additional Telephone Number</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Study Participant's name</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Additional Study Participant's name</p> <p>MAILING ADDRESS:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Street</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>City</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 40%; margin-bottom: 5px;"> <input style="width: 95%; height: 15px;" type="text"/> </div> <div style="border: 1px solid black; padding: 2px; width: 40%; margin-bottom: 5px;"> <input style="width: 95%; height: 15px;" type="text"/> </div> </div> <p>State Zip</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Study Participant's Cell Phone Number</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Additional Telephone Number</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Additional Telephone Number (to add)</p>
<p>Please update your email address below if it is no longer: [Email1]</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Study Participant's Email Address</p> <p>Please update your email address below if it is no longer: [Email2]</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Additional Study Participant's Email Address</p>	

<u>Contact #1: PRESENT INFORMATION</u>	<u>UPDATED INFORMATION</u>
<input style="width: 100%; height: 20px;" type="text"/> Contact's name	<input style="width: 100%; height: 20px;" type="text"/> Contact's name
MAILING ADDRESS: <input style="width: 100%; height: 20px;" type="text"/> Street	MAILING ADDRESS: <input style="width: 100%; height: 20px;" type="text"/> Street
<input style="width: 100%; height: 20px;" type="text"/> City	<input style="width: 100%; height: 20px;" type="text"/> City
<input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> State Zip	<input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> State Zip
<input style="width: 100%; height: 20px;" type="text"/> Contact's Home Phone	<input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> Contact's Home Phone
<input style="width: 100%; height: 20px;" type="text"/> Contact's Cell Phone	<input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> Contact's Cell Phone
Please update your contact's email address below if it is no longer: [Email1] <input style="width: 100%; height: 20px;" type="text"/> Contact's Email Address	

<u>Contact #2: PRESENT INFORMATION</u>	<u>UPDATED INFORMATION</u>
<input style="width: 100%; height: 20px;" type="text"/> Contact's name	<input style="width: 100%; height: 20px;" type="text"/> Contact's name
MAILING ADDRESS: <input style="width: 100%; height: 20px;" type="text"/> Street	MAILING ADDRESS: <input style="width: 100%; height: 20px;" type="text"/> Street
<input style="width: 100%; height: 20px;" type="text"/> City	<input style="width: 100%; height: 20px;" type="text"/> City
<input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> State Zip	<input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> State Zip
<input style="width: 100%; height: 20px;" type="text"/> Contact's Home Phone	<input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> Contact's Home Phone
<input style="width: 100%; height: 20px;" type="text"/> Contact's Cell Phone	<input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> Contact's Cell Phone

Contact's Home Phone <input style="width: 95%; height: 20px;" type="text"/>	Contact's Home Phone <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>
Contact's Cell Phone <input style="width: 95%; height: 20px;" type="text"/>	Contact's Cell Phone <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>
Please update your contact's email address below if it is no longer: [Email1] <input style="width: 100%; height: 20px;" type="text"/>	
Contact's Email Address <input style="width: 100%; height: 20px;" type="text"/>	

<u>Contact #3: PRESENT INFORMATION</u>	<u>UPDATED INFORMATION</u>
<input style="width: 95%; height: 20px;" type="text"/> Contact's name	<input style="width: 100%; height: 20px;" type="text"/> Contact's name
MAILING ADDRESS: <input style="width: 95%; height: 20px;" type="text"/> Street	MAILING ADDRESS: <input style="width: 100%; height: 20px;" type="text"/> Street
<input style="width: 95%; height: 20px;" type="text"/> City	<input style="width: 100%; height: 20px;" type="text"/> City
<input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> State Zip	<input style="width: 10%; height: 20px;" type="text"/> <input style="width: 30%; height: 20px;" type="text"/> State Zip
<input style="width: 95%; height: 20px;" type="text"/> Contact's Home Phone	<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> Contact's Home Phone
<input style="width: 95%; height: 20px;" type="text"/> Contact's Cell Phone	<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> Contact's Cell Phone
Please update your contact's email address below if it is no longer: [Email1] <input style="width: 100%; height: 20px;" type="text"/>	
Contact's Email Address <input style="width: 100%; height: 20px;" type="text"/>	