

CLIENT ACTION PLAN

RENTAL HOUSING COUNSELING

Client # _____ Date: _____

Client Name: _____

Counselor Name: _____

Budget Assessment Summary:

Total Gross Monthly Income	\$	_____
Monthly Rent	\$	_____
Net Monthly Income	\$	_____
Total Monthly Living Expense	\$	_____
Monthly Debt Obligations	\$	_____

Client's Key Concerns: _____

[Below, for each concern identified, counselor will describe the follow-up actions, who will take the action, and the due date for following up]

Concern Discussed	Actions	Who is taking action?	Due Dates
<input type="checkbox"/> Job loss, reduced income, or expense shock Notes:	<input type="checkbox"/> Client to create a budget that accounts for current and future potential income <input type="checkbox"/> Counselor and client to identify monthly debt payments to prioritize <input type="checkbox"/> Client to apply for income supplement programs <input type="checkbox"/> Client to contact utility companies to inquire about relief options	[indicate whether client or counselor is responsible for follow-up]	[list a due date for each action]

Concern Discussed	Actions	Who is taking action?	Due Dates
<input type="checkbox"/> Rent affordability Notes:	<input type="checkbox"/> Client to provide lease documentation and as available, calculation of affordability of tenant rent to income <input type="checkbox"/> Counselor to advise on HUD rental assistance programs, applicable city or county protections <input type="checkbox"/> Counselor and client to identify realistic payment plan offer based on budget <input type="checkbox"/> Draft letter to landlord		
<input type="checkbox"/> Eviction Notes:	<input type="checkbox"/> Client to provide lease documentation and eviction letters and notices to counselor <input type="checkbox"/> Counselor to advise on eviction process and protections for renters <input type="checkbox"/> Counselor to provide information on emergency cash assistance <input type="checkbox"/> Counselor to schedule follow-up discussion with client on strategy for maintaining housing <input type="checkbox"/> Counselor provide a referral to legal services		
<input type="checkbox"/> Repair needs, maintenance, or substandard housing conditions Notes:	<input type="checkbox"/> Counselor to provide information regarding warranty of habitability protections, heat and hot water protections, landlord obligations <input type="checkbox"/> Client to provide documentation of substandard conditions <input type="checkbox"/> Client to send landlord request for repairs <input type="checkbox"/> Client to report substandard housing conditions		
<input type="checkbox"/> Landlord harassment or discrimination	<input type="checkbox"/> Client to report to fair housing enforcement and other agencies <input type="checkbox"/> Counselor to provide referral to legal services		

Concern Discussed	Actions	Who is taking action?	Due Dates
Notes:			
<input type="checkbox"/> Reasonable accommodation Notes:	<input type="checkbox"/> Client to provide disability needs, including unit modification and/or service animal requests <input type="checkbox"/> Client to provide documentation regarding disability <input type="checkbox"/> Counselor to provide information on reasonable accommodation protections <input type="checkbox"/> Client to draft letter to landlord, work with counselor as needed <input type="checkbox"/> Client to report to enforcement agencies, if applicable		
<input type="checkbox"/> Illegal lockout Notes:	<input type="checkbox"/> Client to provide background on issue and lease <input type="checkbox"/> Counselor to provide information regarding illegal lockouts, utility disconnection, and self-help eviction protections <input type="checkbox"/> Client report to law enforcement <input type="checkbox"/> Counselor to provide referral to legal services		
<input type="checkbox"/> Rent increase / rent overcharges Notes:	<input type="checkbox"/> Client to provide lease and rental documentation <input type="checkbox"/> Counselor to research applicable protections <input type="checkbox"/> Client to draft letter to landlord <input type="checkbox"/> Counselor to schedule follow-up client discussion		
<input type="checkbox"/> Relocation/moving out Notes:	<input type="checkbox"/> Client to provide lease and rental documentation <input type="checkbox"/> Counselor to provide information on <ul style="list-style-type: none"> <input type="checkbox"/> Security deposit <input type="checkbox"/> Lease assignment / sub-leasing <input type="checkbox"/> Lease termination process and protections <input type="checkbox"/> Pre-move-out inspection <input type="checkbox"/> Client to draft letter to landlord		

Concern Discussed	Actions	Who is taking action?	Due Dates
<input type="checkbox"/> COVID-19 hardship	<input type="checkbox"/> Keep documentation that proves any income loss is due to COVID-19 <input type="checkbox"/> Determine whether CARES Act eviction protections apply based on landlord mortgage <input type="checkbox"/> Keep records of eviction protections, including timeline <input type="checkbox"/> Keep records of temporary assistance		
<input type="checkbox"/> Other Notes:			

Referrals:

- Food assistance:
- Debt management/budget counseling:
- Rental assistance:
- Cash assistance:
- Utility or energy assistance:
- Scam guidance:
- Mutual aid resources:
- Legal assistance:
- Other: _____

Date to follow-up with counselor: _____

Client Signature

Date