

**U.S. Department of Housing and Urban Development
Office of Housing Counseling**

**Performance Review
Of a HUD-Approved Housing Counseling Agency or Participating Agency**

Public reporting burden for this collection of information is estimated to average 9.5 hours per initial 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 of information unless that collection displays a valid OMB control number.

The following information is used to assist HUD in evaluating the managerial and financial capacity of organizations to sustain operations sufficient to implement HUD approved housing counseling programs. The collection of information assists HUD to reduce its own risk from fraudulent activities or supporting inefficient or ineffective housing counseling programs. HUD publishes a web list of HUD approved Housing Counseling Agencies and maintains a toll free housing counseling hotline. Performance reviews help HUD ensure that individuals seeking assistance from these participating agencies can have confidence in the quality of services that they will receive. This information is collected in connection with HUD Housing Counseling Program and will be used by HUD to evaluate participating agencies' compliance with programmatic requirements. The information is considered sensitive and is protected by the Privacy Act of 1974, which required the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality. **NOTE:** Part A will be completed by the HUD Reviewer, based on housing counseling agency performance, and Part B and C (if applicable) will be completed by the housing counseling agency. The agency will self-certify the responses and are subject to verification. HUD may, at its discretion, request clarification or additional information from an agency. The agency may consult with HUD to determine the specific actions needed to complete the form.

Agency Name:	HCS ID Number:
Address:	
Name of Parent Agency, if Applicable:	Parent ID Number, if Applicable:
Reviewer(s):	Review Date:
<input type="checkbox"/> Onsite Review	<input type="checkbox"/> Desk Review

INSTRUCTIONS: Use this form to record the results of the Performance Review. Check the "Yes," "No" or "N/A" box for each applicable question.

TO SUPPORT ANSWERS, PROVIDE DETAILED COMMENTS AND DOCUMENTATION, IF APPLICABLE. Housing Counseling Agencies are responsible for the requirements outlined in Parts A and B, and C, if applicable. Housing Counseling Agencies and HUD Reviewers are recommended to review Handbook 7610.1 REV 5, 24 CFR Part 214, and information on HUD's Website at: http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/sfh/hcc/hcc_home, in support of the most current legislative and programmatic requirements for the Department's Housing Counseling Program.

PART A – Complete by HUD Reviewer(s)

PART B – Complete by Housing Counseling Agency, self-certified by Representative of the Housing Counseling Agency

PART C – Complete by Housing Counseling Agency, self-certified by Representative of the Housing Counseling Agency, (if applicable).

Part A – Complete by HUD Reviewer

GRANT MANAGEMENT				COMMENTS	
1	Did the agency receive HUD Housing Counseling grants or sub-grants since the last performance review? If yes, answer the questions in this section.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2	Does the agency have adequate billing procedures in place so that it only bills HUD under a grant agreement for the cost of services in excess of the costs billed to other funding sources or fees charged to the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3	Is the agency maintaining personnel activity reports in compliance with OMB Circular 122? Provide supporting documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4	Does the grantee or sub-grantee, if applicable, have source documentation of costs (invoices, cancelled checks, salary reports, etc.) to support all request for reimbursements under the HUD Housing Counseling grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5	Are indirect costs assessed to the grant(s)? Obtain copy of approval.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	If yes, was the indirect cost rate approved by a federal agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	If indirect costs are included in the voucher request(s), are they different from what was approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6	Is there evidence that the total housing counseling budget reported is accurate and consistent with leveraged funds and program income documented in the grant application, if applicable? Provide support of all leveraged funds.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

7	Do CMS client notes or other client documentation support counselor hours billed and/or reported to the HUD Housing Counseling grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8	Does client and group education client documentation support the average hours for counseling and education activities stated in the grant application work plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9	Is the agency charging the HUD grant only for activities/expenses included in its proposed grant work plan and budget?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10	Does the agency have documentation to support receipt of leveraged resources cited in the grant application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11	Is the agency complying with reporting requirements of the grant agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
12	Is the agency complying with its proposed or revised work plan(s) submitted for the grant award(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
MAINTAINING APPROVAL CRITERIA					COMMENTS
13	Is the agency functioning as a private or public nonprofit organization or a unit of local, county or state government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
14	Does the agency have evidence of nonprofit status and tax-exempt status under Section 501(a) pursuant to Section 501(c) of the Internal Revenue Code of 1996 (26 U.S.C. 501(a) and (c))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
15	If the agency subcontracts for housing counseling services, has the agreement been approved by HUD? Obtain copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
16	Is the agency being reviewed an Intermediary, Multi-State Organization or a State Housing Finance Agency? Indicate agency type in comment box at right.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Agency Type:
a.	If yes, is there a formal agreement between this agency and any affiliates that delineates the respective Housing Counseling Program responsibilities between these agencies? Obtain copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Does this agency also directly offer counseling services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
17	Does the agency provide debt management services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	If yes, did the agency provide HUD with certification that it complies with all state and local laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	If yes, does the agency provide counseling recipients with alternatives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
REPORTING TO HUD					COMMENTS
18	Did the agency transmit housing counseling activity data on form HUD 9902 on a timely basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
19	Was the housing counseling activity data on form HUD 9902 completed correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
20	Does the HCS reflect the agency's current profile information including, but not limited to, name, address, telephone number and email address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
21	Does the agency validate its agency profile in HCS at least quarterly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
CLIENT AND GROUP EDUCATION FILES					COMMENTS
22	Does the agency maintain a separate confidential file; use a unique number for each client, documenting each unique, distinct provision of housing counseling services provided to the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
23	Is the agency entering into its CMS all data elements required by HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
24	Is there evidence in the files that the counselor(s) performed a financial analysis of the clients' financial and credit circumstances? If yes, answer the following questions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Do the counselor(s) review the clients' income, expenses, spending habits, home value and use of credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Do the counselor(s) and client establish a household budget that the client can afford?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	For pre-purchase clients, do the counselor(s) perform a comparative analysis of the client's spending habits to determine if the client's habits are more suitable for renting or owning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
25	Does the agency record the date, time, duration and description of each interaction or activity performed on behalf of, and by, the client in the activity log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
26	Does the agency establish an action plan for each client except HECM clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Do the action plans clearly identify the clients' need or problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

b.	Do the action plans outline what the agency and clients will do in order to meet clients' housing goal(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
27	Is there a copy of the disclosure statement in each client's counseling file or documentation of the date that the disclosure statement was verbally provided during telephone counseling? Provide copy of disclosure(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
28	Does the agency make referrals to other resources, if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
29	For pre-purchase clients, does the agency document client and homebuyer education files distribution of HUD publications on Home Inspection, if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
30	If the counselor(s) provided information about a specific service, program, feature or product, do the counselor(s) document that he/she provided information on at least three alternatives if available, including FHA products, features or programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
31	Do the counselor(s) monitor the client's progress in meeting the housing need or correcting the housing problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
32	Do the counselor(s) document each client file with the date and cause/explanation of termination when housing counseling services were terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
33	Is there evidence of follow-up as required by HUD in each client file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
34	Do the counselor(s) document the results of counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
35	Is the agency accessing fees for client services? If yes, answer the following questions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Does the agency document in each client file with the amount and the source of fees paid by other parties, including HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Does each file reflect the amount paid through client fees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	If yes, does each file contain a copy of the receipt provided to the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Does the agency document in each client file that the cost did not create a financial hardship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
36	If the agency uses credit reports as a tool for counseling, does each applicable client file contain an authorization to obtain a credit report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
37	Does each client file contain the client authorization to share information with HUD and other third parties, if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
38	Does the agency provide group education? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Does the agency maintain a separate confidential file for each course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Are all required items documented and is the agency entering into its CMS all data elements required by HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Are there copies of the client disclosures in each education file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

PART B

Complete by Housing Counseling Agency. To be returned by the agency 15 working days prior to review. For each question below, submit verification/documentation to support the agency's response.

This self-certification is to be signed by a Representative of the Housing Counseling Agency authorized by the Agency Executive Board, or equivalent, to make such representations and certifications on behalf of the Agency.

FACILITIES INCLUDING ACCESSIBILITY				COMMENTS	
39	Is the agency easily identified by permanent signage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
40	Provide the agency's normal business hours in the comments box at right.				Agency's normal business hours:
41	Does the agency offer extended hours when necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
42	Do the facilities provide for one-to-one counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
43	Do the facilities have accessibility features in accordance with ADA requirements or does the agency offer alternative accommodations for person with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
DELIVERY OF HOUSING COUNSELING SERVICES				COMMENTS	
44	Types of Counseling Method: Check all that apply: <input type="checkbox"/> Face to Face Counseling <input type="checkbox"/> Internet Counseling (email) <input type="checkbox"/> Other (specify in box at right):	<input type="checkbox"/> Video Conference <input type="checkbox"/> Skype or equivalent	<input type="checkbox"/> Phone Counseling <input type="checkbox"/> Group Counseling		
45	Does the agency counsel clients whose native language is not English? Explain in the comments box at right.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Explain:

46	Does the agency counsel clients who are hearing impaired using interpreters, if necessary? Explain in the comments box at right.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Explain:
47	Does the agency use TDD, TTY or 211 services? Explain in the comments box at right.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Explain:
48	Does the agency indicate on written correspondence materials, provided to clients and prospective clients how to access information through alternative means if they have an impairment, disability or language barrier, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
49	Does the agency comply with all applicable fair housing and civil rights requirements in 24 CFR 5.105a?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
50	Has the agency:				
a.	Been charged with an ongoing systemic violation of the Fair Housing Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Become a defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an on-going pattern or practice of discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Received a letter of findings identifying ongoing systemic noncompliance under Fair Housing and Civil Rights laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
51	Does the agency provide outreach to persons least likely to apply for housing counseling services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
52	Does the agency maintain records of its activities to affirmatively further fair housing? If "Yes," do these records:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Identify the impediments to fair housing addressed by the planned activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Describe the activities that took place, and to the extent possible, describe the impact of the activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
53	Do housing counselors advise clients of the fair housing law and their rights to file a housing discrimination complaint with HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
54	If the agency is an intermediary, affiliate, or sub-grantee, does the contract or agreement between the intermediary and its affiliate(s) or sub-grantee(s) address non-discrimination and equality opportunity responsibility per Handbook 7610.1 REV 5?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
AGENCY RECORDKEEPING SYSTEM					COMMENTS
55	Does the agency maintain a recordkeeping system so that HUD can access and review client files, electronic, or a combination of electronic and paper, and annual activity data can be verified, reported and analyzed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
56	Is the agency using a Client Management System (CMS) that is a HUD-certified CMS product or identified by HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
57	Does the agency retain the case file, both electronic and paper, for a period of three (3) years from the date the case file was terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
58	If the agency is a HUD housing counseling grant recipient or sub-grantee, does the agency retain the client files attributed to the grant for three (3) years from the date of the final grant invoice paid by HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
59	Does the agency safeguard and maintain the confidentiality paper and/or electronic files, including credit reports, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
LENDER-FUNDED COUNSELING SERVICES					COMMENTS
60	Does the agency receive any funding from lenders for counseling services? If yes, answer the following questions and attach copy of agreements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Does the agreement indicate what services the agency will be compensated for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Is the compensation commensurate with services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Does the agreement compensate the agency for referring clients to the lender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
d.	Does the agreement compensate the agency for closing loans with a specific lender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
e.	Does the agreement state fee income is based on services rendered, not on amount of loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
f.	Does the agreement state the agency will provide information on comparable products from at least 3 different lenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
FEEES FOR HOUSING COUNSELING AND RELATED SERVICES					COMMENTS

61	Does the agency charge fees for its counseling, education or debt management services? If yes, answer the following questions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Does the agency charge fees for mortgage default or homeless housing counseling or education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Does the agency waive fees for clients who cannot afford the fees or offer a sliding fee scale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Are the fees commensurate with the level of services provided and reasonable and customary for the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
d.	Is the fee schedule prominently displayed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
e.	Are the clients informed of the fees prior to the provision of services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
f.	Is the initial client intake performed without charge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
g.	Does the agency charge the client for credit reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	If yes, does the agency charge only the actual cost of the report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
FINANCIAL AUDIT AND CAPACITY					COMMENTS
62	Did the agency/grant recipient/sub-grant recipient expend \$500,000 or more in federal funds a year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	If yes, did the agency have an A-133 audit performed within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	If no, did the agency have an independent audit every two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
63	Did the agency provide HUD a copy of all audit reports within 30 days of completion? Provide date of most recent audit in comment box at right.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Date of most recent audit:
64	Did the auditor's notes identify any significant deficiencies or material weaknesses relating to the agency's housing counseling program or other programs that might impact the housing counseling program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	If yes, did the agency correct the problem(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
65	Does the agency's budget and financial statements demonstrate the necessary level of funds that enables the agency to perform the minimum workload required by HUD for the next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
66	Do budget and financial statements reflect program income including fees charged to clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
PERFORMANCE CRITERIA					COMMENTS
Types of Counseling Services: Check the boxes for all housing counseling services the agency currently offers.					
<input type="checkbox"/> FBC - Financial Management/Budget Counseling <input type="checkbox"/> PLW - Predatory Lending Education Workshops <input type="checkbox"/> FHW - Fair Housing Pre-Purchase Education Workshops <input type="checkbox"/> RHC - Rental Housing Counseling <input type="checkbox"/> HIC - Home Improvement and Rehabilitation Counseling <input type="checkbox"/> PPW - Pre-purchase Homebuyer Education Workshops <input type="checkbox"/> FBW - Financial, Budgeting and Credit Repair Workshops <input type="checkbox"/> RMC - Reverse Mortgage Counseling <input type="checkbox"/> DFC - Mortgage Delinquency and Default Resolution Counseling <input type="checkbox"/> RHW - Rental Housing Workshops <input type="checkbox"/> NDW - Non-Delinquency Post Purchase Workshops/Counseling <input type="checkbox"/> HMC - Services for Homeless Counseling <input type="checkbox"/> PPC - Pre-purchase Counseling <input type="checkbox"/> DFW - Resolving/Preventing Mortgage Delinquency					
67	Does the agency offer individual counseling for the same topics covered in the group education sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
68	Does the agency limit its housing counseling activities to the geographic area specified in the agency's approved housing counseling work plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
69	Were there changes to the agency's work plan? Provide date of most recent work plan in comment box at right.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Date of most recent work plan:
a.	If yes, were the changes submitted to HUD for approval before implementation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
70	During the past fiscal year, for agencies that provided more services than just reverse mortgage counseling, were at least 30 clients provided counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
71	Do at least half of the counselors have a least six months experience in the job they are performing? Provide current list of counseling staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
72	Have the agency's housing counselor(s) received housing counseling training or education? List topics and dates, for each counselor, over the last 2 years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
73	Do the supervisors of housing counselors monitor their work and document these monitoring activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
CONFLICT OF INTEREST					COMMENTS
74	Does the agency provide any services besides housing counseling? If yes, list those services in comment box at right.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Services other than housing counseling:

75	Does any person associated with the agency in a position of trust (as defined in Handbook 7610.1 REV 5) perform any additional services for the agency or outside of the agency that a housing counseling client would utilize?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	If yes, does the person in a position of trust receive anything of value including compensation on a commission basis for the services listed above? (This excludes compensation in the form of a reasonable salary from the participating agency.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
76	Does any person associated with the agency in a position of trust as defined by HUD engage in any activities that might result in or create the appearance of administering the housing counseling operation for personal or private gain or provide preferential treatment to any organization or person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
77	Does any person associated with the agency in a position of trust as defined by HUD undertake any action that might compromise the agency's ability to ensure compliance with the requirements of HUD's conflict of interest regulations and to serve the best interest of its clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
78	Are all persons in a position of trust as defined by HUD in compliance with programmatic requirements that prohibit the acquisition of a client's property from the trustee in bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
79	Did the agency notify HUD of conflicts of interest no later than 15 days after the conflict was discovered and report to HUD on the corrective action taken to cure the immediate conflict and avoid future conflicts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
80	If applicable, did the agency notify HUD of its policy or changes to policy regarding the following:				
a.	Other housing services offered by the agency in addition to housing counseling services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Business practices and/or partnerships that would constitute a conflict of interest pursuant to HUD regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Description of the organizational structure and business practices that protect the client from inappropriate steering or influence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
d.	Agency's written standard of ethics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
e.	Agency's quality control plan for identifying, addressing or mitigating any conflicts of interest and complying with HUD requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
81	Does the agency's disclosure meet the following HUD requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Does the disclosure explicitly describe the various services provided by the agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Does the disclosure identify any financial arrangements or partnerships between the agency and any other industry partners that are relevant to the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Does the disclosure clearly indicate that the client is not obligated to receive any other services offered by the organization or its partners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
REPORTING TO HUD - HOUSING COUNSELING AGENCY					COMMENTS
82	Did the agency experience any of the following changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Change in address(es) of the agency's main office and the address(es) of its branches and affiliates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Changes to staff personnel responsible for the Housing Counseling Program, such as counselors, ineligible partners, and management staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Changes to the telephone numbers and website of the main office, affiliates and branches.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
d.	Changes to any other aspect of the agency's purpose or functions that may impair its ability to comply with the programmatic requirements, applicable regulations or applicable grant agreement(s) (e.g., lack of qualified housing counselors).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
83	Were the above changes reported to HUD within 15 days of the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
PART C					
Complete by Housing Counseling Agency, if applicable. To be returned by the agency 15 working days prior to review. For each question below, submit verification/document to support the agency's response.					
This self-certification is to be signed by a Representative of the Housing Counseling Agency authorized by the Agency Executive Board, or equivalent, to make such representations and certifications on behalf of the Agency.					
REVERSE MORTGAGE COUNSELING					COMMENTS
84	Does the client intake process collect all the required information per the HECM protocol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
85	During the intake process, did the counselor make an initial evaluation of the clients' capability to understand the complexities of the HECM program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

86	Do the counselor(s) encourage participation by family, friends and/or professional advisors who could assist the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
87	Is the agency in compliance with clients lacking legal competence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
88	Do the counselor(s) document the session review with the client(s) and ask appropriate questions per Attachment B.10, Appendix 4, Handbook 7610.1 REV 5?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
89	Do the files contain the required information noted below (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Client Data	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Client Concerns/Interest in Reverse Mortgage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Client Needs and Circumstances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
d.	Client and Property Eligibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
e.	Reverse Mortgage Features	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
f.	Reverse Mortgage Loan Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
g.	Borrower Obligation/Implication after Closing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
h.	Information about Financial Alternatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
i.	HECM Refinance Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
j.	HECM for Purchase Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
k.	HECM Saver Option and Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
l.	HECM Proceeds to Purchase Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
90	Do the counselor(s) provide the required additional information as listed in Appendix B.1 and B.2, Appendix 4, Handbook 7610.1 REV-5?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
91	Does the agency maintain complete client files that meet the requirements of the HECM protocol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
92	Does the agency issue a HECM counseling certificate through the FHA Connection System and keep an executed copy in the client file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
93	Do the counselor(s) perform the required client follow-up to include:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a.	Follow-up Phone Call	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
b.	Follow-up Emergency Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
c.	Close-out or Outcome Letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
94	Are the Application Coordinator and/or counselor updating the HECM training information in FHA Connection (Information only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
95	If a HECM Roster counselor is no longer with the agency, did the agency reflect the termination in FHA Connection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
96	Are only HECM roster counselors conducting the reverse mortgage counseling sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
97	Does the agency's fee structure for HECM counseling meet the current HUD requirements including a policy for waiver of fees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
98	How do the clients become aware of the counseling agency? Check all that apply.	<input type="checkbox"/> HUD Website <input type="checkbox"/> Lender Provided Counselor List <input type="checkbox"/> Direct Mailing <input type="checkbox"/> State Office on Aging <input type="checkbox"/> Realtor Referrals <input type="checkbox"/> Area Office on Aging <input type="checkbox"/> AARP or other RM Website <input type="checkbox"/> Friend Referral <input type="checkbox"/> Other (List in box below):			

GENERAL COMMENTS SECTION:

Note: The self-certifications in Parts B and C (if applicable) are to be signed by a Representative of the Housing Counseling Agency authorized by the Agency executive board, or equivalent, to make such representations and certifications on behalf the Agency. By signing below, the Agency's authorized representative hereby certifies that all responses and information provided, and submissions made for Parts B and C (if applicable) are true and correct. HUD may elect to change the status of a HUD-approved or Participating Agency's status to inactive. HUD may exercise its discretion to change an agency's status as a result of information obtained by HUD, or at the agency's request.

Name: Representative of the Housing Counseling Agency Please Print	Title: Representative of the Housing Counseling Agency Please Print
Telephone Number: XXX-XXX-XXXX	Email:
<p style="font-size: 2em; text-align: center;">X</p> <hr/> <p style="text-align: center;">S i g n a t u r e o f R e p r e s e n t a t i v e</p>	Date: Month/day/year

REVIEW RESULTS

- There are no findings or concerns that need to be addressed.
- There are findings and/or concerns that need to be addressed.

<p style="font-size: 2em; text-align: center;">X</p> <hr/> <p style="text-align: center;">S i g n a t u r e o f R e v i e w e r</p>	Date: Month/day/year
<p style="font-size: 2em; text-align: center;">X</p> <hr/> <p style="text-align: center;">S i g n a t u r e o f R e v i e w e r</p>	Date: Month/day/year