



MSHDA's Homeownership Counseling Program

Client Action Plan



An Action Plan must be completed by the counselor for all services beyond Homebuyer Education or any Foreclosure Prevention or Post-Purchase counseling, outlining services and contacts. If client is a Family Self-Sufficiency or Individual Development Account participant, agencies may utilize the individual training and service plan forms for these two programs. If your agency chooses to use an Action Plan of a different format, it must be pre-approved by MSHDA's Homeownership Counseling Program Staff.

Client Name:	Alternate Contact (May be Spouse)
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Problem Statement - Explain why the client is seeking services from the counseling agency:

Assessment – Include information that leads to the recommendations for resolving the situation:

For Pre-purchase counseling indicate client's mortgage readiness (NOTE: Payoffs should be determined by client's disposable income):

<input type="checkbox"/> Mortgage Ready -Client has 2-3% saved towards down-payment -Client has 2 years of employment history -Client has proof of legal status -Client has 2-3 years of income tax and W-2 forms -Client has verifiable income and rent history -Client has Homebuyer Education Certificate -Client has pre-qualification letter with purchase and sales contract	<input type="checkbox"/> Near Ready (within 90 days) - Client must have between \$1,000-\$1,500 or 2-3% saved towards down payment - Client has no more than \$1,500 worth of collection debt - 1-2 accounts on collection status - 1-2 alternative letters - Client has effective budget plan for 2 months	<input type="checkbox"/> Short-Term (within 90-180 days) - Client must have between \$500-\$1,000 saved towards down payment - No more than 5-7 accounts on collection status - No more than \$2,000 worth of debt - Client has 1 ½ years of verifiable employment - Client has effective budget plan for 2 months - Client must maintain 3-6 months of no late payments	<input type="checkbox"/> Long-Term (more than 180 days) - Client has \$0 savings - Client has multiple accounts in collection, repossessions, etc. - Client has no employment history - Client has debts over \$7,000 - Client should be encouraged to enroll in an IDA program.
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This information must be completed for Foreclosure and National Foreclosure Mitigation Counseling:

Property Assessment – Include information about the property’s condition and a discussion and calculation of equity, if any:

Homeowner: Steps homeowner will take to resolve issues identified in this Action Plan:

Date Assigned

Date Completed

- 1.
- 2.
- 3.

Counselor: Steps counselor will take to accomplish resolution to the issues described above:

Date Completed

- 1.
- 2.
- 3.

Community Referral Information: List community contacts that may be of assistance to the homeowner:

Agency Name	Contact Name	Location	Phone Number

Counselor’s must determine the counseling outcome below and include this information in the MATT billing system:

- | | | |
|--|---|--|
| <input type="checkbox"/> Initiated forbearance agreement/repayment plan
<input type="checkbox"/> Executed a deed-in-lieu
<input type="checkbox"/> Mortgage foreclosed
<input type="checkbox"/> Received second mortgage
<input type="checkbox"/> Other
<input type="checkbox"/> Counseled and referred to another social service or emergency assistance agency
<input type="checkbox"/> Obtained partial claim loan from FHA lender
<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Counseled and referred for legal assistance
<input type="checkbox"/> Withdrew from counseling | <input type="checkbox"/> Currently in negotiation with servicer; outcome unknown
<input type="checkbox"/> Referred homeowner to servicer with action plan and no further counseling activity; outcome unknown
<input type="checkbox"/> Foreclosure put on hold or in moratorium; final outcome unknown
<input type="checkbox"/> Brought mortgage current with rescue funds.
<input type="checkbox"/> Brought mortgage current (without rescue funds)
<input type="checkbox"/> Mortgage refinanced into FHA product
<input type="checkbox"/> Mortgage refinanced (non-FHA product)
<input type="checkbox"/> Mortgage modified with PITI less than or equal to 38% of gross monthly income with at least a 5 year fixed rate | <input type="checkbox"/> Mortgage modified with PITI greater than 38% of gross monthly income or interest rate fixed for less than 5 years and appears to be sustainable.
<input type="checkbox"/> Mortgage modified with PITI greater than 38% of gross monthly income or interest rate fixed for less than 5 years and appears not to be sustainable
<input type="checkbox"/> Homeowner(s) sold property (not short sale)
<input type="checkbox"/> Pre-foreclosure sale/short sale
<input type="checkbox"/> Counseled on debt management or referred to debt management agency
<input type="checkbox"/> Home lost due to tax sale or condemnation |
|--|---|--|

Client Activity Log:							
Date	Start Time	End Time	Phone Contact	Agency Contacted (i.e. DHS, Lender etc.)	Contact Name	Note what transpired during the call	Counselor Initials
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
Client Outcome (attach additional sheets if necessary): 							
For Pre-purchase Counseling – Name of MSHDA approved Lender that client discussed mortgage products with:				Loan Officer Name:		Contact Number:	
For Pre-purchase Counseling – Did client use a MSHDA Product? <input type="checkbox"/> Yes <input type="checkbox"/> No					Once it is determined a client will not be purchasing using a MSHDA Mortgage services are <u>not</u> billable to MSHDA.		
For Foreclosure Counseling - Was client successful in retaining home? <input type="checkbox"/> Yes <input type="checkbox"/> No					Date File Closed:		
A copy of this document must be provided to client immediately if counseling is done face-to-face. If counseling is done by phone, a copy must be sent to client within 24 hours.							

Client Signature

Date

Counselor Signature

Date