

Housing Counseling Agency  
**Fiscal Year Activity Report**

**U.S. Department of Housing  
 and Urban Development**  
 Office of Housing  
 Federal Housing Commissioner

OMB Number: 2502-0261  
 Expiration Date: 09/30/2012

**Read the instructions and Public Burden in your instruction packet.**

1. Counseling agency name and address/telephone/fax/contact person/e-mail

Agency Name:

Address:  
 Street1:

Street2:

City:

County:

State:

Zip Code:  Country:

Contact Person:

Prefix:  First Name:

Middle Name:

Last Name:

Suffix:

Phone Number:  Fax Number:

Email Address:

Check here if any of this is new information:  Yes  No 2. Reporting Year: 10/01/  To: 09/30/

	All Counseling Activities	HUD Grant Activities
<b>3. Ethnicity of Clients (select only one)</b>		
a. Hispanic	<input type="text"/>	<input type="text"/>
b. Not Hispanic	<input type="text"/>	<input type="text"/>
<b>4. Race of Clients</b>		
<b>Single Race</b>		
a. American Indian/Alaskan Native	<input type="text"/>	<input type="text"/>
b. Asian	<input type="text"/>	<input type="text"/>
c. Black or African American	<input type="text"/>	<input type="text"/>
d. Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>
e. White	<input type="text"/>	<input type="text"/>
<b>Multi-Race</b>		
f. American Indian or Alaska Native <b>and</b> White	<input type="text"/>	<input type="text"/>
g. Asian <b>and</b> White	<input type="text"/>	<input type="text"/>
h. Black or African American <b>and</b> White	<input type="text"/>	<input type="text"/>
i. American Indian or Alaska Native <b>and</b> Black or African American	<input type="text"/>	<input type="text"/>
j. Other multiple race	<input type="text"/>	<input type="text"/>
<b>5. Income Levels</b>		
a. < 50% of Area Median Income (AMI)	<input type="text"/>	<input type="text"/>
b. 50 - 80% of AMI	<input type="text"/>	<input type="text"/>
c. 80 - 100% of AMI	<input type="text"/>	<input type="text"/>
d. >100% AMI	<input type="text"/>	<input type="text"/>
<b>6. Numbers of Clients Receiving Educational/Outreach Services</b> (if client also receives counseling, please include in count below)		
a. Completed Homebuyer Education Workshop	<input type="text"/>	<input type="text"/>
b. Completed Post-Purchase Homeowner Workshop	<input type="text"/>	<input type="text"/>
c. Sought Help with Fair Housing Issue	<input type="text"/>	<input type="text"/>
d. Sought Help with or Attended Workshop on Predatory Lending	<input type="text"/>	<input type="text"/>

	All Counseling Activities	HUD Grant Activities
<b>7. Numbers of Clients Counseled, by Purpose of Visit and Results</b>		
<b>a. Seeking Pre-Purchase Homebuyer Counseling</b>		
Purchased Housing		
Client will be Mortgage Ready within 90 Days		
Client will be Mortgage Ready after 90 Days; Receiving Long-Term Prepurchase Counseling		
Entered Lease Purchase Program		
Decided Not to Purchase Housing; No Further Effort to Prepare Needed		
Other		
Total		
<b>b. Seeking Help with Resolving or Preventing Mortgage Delinquency</b>		
Brought Mortgage Current		
Mortgage Refinanced		
Mortgage Modified		
Received Second Mortgage		
Initiated Forbearance Agreement/Repayment Plan		
Executed a Deed-in-Lieu		
Sold Property/Preforeclosure Sale, Chose Alternative Housing Solution		
Mortgage Foreclosed		
Currently Receiving Foreclosure Prevention/Budget Counseling		
Partial Claim		
Other		
Total		
<b>c. Seeking Help Converting Home Equity into Cash or Seeking Better Mortgage Loan Terms</b>		
Obtained a Home Equity Conversion Mortgage (HECM)		
Received Home Equity or Home Improvement Loan		
Received Consumer Loan (Unsecured)		
Mortgage Refinanced		
Referred to Other Social Service Agency		
Sold House, Chose Alternative Housing Solution		
Counseled on HECM; Decided Not to Obtain Mortgage		
Currently Receiving Counseling		
Other		
Total		
<b>d. Seeking Help in Locating, Securing, or Maintaining Residence in Rental Housing</b>		
Received Housing Search Assistance		
Obtained Temporary Rental Relief		
Referred to Agency with Rental Assistance Program		
Advised on Recertification for HUD/Other Subsidy Program		
Referred to Other Social Service Agency		
Counseled or Referred to Legal Aid Agency for Eviction or Other Fair Housing Assistance		
Found Alternative Rental Housing		
Decided to Remain in Current Housing Situation		
Entered Debt Management/Repayment Plan		
Currently Receiving Counseling		
Other		
Total		
<b>e. Seeking Shelter or Services for the Homeless</b>		
Occupied Emergency Shelter		
Occupied Transitional Housing		
Occupied Permanent Housing with Rental Assistance		
Occupied Permanent Housing without Rental Assistance		
Referred to Other Social Service Agency		
Remained Homeless		
Currently Receiving Counseling		
Other		
Total		

**8. HUD Grant Activity - Summary Data**

HUD Grant No.	HUD Grant Amount	Number of Clients	Amount Invoiced
	Total:		

**9. Name of Person Authorized to Sign this Report**

Title:

Signature: Completed Upon submission to Grants.gov

Date: Completed Upon submission to Grants.gov