



MSHDA's Homeownership Counseling Program

Client Action Plan



Developing a path for clients to *Step Forward* with intention and strength!

An Action Plan must be completed by the counselor in partnership with the client. This Action Plan represents a record of the topics discussed, as well as detailed action steps the client and counselor will take to resolve the housing crisis or meet the client's unique housing goals.

Date:		Counseling Agency:	
Counselor of Record:		Phone number:	
Client Name:		Alternate Contact (May be spouse)	
Property Address:			
Why client is seeking services from your agency:			
Property Assessment – (Foreclosure cases only) <i>Discuss the general condition of the property and estimated value and positive or negative equity.</i>			
Financial Assessment – <i>Discuss income and expenses, financial recommendations and possible solutions to resolve housing issues.</i>			
Client goals to resolve current housing situation:			
Long Term Goal:			
Short Term Goal:			

REVISED ACTION STEPS

(To be completed at Individual Counseling Session)

Steps CLIENT will take to resolve issues identified in this Action Plan: (Not limited to three items)	Date Assigned	Date Completed
<ul style="list-style-type: none"> 		

Steps COUNSELOR will take to resolve issues identified in this Action Plan: (Not limited to three items)	Date Assigned	Date Completed
<ul style="list-style-type: none"> 		

Community Referral Information: List community contacts that may be of assistance to the homeowner:			
Agency	Contact Name	Phone Number	Resource

Closing Statement:

I/we agree with the outline of client steps and counselor steps, goals and objectives as outlined in my Client Action Plan and the timeline necessary to accomplish this plan. I/we will take action on the objectives outlined and will maintain contact with my/our counselor/agency. I/we understand this file will be changed to inactive if this agency does not have contact with me/us for three consecutive months.

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

