

Action Plan Template

Date: _____

Client Name: _____

Counselor Name: _____

Address: _____

Mode of Counseling: _____

Client ID: _____

Landlord/Service: _____

Credit Pulled Y N Score if known: _____

Level 1 Level 2 Follow-Up

Reason for Housing Instability (* = Use "other" for any reason that does not fall within the reasons listed below)

Eviction Default Foreclosure Loss of Income Homelessness Unsure

*Other: _____

Financial Assessment – Budget and expenses must be documented for Level 2 Counseling (Please highlight any major budget shortfalls that contribute to housing instability)

Actions Taken by Client and Counselor – Action taken must be documented for Level 2 Counseling

Follow-Up Items Needed (Examples: Lease/Mortgage, Income Information, Bills/Payments, Hardship Letter)

Outcomes (Examples: Brought Mortgage/Rent Current, Refinanced, Sold Property, Executed a Lease Renewal)

Additional Notes

COUNSELOR SIGNATURE

CLIENT SIGNATURE