

Housing Stability Counseling Program

Quarterly Reporting Requirements
NeighborWorks Organizations (NWOs)

Quarter Structure for HSCP

Period	Begins	Ends	Report Due by
1	September 8, 2021	February 28, 2022	March 31, 2022
2	March 1, 2022	May 31, 2022	June 30, 2022
3	June 1, 2022	August 31, 2022	September 30, 2022
4	September 1, 2022	November 30, 2022	December 31, 2022
5	December 1, 2022	February 28, 2023	March 31, 2023
Final Report	Entire Program Round	Entire Program Round	June 30, 2023

PLEASE NOTE: This template is provided to HSCP grantees to prepare for the quarterly report. The quarterly reports will be tied into the online reporting system such that the questions highlighted in yellow below will be automatically populate from data you have already submitted, either through the online reporting system or through your original grant application.

The quarterly reports will be completed via the Online Reporting System (ORS).

The green fields are questions you will need to prepare responses for.

Yellow fields will be fed back to grantee/auto-populated based on data reported in the Online Reporting System.

Green fields are fields that the grantee will supply.

Aggregate Client Information

1. Number of clients reported to HSCP between (*Start of Applicable Reporting Quarter*) and (*End of Applicable Reporting Quarter*).

a. Total number of HSCP clients serviced during this quarter: [REDACTED]

b. Total reported number of HSCP *counseling units* delivered by level:

- Level 1: [REDACTED]
- Level 2: [REDACTED]
- Follow Up: [REDACTED]

c. What percentage of units per level as reported in Exhibit B1 have been served?

- Percent of Level 1 served: [REDACTED] %
- Percent of Level 2 served: [REDACTED] %
- Percent of Follow Up served: [REDACTED] %

2. Household Income Category % of AMI

<i>Household Income Category</i>	<i>Number of clients served total</i>
Less than 30% of Area Median Income (AMI)	[REDACTED]
30 - 49% of AMI	[REDACTED]
50 – 79% of AMI	[REDACTED]
80 – 100% of AMI	[REDACTED]
Greater than 100% AMI	[REDACTED]
Choose not to respond	[REDACTED]

3. Reason(s) for Housing Instability

<i>Client identified reason for housing instability</i>	<i>Number of clients served total</i>
Eviction	
Default	
Foreclosure	
Loss of Income	
Homelessness	
Unknown	
Other	

4. Race and Ethnicity

<i>Self-Identified Race of Client</i>	<i>Number of clients served total</i>
American Indian/Alaskan Native	
Asian	
Black or African America	
Native Hawaiian or Other Pacific Islander	
White	
More than one race	
Chose not to respond	
<i>Self-Identified Ethnicity of Client</i>	<i>Number of clients</i>
Hispanic	
Non-Hispanic	
Chose not to respond	

5. Number of clients served between (*Start of Applicable Reporting Quarter*) and (*End of Applicable Reporting Quarter*) that achieved each of the following outcomes:

Outcome (Homeowners)	Number of Clients whose Final Outcome was known when reported to ORS
In moratorium or action pending	
Referred client to servicer with action plan and no further counseling activity	
Currently in negotiation with servicer	
Brought mortgage current (w/o rescue funds)	
Brought mortgage current with rescue funds (private/public)	
Arrearage cancelled or waived	
Refinanced	
Forbearance	
Repayment plan	
Modification	
Partial claim	
Deed-in-lieu	
Short sale	
Foreclosed	
Homeowner(s) sold property (not short sale)	
Bankruptcy	
Transition to new rental	
Counseled and gained access to non-housing resources: Social or legal services, public benefits, Social Security or Medicaid	
Counseled and occupied Emergency Shelter, Transitional Housing, Permanent Housing with or without rental assistance	
Withdrew from counseling	
Total	(Sum of this column)

6. Number of clients (renters) served between (*Start of Applicable Reporting Quarter*) and (*End of Applicable Reporting Quarter*) that achieved each of the following outcomes:

Outcome (Renters)	Number of Clients whose Final Outcome was known when reported to ORS
Repayment plan in compliance	
Initiated repayment plan	
Repayment plan breached	
Executed a lease renewal	
Received Rental Forgiveness	
Received Emergency Rental Assistance	
Avoided a legal eviction	
Counseled and gained access to non-housing resources: Social or legal services, public benefits, Social Security or Medicaid	
Referred to bankruptcy	
Withdrew from counseling	
Currently in negotiation with landlord; outcome unknown	
Referred client to landlord with action plan and no further counseling activity; outcome unknown	
Eviction put on hold or in moratorium; final outcome unknown	
Brought rent current with rescue funds (private/public).	
Brought rent current without (without rescue funds)	
Rent burden = or < 30%	
Rent burden between 41-50%	
Rent burden = or > 50%	
Renter initiated move-out	
Counseled and transition to new rental	
Counseled on dept management (including Payday and vehicle title loans) or referred to debt management agency	
Ending counseling after level II outcome unknown	
Total	(Sum of this column)

7. Number of counseling units that were provided via the following modes during the reporting Quarter (*Start of Applicable Reporting Quarter*) and (*End of Applicable Reporting Quarter*):

Outcome	Number of Counseling Units with Mode of Counseling known when reported to ORS
Phone	
Face-to-Face	
Video Conferencing	
Other	
Total	(sum of this column)

8. Housing Counselor Capacity

8a. As of the end of the most recent reporting quarter, how many housing counselors (number of FTEs) are employed by your organization and all of your HSCP sub-grantees, branches, affiliates?

8b. How many housing counselors received additional related training between (*Start of Applicable Reporting Quarter*) and (*End of Applicable Reporting Quarter*)?

8c. Did the housing counselors use any scholarships to attend related training (Yes/No)

If yes, please indicate the scholarship source (HUD, HSCP, Other):

8d. Have you had any new housing counselors join your team during the applicable reporting quarter? If so, how many are HUD certified? (Yes/No)

9. Targeted Geographic Areas

9a. How many total clients served were in designated targeted geographic areas? #

9b. How many targeted geographic areas did you serve?

10. Progress on overall program activities

10a. Are you on target to meet your homeownership and renter production goals during this grant performance period. (Yes/No)

10b. If no, please explain factors that inhibited you from reaching your homeownership production goal:

10c. If no, please explain factors that inhibited you from reaching your renter production goal:

10d. How will you remedy during the upcoming quarter?

11. Please estimate the percentage of program-related support funds used for the following activities:

Activity	% of funds used for that activity
Establishing a triage system that makes more effective and efficient use of counseling time	
Outreach, marketing and service delivery to populations least likely to seek counseling services	
HUD-Certification training and exam fees for counselors	
Technology improvements	
Infrastructure development and communication to strengthen monitoring and oversight of sub-grantees and CCEs.	
Improving grantee capacity and infrastructure for tracking and reporting data through upgrades to reporting systems/processes	
Costs related to hiring, orienting, and training new counseling staff	
Purchasing or leasing equipment and software for counselors	
Collecting data and preparing quarterly reports and disbursement requests	
Quality control of the counseling function	
Funds are not used for PRS and allocated to Counseling	
Other, please specify:	
Other, please specify:	

12. Success Stories

Please provide the name and contact information of two people who received services because of HSCP funds who are willing to be contacted to discuss their situation and possibly be highlighted in future HSCP reports, with their approval.

Client #1:

Client's Name	
Client's phone number	
Client's e-mail	
Client's current address	
Gender	
Race/ Ethnicity	
Marital status	
Age	
How they heard of your services	
Information about their housing instability situation	
Level of counseling received:	
Resolution	
How resolution was reached:	
Other relevant information describing the Client's situation:	

Client #2:

Client's Name	
Client's phone number	
Client's e-mail	
Client's current address	
Gender	
Race/ Ethnicity	
Marital status	
Age	
How they heard of your services	
Information about their housing instability situation	
Level of counseling received:	
Resolution	
How resolution was reached:	
Other relevant information describing the Client's situation:	

13. Challenges/Recommendations

What are some of the challenges, as a grantee, that you faced serving clients during this quarter? [REDACTED]

What is your current experience, as a grantee, being able to connect with mortgage servicers and landlords? [REDACTED]

What recommendations would you, as the grantee, have for others based on your current experience contacting mortgage servicers and landlords? [REDACTED]

14. Housing Counselor Language

Please note the languages which you and/or your sub-grantees offered counseling services. Note how many counselors provided services for each language. Note: It is not necessary to put a 0 (zero) value for languages when no services were provided.

Language	Number of Counselors
English	[REDACTED]
African languages	[REDACTED]
American Sign Language	[REDACTED]
Arabic	[REDACTED]
Armenian	[REDACTED]
Cantonese	[REDACTED]
Chinese	[REDACTED]
French (incl. Patois, Cajun)	[REDACTED]
French Creole	[REDACTED]
German	[REDACTED]
Greek	[REDACTED]
Gujarati	[REDACTED]
Hebrew	[REDACTED]
Hindi	[REDACTED]
Hungarian	[REDACTED]
Italian	[REDACTED]
Japanese	[REDACTED]
Korean	[REDACTED]
Laotian	[REDACTED]
Miao, Hmong	[REDACTED]
Mandarin	[REDACTED]
Mon-Khmer, Cambodian	[REDACTED]
Navajo	[REDACTED]
Other Native North American languages	[REDACTED]

Other Slavic languages	
Panjabi	
Persian	
Polish	
Portuguese or Portuguese Creole	
Russian	
Spanish	
Serbo-Croatian	
Tagalog	
Thai	
Urdu	
Vietnamese	
Yiddish	
Other	

Expenditures

Reminder: At the end of the grant term, you will need to have an expenditure report for each grantee and all sub—grantees on file which demonstrates that funds received met the requirements of the HSCP guidelines, as stated in the Funding Announcement and Grant Agreement, and have been expended in accordance with OMB’s guidance.