

CLIENT INTAKE APPLICATION

Dear Homeowner:

We are dedicated to assisting you in making the right decisions to keep your home. We provide counseling services and education to the community **at no cost**. Please complete the application using the following guidelines:

- Only use Black or Blue ink
- Pay careful attention to the “Borrower” and “Lender” sections, as they are key elements in resolving your financial situation.
- It is important to disclose all pertinent information, so we can have a complete and accurate picture of your situation and assist you in the best way possible.
- Let us know if you are now or have previously worked with another agency.
- Be advised that appointments are prioritized based on imminent danger of foreclosure.

Submit the following documentation prior to your appointment (*originals not accepted*):

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Mortgage & Property Information<ul style="list-style-type: none">○ Current mortgage statement/bill○ Current property tax statement/bill○ Insurance statement/bill○ 1st page (only) of deed of trust○ Hardship letter (see example)○ Notice of Default and/or any correspondence from the mortgage company, attorney, courts, or sheriff regarding a foreclosure (even if unopened) | <ul style="list-style-type: none"><input type="checkbox"/> Income & Asset Information<ul style="list-style-type: none">○ Paycheck stubs (2 months) or Profit & Loss statement (3 months)○ Banks statements (2 months) (all accounts, including retirement accounts, 401k)○ Signed and dated 1040 tax returns and W-2's (2 years)<input type="checkbox"/> Debt Information<ul style="list-style-type: none">○ Current bills and statements for all expenses (most recent)○ Current utility bills (e.g., natural gas, electricity, phone, cable, water & garbage) |
|--|---|

INSTRUCTIONS

1. Complete all sections of the Client Intake Application, including the RMA, Dodd Frank, and 4506T*
2. Review and sign all Client Agreements and Authorization Forms
3. Submit Intake Application, Authorizations and Supporting Documentation via email, fax, regular mail, or in person
4. Schedule an appointment with a certified housing counselor. Your appointment may be conducted by phone or in person
5. When you have concluded your counseling session, please complete the NID-HCA Client Survey at: <http://www.surveymonkey.com/s/XHYTZXC>

Need Help with your Mortgage Payments? Get FREE Housing Counseling!
Call our Toll Free Number 877-670-7360 to find a NID-HCA Office in Your Area

HARDSHIP LETTER

The *Hardship Letter* states the reasons why you are unable to make your mortgage payment(s). The lender needs to understand your true position, so your letter should be honest, heartfelt and clear. Include the circumstances that created the problem, the reasons you are in your current situation and why you need a loan modification.

The letter should include the following components:

1. A brief apology for needing to ask the lender to take the loss.
2. A brief description of the steps you have taken to stay in the home such as using credit cards, borrowing from family or a retirement account, etc.
3. A clear statement that you have exhausted all available options to keep payments current and that a loan modification is the only remaining option, other than foreclosure.

While it is important for you to provide a complete picture of the hardship, it is also important to limit your letter to a manageable length, preferably one page. Attach any documents, receipts or notices that support your hardship if needed.

Examples of Documents to Attach:

- Layoff Notice
- Letter from employer outlining a reduction in pay or in hours
- Receipt for excessive medical payments for medications or emergency payments
- Delinquency notices from creditors and/or services and utility providers
- Letter from doctors regarding injury or illness
- Disability benefits letter
- Divorce or separation papers
- Any documents supporting a family crisis hardship

We hope that you now understand what a Hardship Letter is and what your lenders is expecting from it. We've provided you a template that can be used as a guide to form your own letter. Make sure your letter is unique to your personal situation.

(See page 3 for a sample Hardship Letter)

CLIENT INTAKE APPLICATION

SAMPLE HARDSHIP LETTER

Name:

Address:

Lender Name:

Loan Number

Dear (Lender Name):

We are writing this letter to explain the unfortunate set of circumstances that have caused us to become delinquent on our mortgage. We have done everything possible to make ends meet, but have fallen short. Our number one goal is to keep our home and hope that you would consider us for a loan modification.

The main reason that caused us to be late is *(Insert reason here. Remember: descriptive, yet short.)* After *(that reason)* and our income being insufficient, we fell further behind. It has always been our intention to pay what we owe, but it is to the point that we can no longer stay current on our payments. At this time, we have exhausted all of our income and resources and are turning to you for help.

(Add the approximate date of hardship. Also add if your situation is Temporary or will be Permanent.)

Our situation has improved because *(reason here)*. A loan modification would benefit us and as well as *(lender name)*. We would appreciate if you can work with us to lower our delinquent amount owed and/or payment so that we may keep our home and make amends with your firm.

We truly hope that you will consider working with us. We are anxious to get our account settled and stay in our home.

Sincerely and Respectfully,

Borrower's Signature Date

Co-Borrower's Signature Date



Mailing Address
7677 Oakport Street, Ste 1030
Oakland, CA 94621

Contact Info
Phone: 510-268-9792
Fax: 888-334-8325

www.makingyourhomeaffordable.org
www.nidonline.org
National Hotline: 877-670-7360

Counselor: _____ **Date:** _____

Borrower Intake Application: Please use Black or Blue ink

How did you hear about NID-HCA? Internet HUD/Fannie Mae My Lender Real Estate Agent Seminar TV Friend/Family Community Agency Gov't Agency NID-HCA Counselor NID-HCA Client Other _____

Borrower: _____ **DOB:** _____ **Gender:** M F

Social Security #: _____ - _____ - _____ **Phone #:** _____ **Cell #:** _____

Property Address: _____ **Email:** _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Employer: _____ **Title:** _____

Start Date: _____ **Business Type:** _____

Employer Address: _____

of Dependents: _____ **# in Household:** _____ **Marital Status:** _____ **Yrs. In Home:** _____

Race/Ethnicity: _____ **Reason for Hardship:** _____

Are you a U.S. Citizen? Y N Are you a permanent resident? Y N Highest Education Level _____

Are you a migrant worker? Y N Do you live within 50 miles from the U.S./Mexico border? Y N

Preferred Language: _____ Head of Household: Y N Disabled Dependent Y N Veteran Y N

Co-Borrower: _____ **DOB:** _____ **Phone #:** _____

Social Security #: _____ - _____ - _____ **Gender:** M F **Employer:** _____

Title: _____ **Date of Hire:** _____

Race/Ethnicity: _____ **Co-borrower Email:** _____ **Relationship to Borrower:** _____

Are you a U.S. Citizen? Y N Are you a permanent resident? Y N Highest Education Level _____

Lender: _____ **Loan #:** _____

Original Lender: _____ **Loan #:** _____

Monthly Mortgage Payment: \$ _____ **Past Due Amount:** \$ _____ **Rate:** _____ **Term:** _____

Insurance Type: FHA VA Private (Circle One) **Mortgage Balance:** _____ **Months Remaining:** _____

Type of Loan: Fixed ARM Other _____ **If ARM, has payment adjusted:** Y N **Date:** _____

Have you received a loan modification? Y N **Sale Date?** Y N **Date:** _____ **Bankruptcy:** Y N

Missed payments: Current 30-60 days 60-90 days 90-120 days 120+ **Last payment date:** _____

Property Tax/Insurance included in Mortgage: Y N **Property Type:** _____ **INTEREST Only** Y N

Monthly Payment (2nd Mortgage): _____ **Lender:** _____ **Balance:** _____



Mailing Address
 7677 Oakport Street, Ste 1030
 Oakland, CA 94621

Contact Info
Phone: 510-268-9792
Fax: 888-334-8325

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National Hotline: 877-670-7360

Counselor: _____ **Date:** _____

MONTHLY HOUSEHOLD BUDGET

Monthly Income		
Borrower Income	Gross: \$	Net:\$
Co-Borrower Income	Gross: \$	Net: \$
Other Income: \$	Total Household Income: \$	
Monthly Expenses		
Type	Description	Monthly
1 st Mortgage Payment		\$
2 nd Mortgage Payment/Home Equity		\$
HOA/Property Tax & Insurance		\$
Other Mortgages		\$
Auto Loan/Car Payment		\$
Auto/Car Insurance		\$
Child Support/Alimony		\$
Credit Card Payments (minimum payment total)		\$
Installment Loans		\$
Insurance		\$
Medical		\$
Utilities: Gas and Electric		\$
Utilities: Cable TV/Internet		\$
Utilities: Cell Phone		\$
Utilities: Water/Sewer/Trash		\$
Utilities: Telephone		\$
Food & Groceries		\$
Public Transportation		\$
Vehicle Gas		\$
Additional Expense/Other		\$
Additional Expense/Other		\$
TOTAL Expenses		\$
For Counselor Only:	Frontend DTI:	Backend DTI:

Credit: Do any of the applicants have any credit problems we should know about? YES NO

If yes, explain: _____



CLIENT/COUNSELOR AGREEMENT

Please ensure all sections of your NID-HCA Client Authorizations are complete.

NID Housing Counseling Agency (NID-HCA) and its counselors agree to provide the following FREE counseling services with confidentiality, honesty, respect and professionalism:

- Development of a spending plan
- Analysis of the mortgage default including the amount, cause of the default and explanation of collection and foreclosure process
- Presentation and explanation of reasonable options, including referrals to resources
- Assistance communicating with the mortgage servicers and other creditors, if you authorize such communications
- Timely completion of promised action

I/We, _____, (homeowners) agree to the following terms of service:

I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing. I/We will provide all necessary documentation and follow-up information within the timeframe requested. I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time. I/We will call at least 6 hours prior to any scheduled appointment if I/we will be unable to attend an appointment. I/We will contact the counselor about any changes in our situation immediately. I/We understand that breaking this agreement may cause the counseling organization end the counseling relationship.

NID-HCA Certification of NFMC Client

The housing counseling agencies that work under the National Foreclosure Mitigation Counseling (NFMC) program receive compensation based on predetermined counseling benchmarks and numbers of unduplicated families counseled and reported.

I, _____, agree to work with NID-HCA on foreclosure intervention counseling and possible workout resolution with _____.
(Lender/Servicer)

Page 1 of 10 Initial: _____

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NID-HCA SERVICES (cont'd)

NID-HCA SERVICES

NID-HCA is an HUD-approved provider of housing counseling and education services. Through grant partnerships with federal and local governments and private industry partners, NID-HCA offers no-cost counseling and education on a wide variety of housing matters. If your counselor's office does not provide the service that you require, this agency will do its best to refer you to an agency that may be able to assist you.

NID-HCA is a not-for-profit organization. Your counselor has an obligation to provide you with information that will support your housing goal with the utmost care, integrity, and honesty.

SERVICES WE PROVIDE

Our services are delivered in two categories: **counseling** and **education**. Counseling is delivered in a confidential, one-on-one setting between you and the housing counselor. The counseling session is specific to your needs. A course of action is developed to help guide both you and the counselor to reach your determined housing goal.

The education component is delivered in a classroom setting where an instructor, usually a housing counselor and/or a professional from the home-buying process, can educate the participants on the applicable course. Each education component is usually followed by a counseling session.

Our agency provides many of our services free of charge. You will be notified at the beginning of the counseling session if a service carries a fee. Here is brief description of all the types of services we provide.

Pre-Purchase Counseling and Education

These services include information on selecting a home and a neighborhood; financial literacy and real estate terminology; preparing for a mortgage and home purchase; down payment assistance programs; how to select a real estate professional: special veterans counseling; a complete explanation of standard purchase procedures, property inspections, insurance, escrows; laws and regulations covering your purchase including fair housing laws, predatory lending laws, laws prohibiting mortgage modification scams, and the like; financing alternatives; conventional mortgage products; purchasing REO properties, short sale properties and NSP program properties; budget counseling; credit counseling; how to maintain your home and protect your investment; home energy counseling; and discussion of closing costs and the HUD-1.

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Educational Workshops

First-Time Homebuyers: NID-HCA provides monthly 8-hour and 4-hour workshops, usually on a Saturday, and provides detailed information for the participant on how to become mortgage-ready, shop for a loan, select a real estate professional and how to maintain his or her home. After the workshop a confidential one-on-one-session is scheduled to determine the client's specific course of action leading to homeownership, and to issue the first-time homebuyer certificate.

Money Smart: NID-HCA provides a monthly 2-hour financial literacy workshop. It is a comprehensive financial education curriculum designed to help individuals enhance their financial skills. After the workshop each participant meets one-on-one with a housing counselor to establish a plan of action specific to the client's needs.

Resolving or Preventing of Mortgage Delinquency Counseling and Education

These services include: helping you effectively work with lender/servicers including drawing up documents for loan modification and submission of modification documents; fair lending/mortgage fraud identification, referral and reporting; loan modification procedures and programs; work-out plans; loan refinance; deed-in-lieu; deed-in-lease; short sale; working with investors; using "hardest hit" funding; review of financials and how to modify living expenses to increase retained household income; what to do if your hardship application is denied by your lender/servicer; explaining what a foreclosure is, the foreclosure process and important timelines, alternatives to foreclosure; mortgage rate reduction programs; loss mitigation strategies; property retention and disposition options; hands-on counseling in delinquency; and bankruptcy information.

Educational Workshops

Making Your Home Affordable: NID-HCA provides monthly 2 - 4 hour foreclosure prevention and homeownership preservation workshops, usually on a Wednesday. We provide detailed information for the participant on how to avoid foreclosure, mortgage default/delinquency issues, how to submit a hardship application to a lender/servicer, how to effectively communicate with a lender/servicer, homeownership retention and disposition options. After the workshop each participant meets one-on-one with a housing counselor to develop a plan of action specific to the client's needs.

Home Equity Conversion Mortgage Counseling and Education

These services include: detailed information on the reverse mortgage, loan exit strategies, options other than a reverse mortgage, overview of the reverse mortgage loan application process, information regarding the financial implications of entering into a reverse mortgage, and explaining and issuing the certificate of counseling.

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Rental Counseling and Education

These services include but are not limited to providing information and direct help with: renting with impaired credit; rentals for low, low income persons; excessive deposits; budget and debt counseling; financial literacy counseling and class-type education; rights of children who have been displaced due to foreclosure; rental scams; fair housing awareness, discrimination, health and safety repairs, filing complaints; NID-HCA Tenant Wise program consisting of information and direct assistance with tenant rights, responsibilities and remedies; eviction mitigation; mobility counseling: resources on HUD rental programs and rent subsidy programs; lease and rental agreements; and post-occupancy matters.

Home Improvement and Rehabilitation

These services include helping our clients obtain loans and grants for home rehabilitation and providing information on hiring contractors and housing codes.

Displacement and Relocation Counseling and Education

These services include: helping our clients with relocation benefits, obtaining alternative housing and bankruptcy information.

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NID-HCA CONFLICT OF INTEREST POLICY, DISCLOSURE OF INDUSTRY RELATIONSHIPS AND CLIENT ACKNOWLEDGEMENT (cont'd)



This Conflict-of-Interest Policy is designed to protect you and ensure that you have all the information you need to make the best choices. Your counselor must have no conflicts of interest with you. A “conflict of interest” can be defined as a situation in which your counselor’s duties to provide you with sound, impartial advice *may* compete with his or her personal interests. Your counselor is legally bound to analyze all the facts of your involvement with him or her, and disclose to you whether the housing counseling services he or she is to provide to you will cause a conflict of interest between the two of you. When such a situation exists, he or she must decline or discontinue the opportunity to provide housing counseling to you.

This organization and your counselor are required to list all exclusive, financial, or other relationships between an agency and any other industry partners that are relevant to you. The counselor will determine what disclosures are relevant to your service plan.

NID-HCA Relevant Financial Partners

Name of Partner: Bank of America. Type of service provided: First Time Homebuyer Counseling and Education. Nature of the financial relationship between NID-HCA and this partner: Our counselors may receive a “Homebuyer Counseling Fee” from Bank of America for homebuyer education and counseling services if the client chooses to apply for a Bank of America loan product.

Names of three other sources that provide the same services, if a specific service, product, or feature is discussed: Chase Homeownership Center, Wells Fargo Home Mortgage and Citi Mortgage.

Complete Disclosure of All Your Counselor’s Relevant Financial Partners

Your counselor has the below-described financial relationships with all the below-named industry partners. These partners may include real estate sales companies, mortgage companies, title companies, attorneys, appraisal organizations, insurance companies, and home construction, repair or renovation companies. If your counselor discusses a specific service, product, or feature, he/she must provide information on three relevant alternatives, including one FHA product.

[Counselors: Complete an entry for each of your relevant industry partners. Set forth the information in the following format.]

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PRIVACY POLICY AND PERSONALLY IDENTIFIABLE INFORMATION AUTHORIZATION (cont'd)

We at NID-Housing Counseling Agency value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes, but is not limited to, personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be utilized and stored under the strictest legal and ethical considerations. Your “non-public personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature.

An example of one use of this information: this counseling is made possible in part from federal funds administered by the National Foreclosure Mitigation Program (NFMC) program administered by NeighborWorks America (NWA). Program data collection under this grant requires that personal information be made available for program compliance, monitoring and planning by NWA. If this agency cannot share this data with NWA, it will not receive partial funding for this counseling session. This data is used in a variety of ways, including design of future counseling programs, research, and development of new federal housing policies.

Type of Information that we gather about you:

- Information we receive from you orally, on applications, or on other forms, such as, but not limited to, your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as, but not limited to, your account balance, payment history, parties to transaction and credit card usage; and
- Information we receive from a credit-reporting agency, such as your credit history.

Release of your information to third parties

As long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors, such as mortgage servicers, or other relevant third parties *where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.* We may also disclose any nonpublic personally identifiable information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

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Within NID-HCA, we restrict access to non-public personally identifiable information about you to those employees who need to know that particular information to provide services to you. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication, and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

You may opt out of certain disclosures

You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures. If you choose to opt-out, we will not be able to answer questions from your creditors. Please ask for and complete the **Disclosure of Information Opt-Out Form** to ensure that your instructions go into effect.

If you agree to sign this authorization, the NFMC program will be allowed to (a) submit client-level information relating to this grant to the NFMC Data Collection System, (b) open files to be reviewed for program monitoring and compliance purposes, and (c) conduct follow-up with you related to program evaluation.

1. I understand that NID-HCA provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that NID-HCA receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of NID-HCA’s Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred to the appropriate assistance.
7. I understand that NID-HCA provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NID-HCA in no way obligates me to choose any of these particular loan products or housing programs. I acknowledge that I have read and signed the Conflict of Interest Policy, Disclosure of Industry Relationships and Client Acknowledgements.

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(cont'd)

I/we acknowledge that I/we received a copy of all NID-HCA Client Authorizations, including the Client/Counselor Agreement, NID-HCA Services, Conflict of Interest Policy and Disclosures, Privacy Policy, Third Party Authorization, and it has been explained to my satisfaction. I understand that I may ask my counselor for a separate form to opt out of certain levels of disclosures to third parties.

Primary Borrower

Co-Borrower (if applicable)

Name: _____

Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Counselor Information

Name: _____

Date: _____

Signature: _____



THIRD PARTY AND LEGAL SERVICES AUTHORIZATION

I authorize NID-HCA, NID Legal Services and (Counselor) _____ of NID Housing Counseling Agency located at (Address) _____, whom can be contacted at (Phone) _____ to:

Do all things necessary, and obtain all information necessary to aid with the improvement of my mortgage status, or other matter subject to this counseling, with my lender and other relevant third parties; and share statistical information about my transaction with NFMC, HUD or other government funders in accordance with the Privacy Act and other applicable law and program regulations.

I grant permission: to NFMC to follow-up with me within the next three years for the purposes of program evaluation, and for NID-HCA to use a photocopy of my/our signature(s) below to obtain necessary information.

I understand that: NID-HCA provides foreclosure mitigation counseling and that I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies, as appropriate; my counselor is not allowed to provide legal advice, and that nothing in this Authorization creates an attorney-client relationship between you and NID-HCA or NID Legal Services; I am not obligated to choose any of the loan products or other housing programs I am counseled about, or may be referred to; NID-HCA receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I/we acknowledge that I/we have received a copy of NID-HCA's Privacy Policy, a separate document, and that I have been counseled on how to opt-out of personally identifiable information disclosures with a separate form.

Primary Borrower

Co-Borrower (if applicable)

Name: _____

Name: _____

DOB: _____

DOB: _____

SSN: _____

SSN: _____

Mortgager/Servicer: _____

Loan Number: _____

Signature: _____

Date: _____

Signature: _____

Date: _____



NID-HCA Client Survey

NID-HCA strives to provide the highest level of service and quality housing counseling. Please take a brief moment to complete our client survey and offer your feedback on your housing counseling experience. You may also complete this survey online at <http://www.surveymonkey.com/s/XHYTZXC>.

We thank you for your time and assistance in helping us to maintain this goal.

1. Please provide the Branch Office Location, your Counselor Name and Date of Service

Please provide the Branch Office Location, your Counselor Name and Date of Service

Your Name (optional)

Branch Office Location

Counselor Name

Date of Service

2. Why were you seeking assistance?

- Why were you seeking assistance? Foreclosure Prevention/Intervention
- 1st Time Homebuyers/Pre-Purchase Counseling
- Post-Purchase Counseling
- Financial Literacy/Education
- Rental/Landlord Assistance
- Homeless/Shelter Services
- Reverse Mortgage Assistance
- Fair Housing
- Unemployed
- Other

Other (please specify)

Promoting Community Development

National Office: 7677 Oakport Street, Suite 1030, Oakland, CA 94621
• Office (510) 268-9792 • Fax (888) 334-8325 www.nidonline.org

NID-HCA Client Survey

3. Who interviewed you when you first contacted the agency?

- Who interviewed you when you first contacted the agency? A Receptionist
- A Counselor
- Intake Personnel
- Unknown
- Other

Other (please specify)

4. Did your counselor complete any of the following?

- Did your counselor complete any of the following? Helped you develop a plan to meet your housing needs
- Suggested that you join a group counseling session
- Referred you to other community agencies who could help you
- Made recommendations on how to resolve your housing problem
- Contact your mortgage company or landlord to work out a plan for you to pay back past due mortgage payment(s)?
- Referred you to legal services

5. Did the counselor complete a budget or a financial analysis of your present situation in order to formulate a plan to achieve your goals?

- Did the counselor complete a budget or a financial analysis of your present situation in order to formulate a plan to achieve your goals?
- No

6. Did NID-HCA charge you for their services?

- Did NID-HCA charge you for their services? YES
- NO

If YES, how much?

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NID-HCA Client Survey

7. How was your counseling provided to you?

- How was your counseling provided to you? Face-to-face
- Telephone
- Group
- Telecommunicate (online, skype, etc)
- Other

Other (please specify)

8. Did your counselor help to resolve your housing issue? Did you gain knowledge from your counseling/education session? Do you feel better prepared about how to handle your housing issues after engaging with NID-HCA?

- YES
- NO

Please explain

9. On a scale from 1-5, how would you rate the level of service your counselor provided to you?

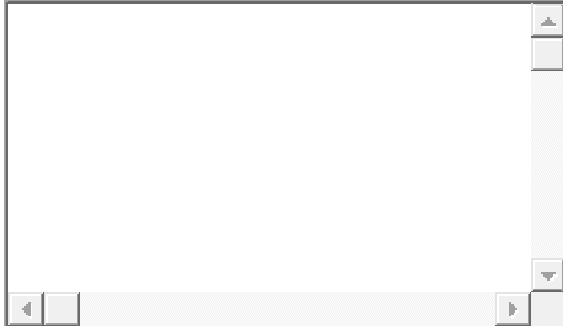
1 2 3 4 5

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NID-HCA Client Survey

If you need further counseling, will come back to NID-HCA? Please tell us why?



10. Is there any additional information you would like us to know about your experience?



WE THANK YOU FOR YOUR FEEDBACK

To submit your client survey, we offer both electronic and paper submission. Please select from the options below and submit your survey today!

Online Survey: <http://www.surveymonkey.com/s/XHYTZXC>

Email: nidnational@nidonline.org

Fax: (888) 334-8325

Mail: 7677 Oakport Street, Suite 1030
Oakland, CA 94621

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