Action Plan

Client ID#: _____

Name: _____ **Email:** _____

Preferred method of contact: **Email** _____ **Phone:** _____

Reason for Counseling: _____ **General Financial** _____ **Pre-purchase** _____ **Credit** _____ **Mortgage Help**

Other (Please be specific): _____

Initial Financial Assessment:

Rent/Mortgage (circle one): _____ **Disposable Income:** _____ **Total Expenses:** _____

Debts: _____ **Credit Card Debt:** _____ **Car Payment:** _____ **Student Loans:** _____ **Other:** _____

Bank Account(s): **Checking:** _____ **Savings:** _____ **Retirement:** _____

Client Goal (s): _____

Client Actions	Date Due
Counselor Actions	

Community referrals or other contacts to assist clients(s):
1. Provide Mortgage Statement (client)
2. Provide Lease Rental (client)
3. Provide Utility Bill (client)
4. Provide Proof of residency (client)
5. Provide identification (client)
6. Unmet Emergency Bill (client)
7. Send Pre-Approval Letter (counselor)
8. Send Third Pary Payment (agency)

Summary:

Follow up date and time:

_____ _____
Signature **Date**

_____ _____
Counselor Signature **Date**

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