

## ***Electronic Client Action Plan***

Date		Counselor	
Client Name		Agency Name	
Client ID		Mode of Counseling	

<b>TOPIC</b>	<b>GOALS</b>
INCOME STATUS	
Job Status	
Expense Increase	
Major Illness	
Bankruptcy	
Other	
SAVINGS	
General/Emergency	
Asset Purchase (2)	
Other (3)	
CREDIT & DEBT	
Establishing Credit	
Credit Improvement (6)	
Debt Management	
HOUSING	
Homeownership	
Rental House Attain/Maintain	
Housing Stability Mitigation (Owner/Renter)	
Property Assessment	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

General Finances	
Improve personal finance management	
Accessing new financial products	
RESOLUTION	<input type="checkbox"/> Partial claim <input type="checkbox"/> Refinance <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Loan Modification <input type="checkbox"/> Repairs <input type="checkbox"/> Foreclosure <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Reverse Mortgage <input type="checkbox"/> Deed-in-Lieu <input type="checkbox"/> Other

**FOLLOW UP DOCUMENTATION**

- Signed Authorization
- Copy of Bills
- Bank Statements
- Credit Report
- Other

I \_\_\_\_\_ have provided the documentation required such as bills, pay stubs or bank statements, and credit reports to date.

**Client**

**Signature** \_\_\_\_\_

I have received documentation acquired to date such as bills, pay stubs or bank statements, and credit reports.

The client's financial state can be approved by the items in the notes below.

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**Counselor**

**Signature** \_\_\_\_\_