

A.2: FORECLOSURE PREVENTION COUNSELING CHECKLIST

Client(s) Name _____

Counselor _____

	TASK DATE	COMMENTS
File Opened		
Initial Interview		
Foreclosure Status Sale Date (if scheduled) Other Deadlines Pending		
Release Form Signed		
Request Info. from Servicer		
Receive Info. from Servicer		
Budget Complete		
Pay Stubs Received		
Supporting Document Rcvd.		
Hardship Letter		
Options Counseling Complete		
Workout Package Comp.		
Workout Package Sent		
Init. Resp. from Servicer		
Final Response		___ Approved ___ Denied
Workout Papers Signed		
Case Closed		