

Counseling Documentation Checklist

Agency Name: _____

NAME _____ **Client #** _____ **Date** _____

_____ Questionnaire

_____ Credit Report

_____ Pay stubs

_____ Other income resources (SS, SSI, Pension, Child support, etc.)

_____ Homebuyer Certificate

_____ Client Action Plan

_____ Household Budget Worksheet

_____ Housing Affordability Worksheet

_____ Disclosures

_____ Narrative/Notes (left side of folder)

_____ Misc. Documents _____

_____ Misc. Documents _____