



National Foreclosure Mitigation Counseling Program Action Plan

Organization Name _____

Plan Start Date _____

Homeowners(s) Name _____

Counselor Name _____

Reason(s) for actual, or potential, mortgage delinquency:	
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Homeowner's Assessment of Property Condition:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Est. Property Value \$	
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Given the analysis of the homeowner's financial and overall situation, define the Goal and/or possible solutions:

The Making Home Affordable Eligibility Determination Checklist has been completed for the above referenced homeowner(s).

Homeowner Action	Comments (documents needed, referral contact info, etc)	Due Date	Date Completed

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Counselor Action	Comments	Due Date	Date Completed

Additional Notes