

Appendix A. Housing Counseling Study Follow-Up Survey – Foreclosure Mitigation Clients

Housing Counseling Study

Follow-Up Survey – Foreclosure Mitigation Clients

Introduction

Hello this is _____. I'm calling from IMPAQ International on behalf of the HUD Housing Counseling study. May I please speak to (RESPONDENT NAME)?

IF NECESSARY, READ: “(RESPONDENT) has agreed to help with a study on housing counseling sponsored by the U.S. Department of Housing and Urban Development.

IF RESPONDENT IS NOT AVAILABLE COLLECT INFORMATION ON BEST TIME TO CALL BACK.

IF RESPONDENT IS AVAILABLE, CONFIRM THAT HE/SHE IS AN OUTCOME PANEL MEMBER.

Recently we sent you a letter saying we would be calling to conduct a follow-up interview with you. Did you receive that letter?

- YES
- NO
- DON'T KNOW

(The letter explained that/Good! As we mentioned in the letter,) we are doing a survey on behalf of the Housing Counseling Outcome study. About a year ago, you agreed to participate in a study that the U.S. Department of Housing and Urban Development is conducting on housing counseling. At that time, you received housing counseling services from (AGENCY NAME) and agreed to be interviewed once by telephone.

This interview will take about 30 minutes, and after you complete it, we will send you a \$20 money order as a thank you for taking the time to participate in this study. Participation in this study is voluntary and there are no penalties, now or in the future, should you decide not to participate. Your contribution to this study is very important, however, and we do appreciate your participation. The answers to all the questions will be confidential and will never be linked by name to you individually. We will be able to send you the \$20 to thank you for your participation after completing the interview.

- CONTINUE
- REFUSED

Section A: Satisfaction with Counseling Received

[RESPONDENT GROUP: ALL RESPONDENTS]

About a year ago [or AMOUNT OF TIME SINCE STUDY ENROLLMENT], starting in [MONTH AND YEAR OF ENROLLMENT], you received housing counseling services from [AGENCY NAME] for issues you were having with your mortgage payments.

I'd like to start by hearing your opinions on the housing counseling services you received.

1. Overall, how satisfied were you with the housing counseling you received from [AGENCY NAME] starting in [ENROLLMENT DATE]? Would you say you were...?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- DON'T KNOW
- REFUSED

2. Did you think the counselor could have done more to help you resolve your mortgage issues?

- YES
- NO → **SKIP TO Q3**
- DON'T KNOW → **SKIP TO Q3**
- REFUSED → **SKIP TO Q3**

a. Do you think the counselor should have spent more time with you?

- YES
- NO
- DON'T KNOW
- REFUSED

b. Do you think the counselor should have spent more time working with the lender or mortgage servicer?

- YES
- NO
- DON'T KNOW
- REFUSED

c. Do you think the counselor should have been more supportive of your situation?

- YES
- NO
- DON'T KNOW
- REFUSED

d. Do you think the counselor gave you bad advice or the wrong tools to address your situation?

- YES
- NO
- DON'T KNOW
- REFUSED

e. Is there anything else you think the counselor could have done better? If so, what?

- YES (SPECIFY: _____)
- NO
- DON'T KNOW
- REFUSED

3. Would you recommend housing counseling to another person in your situation?

- YES
- YES, BUT NOT FROM THIS AGENCY
- NO
- DON'T KNOW
- REFUSED

4. Since receiving counseling services from [AGENCY NAME], have you received any of the following types of help or services, either from [AGENCY NAME] or from another agency:

	YES	NO	DK	REF
a. Financial education or help with money management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help with improving or repairing your credit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help with buying a home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help with refinancing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help with addressing a mortgage delinquency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Help with bankruptcy issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. [FOR EACH SERVICE RECEIVED] Did you receive the service from [AGENCY NAME] or from a different agency?

	[AGENCY NAME]	DIFFERENT AGENCY	DK	REF
a. Financial education or help with money management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help with improving or repairing your credit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help with buying a home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help with refinancing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help with addressing a mortgage delinquency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Help with bankruptcy issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Steps Taken to Address Mortgage Concerns

[RESPONDENT GROUP: ALL RESPONDENTS]

Now I'd like to ask you a few more questions about the counseling services you received from [AGENCY NAME] in [MONTH AND YEAR OF STUDY ENROLLMENT] to help address problems that you were having with your mortgage. I am going to ask about some steps that you or your counselor may have taken to resolve your mortgage issues.

- As part of the efforts to address your mortgage problems, did you enter into a repayment plan or **forbearance agreement** with your lender? [IF NEEDED: A repayment plan is when you make your regular monthly payments plus some extra to catch up over several months. A forbearance agreement is when the lender allows you to temporarily reduce or suspend your payments.]

- YES
- NO → **SKIP TO Q4**
- DON'T KNOW → **SKIP TO Q4**
- REFUSED → **SKIP TO Q4**

- Were you able to complete the repayment or forbearance plan?

- YES → **SKIP TO Q4**
- NO
- DON'T KNOW → **SKIP TO Q4**
- REFUSED → **SKIP TO Q4**

- I am interested in the reasons you were not able to complete the repayment plan or forbearance agreement. I am going to read you a list of common reasons. Please let me know which ones apply to your situation.

	YES	NO	DK	REF
a. The payments were too high for what I could afford.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My financial circumstances changed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I decided it was not in my best interest to continue making payments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Was there some other reason you were unable to complete the repayment plan or forbearance agreement? If so, what was the reason?

- YES (SPECIFY: _____)
- NO
- DON'T KNOW
- REFUSED

4. Did you obtain a **partial claim** or **partial release** from your lender or mortgage insurer? A partial claim or partial release means that you receive a no-interest or low-interest loan through your lender or mortgage insurer to bring your mortgage current.

- YES
- NO → **SKIP TO Q5**
- DON'T KNOW → **SKIP TO Q5**
- REFUSED → **SKIP TO Q5**

a. What was the amount of the partial claim?

- \$ _____
- DON'T KNOW
- REFUSED

5. Did the lender **reduce the amount of your loan balance or principal**?

- YES
- NO → **SKIP TO Q6**
- DON'T KNOW → **SKIP TO Q6**
- REFUSED → **SKIP TO Q6**

a. What was the amount by which the principal was reduced?

- \$ _____
- DON'T KNOW
- REFUSED

6. Did you obtain a **loan or grant** from a source other than your lender or mortgage insurer to help make up or pay for missed mortgage payments or other costs related to your overdue mortgage payments?

- YES
- NO → **SKIP TO Q7**
- DON'T KNOW → **SKIP TO Q7**
- REFUSED → **SKIP TO Q7**

b. What was the amount of the loan or grant?

- \$ _____
- DON'T KNOW
- REFUSED

c. What organization provided the loan or grant?

- NAME OF ORGANIZATION: _____
- DON'T KNOW
- REFUSED

7. Did you declare bankruptcy?

- YES
- NO
- DON'T KNOW
- REFUSED

8. Did you get a loan modification or refinance your mortgage?

- YES, I GOT A LOAN MODIFICATION
- YES, I GOT A REFINANCE
- NO → **SKIP TO SECTION C: CURRENT HOUSING SITUATION**
- DON'T KNOW → **SKIP TO SECTION C: CURRENT HOUSING SITUATION**
- REFUSED → **SKIP TO SECTION C: CURRENT HOUSING SITUATION**

a. When did you modify or refinance your mortgage, that is, in what month and year?
[INTERVIEWER: ENTER MONTH HERE AND YEAR IN THE NEXT FIELD]

MONTH: _____ YEAR: _____

- DON'T KNOW
- REFUSED

b. What is the term of your modified mortgage, that is, what is the total number of years over which mortgage payments are to be made? Is it:

- 30 years
- 15 years
- 40 years
- Some other amount of time (SPECIFY: _____)
- DON'T KNOW
- REFUSED

c. What type of mortgage is it? Is it a:

- Fixed rate mortgage
- Adjustable rate mortgage or ARM
- Interest-only mortgage
- Other type of mortgage (SPECIFY: _____)
- DON'T KNOW
- REFUSED

d. What is the interest rate on the new mortgage?

_____._____% ANNUAL INTEREST RATE

- DON'T KNOW
- REFUSED

INSTRUCTIONS FOR INTERVIEWER: USE FOLLOWING TABLE TO CONVERT FRACTIONS INTO DECIMALS FOR INTEREST RATES. ENTER THE INTEGER FIRST THEN THE DECIMAL USING THE FOLLOWING:

$$1/8^{\text{TH}} = 0.125$$

$$1/4^{\text{TH}} = 0.25$$

$$3/8^{\text{TH}} = 0.375$$

$$1/2 = 0.50$$

$$5/8^{\text{TH}} = 0.625$$

$$3/4 = 0.75$$

$$7/8^{\text{TH}} = 0.875$$

e. What was the amount of the new mortgage (i.e., the amount of the loan)?

\$ _____

DON'T KNOW

REFUSED

f. Thinking back to the mortgage before it was refinanced or modified, what was the original interest rate on the mortgage? In other words, what was the interest rate on the loan when you first bought the house?

_____.____% INTEREST RATE

DON'T KNOW

REFUSED

g. What was the original amount of the mortgage (i.e., the amount of the loan when you first bought the house)?

\$ _____

DON'T KNOW

REFUSED

Section C: Current Housing Situation

[RESPONDENT GROUP: ALL RESPONDENTS]

The next questions ask about your current housing situation.

1. Do you currently live in the same home as when you sought counseling assistance in [MONTH AND YEAR OF STUDY ENROLLMENT]?

- YES [CODE AS OWNER]
- NO → **SKIP TO Q5**
- DON'T KNOW
- REFUSED

2. Have you missed any of your mortgage payments at this time? You miss a payment when your payment is overdue for an entire month.

- YES
- NO → **SKIP TO SECTION E: HOUSING PAYMENTS**
- DON'T KNOW → **SKIP TO SECTION E: HOUSING PAYMENTS**
- REFUSED → **SKIP TO SECTION E: HOUSING PAYMENTS**

3. How many monthly payments have you missed?
[INTERVIEWER NOTE: ENTER MONTHS]

- _____ MONTHS
- DON'T KNOW
- REFUSED

4. Have you received a notice of intent to foreclose from your bank or lender?

- YES
- NO
- DON'T KNOW
- REFUSED

UNLESS Q1=NO, SKIP TO SECTION E: HOUSING PAYMENTS

5. [IF Q1=NO] What happened to the home that you owned? Did you:

- Sell the home
- Lose the home to foreclosure → **SKIP TO Q6**
- Execute a deed in lieu of foreclosure → **SKIP TO Q6**
- Other (SPECIFY: _____) → **SKIP TO Q6**
- DON'T KNOW → **SKIP TO Q6**
- REFUSED → **SKIP TO Q6**

- a. When you sold the home, were you able to sell it for more than the amount you owed?
- YES
 - NO
 - DON'T KNOW
 - REFUSED

6. I am going to read a list of reasons why you might not have been able to keep your home. For each reason, tell me if it applies to your situation.

	YES	NO	DK	REF
a. I did not have the financial resources needed to afford it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I could not reach the lender to talk about my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I was not able to complete the paperwork the lender required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The lender rejected my request for a loan modification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I was no longer interested in owning my house because it was worth much less than my mortgage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I was overwhelmed by the challenges I was facing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. Is there another reason you were not able to keep your home? If so, what was it?

- YES (SPECIFY: _____)
- NO → **SKIP TO Q7**
- DON'T KNOW → **SKIP TO Q7**
- REFUSED → **SKIP TO Q7**

h. Is that it or is there another reason? If so, what was it?

- YES (SPECIFY: _____)
- NO
- DON'T KNOW
- REFUSED

7. What is your current living situation? Do you:

- Live in a home that you own [CODE AS NEW OWNER]
- Live in a home that you rent
- Live in a home that someone else owns or rents
- Live temporarily with friends or relatives
- Other (SPECIFY: _____)
- DON'T KNOW
- REFUSED

8. What type of residence do you live in? Is it:
- A single-family home
 - A townhouse or row house
 - A unit in a condominium or co-op building
 - A mobile home
 - A multi-family home with two or more apartments that you also own
 - Some other type of housing (SPECIFY: _____)
 - DON'T KNOW
 - REFUSED

9. What is the address of the residence?
[INTERVIEWER: AFTER ENTER THE ADDRESS; PLEASE CONFIRM THE ADDRESS
THEN ENTER 1 TO CONTINUE.]

- a. Street 1:
- b. Street 2:
- c. City:
- d. State:
- e. Zip:
- f. DON'T KNOW
- g. REFUSED

Section D: New Owners

[RESPONDENT GROUP: NEW OWNERS]

1. How did you acquire your current home? Did you:
 - Purchase it after leaving your last home at [ADDRESS AT TIME OF ENROLLMENT]?
 - Already own it before you left your home at [ADDRESS AT TIME OF ENROLLMENT]? → **SKIP TO SECTION E: HOUSING PAYMENTS**
 - Inherit it? → **SKIP TO SECTION E: HOUSING PAYMENTS**
 - Receive it as a gift? → **SKIP TO SECTION E: HOUSING PAYMENTS**
 - DON'T KNOW
 - REFUSED

2. What was the purchase price of your current home?
 - \$ _____
 - DON'T KNOW
 - REFUSED

3. Did you finance the purchase of your current home with a mortgage?
 - YES
 - NO → **SKIP TO SECTION E: HOUSING PAYMENTS**
 - DON'T KNOW → **SKIP TO SECTION E: HOUSING PAYMENTS**
 - REFUSED → **SKIP TO SECTION E: HOUSING PAYMENTS**

4. What is the term of the mortgage, that is, what is the total number of years over which mortgage payments are to be made? Is it:
 - 30 years
 - 15 years
 - 40 years
 - Some other term (SPECIFY: _____)
 - DON'T KNOW
 - REFUSED

5. What type of mortgage is it? Is it a:
 - Fixed rate mortgage
 - Adjustable rate mortgage or ARM
 - Interest-only mortgage
 - Other type of mortgage (SPECIFY: _____)
 - DON'T KNOW
 - REFUSED

6. What is the current interest rate on the mortgage?
 _____.____% ANNUAL INTEREST RATE
 DON'T KNOW
 REFUSED

INSTRUCTIONS FOR INTERVIEWER: USE FOLLOWING TABLE TO CONVERT FRACTIONS INTO DECIMALS FOR INTEREST RATES. ENTER THE INTEGER FIRST THEN THE DECIMAL USING THE FOLLOWING:

1/8TH = 0.125
 1/4TH = 0.25
 3/8TH = 0.375
 1/2 = 0.50
 5/8TH = 0.625
 3/4 = 0.75
 7/8TH = 0.875

7. What is the total amount of the mortgage? [IF NECESSARY: In other words, the total amount of the loan when you first obtained it?]
 \$ _____
 DON'T KNOW
 REFUSED

8. Since acquiring your home, have you missed making your monthly mortgage or loan payment(s)?
 You miss a payment when your payment is overdue for an entire month.
 YES
 NO → **SKIP TO SECTION E: HOUSING PAYMENTS**
 DON'T KNOW → **SKIP TO SECTION E: HOUSING PAYMENTS**
 REFUSED → **SKIP TO SECTION E: HOUSING PAYMENTS**

9. How many payments have you missed?
 ONE PAYMENT → **SKIP TO Q10**
 TWO PAYMENTS → **SKIP TO Q10**
 THREE OR MORE PAYMENTS
 DON'T KNOW
 REFUSED

- a. Have you received a notice of intent to foreclose from your bank or lender?
 YES
 NO
 DON'T KNOW
 REFUSED

10. I'd like to learn about what caused you to fall behind on your mortgage payments. Did you fall behind because your income went down, your expenses increased, or both? [CHECK ONE]

- INCOME WENT DOWN
- EXPENSES INCREASED
- BOTH (INCOME WENT DOWN AND EXPENSES INCREASED)
- NEITHER → SKIP TO 6c
- DON'T KNOW → SKIP TO 6c
- REFUSED → SKIP TO 6c

a. [IF INCOME WENT DOWN] I am going to read a list of reasons why your income might have gone down and I'd like you to tell me which reasons apply to your situation.

	YES	NO	DK	REF
a. I or someone in my family had a business venture that failed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I or someone in my family lost a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I or someone in my family had pay or hours go down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I or someone in my family got injured or had a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I or someone in my family became disabled or developed a chronic medical condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I had a divorce or separation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I had a death in family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other reason your income went down? (SPECIFY: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. [IF EXPENSES INCREASED] I am going to read you a list of possible reasons why your expenses might have increased and I'd like you to tell me which reasons apply to your situation.

	YES	NO	DK	REF
a. My mortgage payments increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My homeowners insurance increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My property taxes increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I or someone in my household had to pay more for home repairs or maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I or someone in my household had to pay more for credit card debt or other loans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My household's car expenses went up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My household's medical expenses went up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other reason your expenses increased? (SPECIFY: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Is there another reason you fell behind on your mortgage payments? (CHECK ALL THAT APPLY.)

- THE MORTGAGE WAS NEVER AFFORDABLE
- OTHER REASON (SPECIFY): _____
- NO OTHER REASON
- DON'T KNOW
- REFUSED

Section E: Housing Payments

[RESPONDENT GROUP: ALL RESPONDENTS]

1. How much do you currently pay for rent or mortgage payments (exclude any payments you make separately for utilities, insurance, or property taxes)? Include payments on all outstanding mortgages.

RENT OR 1ST MORTGAGE: \$ _____ → IF 0 SKIP TO E2

OTHER MORTGAGE PAYMENTS: \$ _____

DON'T KNOW

REFUSED

- a. How often do you pay?

PER YEAR

PER MONTH

TWICE PER MONTH

ONCE EVERY TWO WEEKS

PER QUARTER

BI-ANNUAL/TWICE A YEAR

DON'T KNOW

REFUSED

2. How much do you pay for utilities, such as electricity, heat, gas, and water?

\$ _____

DON'T KNOW

REFUSED

- a. How often do you pay?

PER YEAR

PER MONTH

PER QUARTER

BI-ANNUAL/TWICE A YEAR

DON'T KNOW

REFUSED

3. How much do you pay for homeowners or renters insurance (aside from any payment made as part of a mortgage payment)?

\$ _____

DON'T KNOW

REFUSED

- a. How often do you pay?
 - PER YEAR
 - PER MONTH
 - PER QUARTER
 - BI-ANNUAL/TWICE A YEAR
 - DON'T KNOW
 - REFUSED

4. [OWNERS AND NEW OWNERS ONLY] How much do you pay for property taxes (aside from any payment made as part of a mortgage payment)?

\$ _____

- DON'T KNOW
- REFUSED

- a. How often do you pay?
 - PER YEAR
 - PER MONTH
 - PER QUARTER
 - BI-ANNUAL/TWICE A YEAR
 - DON'T KNOW
 - REFUSED

5. [OWNERS AND NEW OWNERS ONLY] Do you pay condominium or cooperative fees or homeowner association dues?

- YES
- NO → **SKIP TO SECTION F: EMPLOYMENT AND INCOME**
- DON'T KNOW → **SKIP TO SECTION F: EMPLOYMENT AND INCOME**
- REFUSED → **SKIP TO SECTION F: EMPLOYMENT AND INCOME**

a. How much do you pay in condominium or cooperative fees or homeowner association dues?

\$ _____

- DON'T KNOW
- REFUSED

- b. How often do you pay?
 - PER YEAR
 - PER MONTH
 - PER QUARTER
 - BI-ANNUAL/TWICE A YEAR
 - DON'T KNOW
 - REFUSED

Section F: Employment and Income

[RESPONDENT GROUP = ALL RESPONDENTS]

The next questions are about your employment situation and household income. Please report in whole dollars only.

1. What is your current work status? Are you: (CHECK ONE.)
 - Employed full-time
 - Employed part-time
 - A homemaker or student
 - Unemployed, looking for work
 - Unemployed, not looking for work
 - Temporarily laid off or on leave
 - Retired or disabled
 - DON'T KNOW
 - REFUSED

2. What is your gross monthly income? (Include all sources of income and the income of other members of your household with whom you own or rent your home.)
 - \$ _____ → **SKIP TO Q3**
 - DON'T KNOW
 - REFUSED → **SKIP TO Q3**

 - b. How much do you and other members of your household make in a year, before taxes?
 - \$ _____
 - DON'T KNOW → **SKIP TO Q3**
 - REFUSED → **SKIP TO Q3**

 - c. So that's about [ANNUAL AMOUNT DIVIDED BY 12] per month. Does that sound about right?
 - YES
 - NO
 - DON'T KNOW
 - REFUSED

3. Does your gross monthly income include:

	YES	NO	DK	REF
a. Income from employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Interest, dividend, or other investment income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child support payments, alimony, or maintenance payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social Security retirement or disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other pensions or retirement income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How much money do you have in savings? (“Savings” includes money in checking accounts, savings accounts, money market accounts, certificates of deposit, mutual funds, brokerage accounts, savings at home, savings with others who are keeping it safe, and any other kinds of savings. Include your savings as well as the savings of other members of your household with whom you own or rent your home.) If you are not sure, please give your best estimate.

\$ _____

- DON'T KNOW
- REFUSED

5. How much money do you have in retirement accounts, such as 401(k) accounts, 403(b) accounts, or IRAs? (Include your retirement accounts as well as those of other members of your household with whom you own or rent your home.) If you are not sure, please give your best estimate.

\$ _____

- DON'T KNOW
- REFUSED

Section G: Change in Household Circumstances since Study Enrollment

[RESPONDENT GROUP: ALL RESPONDENTS]

The next questions are about how your household circumstances may have changed since you first went to [AGENCY NAME] for assistance in [MONTH AND YEAR OF ENROLLMENT].

1. How has your overall financial condition changed? Would you say it has:
 - Improved substantially
 - Improved slightly
 - Not changed
 - Worsened slightly
 - Worsened substantially
 - DON'T KNOW
 - REFUSED

2. Have you experienced any of the following changes in your household since [ENROLLMENT MONTH AND YEAR]? Have you: (CHECK ALL THAT APPLY)
 - Married or moved in with a partner
 - Divorced or separated from a spouse or partner
 - Moved in with other relatives or friends
 - Had a child(ren) or added a child to your household
 - Experienced some other change to your household (SPECIFY): _____
 - DON'T KNOW
 - REFUSED

Section H: Closing and Contact Information

[RESPONDENT GROUP: ALL RESPONDENTS]

Thank you very much for your time. We are almost done. We will be sending you a money order for \$20 to thank you for your participation within the next four to six weeks. To make sure we send your check to the correct address, we would like to confirm your correct address, as well as a mailing address if it differs from your home address. This information will be kept strictly confidential.

1. Is [ORIGINAL ADDRESS/ADDRESS GIVEN IN Q21] your current home address?

- YES → **SKIP TO Q2**
- NO
- REFUSED
- DON'T KNOW

a. May I please have your current home address?

RECORD HOME ADDRESS:

STREET (INCLUDE UNIT #): _____

CITY, STATE, ZIP: _____

[INTERVIEWER: AFTER ENTERING THE ADDRESS; PLEASE CONFIRM THE ADDRESS BY READING IT BACK TO CONFIRM SPELLING, THEN ENTER 1 TO CONTINUE.]

2. Is [HOME ADDRESS] also your mailing address?

- YES → **SKIP TO CLOSING**
- NO
- REFUSED
- DON'T KNOW

a. May I please have your mailing address?

RECORD MAILING ADDRESS:

STREET (INCLUDE P.O. BOX): _____

CITY, STATE, ZIP: _____

[INTERVIEWER: AFTER ENTERING THE ADDRESS; PLEASE CONFIRM THE ADDRESS BY READING IT BACK TO CONFIRM SPELLING, THEN ENTER 1 TO CONTINUE.]

CLOSING: Thanks again for taking the time to speak with me today. If you have any questions about this study, please call the Project Director, Jennifer Turnham, at Abt Associates at 1-410-382-4837, or you may leave a message on our toll-free number: 1-877-367-0088.