

Foreclosure Counseling Program Client Satisfaction Survey

Introduction:

You recently worked with a Foreclosure Prevention Specialist to address your mortgage concerns. Please take a few minutes to complete the questionnaire below to assist with improving the counseling services of Anoka County Community Action Program. Your responses will be confidential.

Rating Scale

1 – Strongly Disagree, 2 – Disagree, 3 – Neutral, 4 – Agree, 5 – Strongly Agree

Question	1	2	3	4	5
1. The Foreclosure Specialist clearly explained my options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The Foreclosure Specialist provided me with pertinent and useful information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Foreclosure Specialist was professional, courteous and took the time needed to understand my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have a better understanding of my financial situation based on the information provided during the counseling session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall I am satisfied with the Foreclosure Counseling services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. (A) Based upon your experience, would you recommend ACCAP to someone else? Yes No

6. (B) Why or why not?

7. Additional Comments

Thank you for your time!

NATIONAL FORECLOSURE MITIGATION COUNSELING PROGRAM

TENNESSEN WARNING

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Under Minnesota statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Providing and agreeing to share your private data for this Customer Satisfaction Survey is voluntary and will not affect your eligibility for program services. We will share the data from this survey only with the following entities or their representatives for the purposes of program management and evaluation:

- Staff of this organization who need it to evaluate survey results
- NeighborWorks America, the entity mandated by Congress to account for how the program funds are used and determine the program's effectiveness, or its authorized representatives.
- The Minnesota Housing Finance Agency, the recipient of the grant for this program.
- The Minnesota Home Ownership Center, a contractor of the Minnesota Housing Finance Agency responsible for assisting program administration evaluation.
- Any other entities properly authorized under law to view it.