

The list of Data Elements below applies to Version 3.1. CMS must provide input for all data elements listed. If information for Required data elements is not available, default values will be used. CMS must provide the latest version to agencies when available.

Agency Profile - Data Elements

The following table lists and describes the required data fields for all Agency Profile data elements.

Data Elements Common Titles	Data Descriptions	Value Required Y = Yes N = No
Agency Name	Agency name used in HCS.	Y
Agency HCS ID	HCS system assigned Agency ID (unique number in HCS system)	Y
Agency EIN	Agency federal employee identification number or Tax ID used by IRS	Y
Fiscal Year	Accepts a four digit year to indicate the fiscal year data is reported	Y
Reporting Month	Identifies the month data is reported.	Y
Agency's Dunn's Number	Agency Dunn & Bradstreet identification number	N
Agency Address Line 1	Agency's current physical location address line #1	Y
Agency Address Line 2	Agency's current physical location address line #2 if applicable	N
Agency Address Line 3	Agency's current physical location address line #3 if applicable	N
Agency Address Line 4	Agency's current physical location address line #4 if applicable	N

Agency Address City	Agency's physical location address city	Y
Agency Address State	Agency's physical location address state	Y
Agency Address Zip Code	Agency's physical location address ZIP code	Y
Agency Web Site	Agency's web site URL (address).	Y
Agency's Office Phone Number	Agency's phone number For public information and inquiries.	Y
Agency Alternative Phone Number	Agency's toll free number For public information and inquiries.	N
Agency's FAX number	Agency's fax number For public information and inquiries.	N
Agency's Office Email Address	Agency's office Email For public information and inquiries.	Y
Agency Faith Base	Indicator that identifies the agency as a faith based organization	Y
Agency Colonias	Indicator of services provided to the Colonias population	Y
Agency Migrant Farm Workers	Indicator that the agency serves migrant farm workers	Y
Agency Counseling Budget	Identifies Agency's total Housing Counseling Budget for the support and operations of the agency.	Y
Agency CMS Type	The name of the Client Management System (CMS) used by the agency for the collection and transmission of HUD required data	Y

Contact Type	Identifies the agency personnel position such as: CEO, Office Director, Manager, Counselor, etc.	Y
Contact First Name	Agency personnel's first name	Y
Contact Last Name	Agency personnel's last name	Y
Contact Middle Name	Agency personnel's middle name. Middle initial is accepted	N
Contact Title	Agency personnel salutation such as Mr., Mrs., Ms., etc	Y
Contact Address1	Agency office's mailing street address line 1	Y
Contact Address2	Agency office's mailing street address line 2	N
Contact City	Agency office's mailing address city	Y
Contact State	Agency office's mailing address state	Y
Contact Zip Code	Agency office's mailing address zip code	Y
Contact Phone Number	Agency's Personnel Phone Number	Y

Contact Phone Extension	Agency Personnel Phone Extension if applicable	N
Contact Mobile Number	Agency's Personnel Mobile Phone Number if applicable	N
Contact FAX number	Agency's Personnel FAX Number if applicable	N
Contact Email	Agency's Personnel Email address. For contact from HUD	Y
Language	Language one or more counselors in the agency can speak.	Y
CMS Counselor ID	Counselor ID associated with the agency assigned by the CMS or agency to identify each counselor.	Y
Counselor First Name	Agency counselor first name	Y
Counselor Middle Name	Agency counselor middle name	N
Counselor Last Name	Agency counselor last name	Y
Counselor Employment Start Date	The date the counselor started working for the agency	Y
Counselor Employment End Date	The last date the counselor worked for the agency	N

Counselor Training Title	The title of the training course attended by the counselor	Y
Counselor Training Date	The date of the training course attended by the counselor	N
Counselor Training Certificate	Indicates whether the counselor received a certificate from the training course attended	Y
Counselor Training Organization	The organization that provided the training course the counselor attended.	Y
Counselor Training Organization Other	The organization that provided the training course the counselor attended	N
Counselor Training Sponsor	The organization that sponsored the training course the counselor attended.	Y
Group Session ID	A unique id for an instance of a group session conducted by a counseling agency	Y
Group Session Title	The title of the group session conducted by a counseling agency	Y
Group Session Date	The day the group session was conducted or the first day of the group session if session spanned multiple days.	Y
Group Session Duration	The number of hours the group session took. If the group session spans multiple days, then the aggregate number of hours through all the days of the session.	Y
Group Session Counselor ID	The CMS counselor ID of the counselor that taught or led the group session.	Y

Group Session Type	The topic covered in the group session. This provides the data for calculating HUD 9902 group session numbers.	Y
Group Session Attribute HUD Grant	Indicates the HUD Housing Counseling Grant that was used to fund the course.	Y

One-on-One Counseling - Client Level Data Elements

The following table lists and describes the required data fields for all client level data elements required for *counseling* activities, in other words counselor to client or “one on one” counseling.

Data Elements Common Titles	Data Descriptions	Value Required Y = Yes N = No
Client ID Number	Unique identifier the CMS assigns to each client	Y
Client Case Number	Agency’s file number or case number assigned to each client for counseling services	Y
Client SSN1	Client’s complete social security number	N
Client SSN2	Client’s last 4 digits of their social security number	N
Client First Name	Client’s first name	Y
Client Last Name	Client’s last name	Y
Client Middle Name	Client’s middle name or initial	N
Client Street Address1	Client’s physical street address line #1 of residence	Y

Client Street Address2	Client's physical street address line #2 of residence	N
Client City	Client's physical address city of residence	Y
Client State	Client's physical address state of residence	Y
Client Zip	Client's physical address zip code of residence	Y
Client New Street Address1	Client's desire new residence street address line #1	Y
Client New Street Address2	Client's desire new residence street address line #2	N
Client New City	Client's desire new residence address city	Y
Client New State	Client's desire new residence address state	Y
Client New Zip	Client's desire new residence address zip code	Y
Client Phone Number	Client's home phone number	Y
Client Mobile Phone Number	Client's cell phone number if applicable	N

Client Fax	Client's FAX phone number if applicable	N
Client Email	Client's Email address if applicable	N
Client Family Size	The number of individuals that live in the client's residence	Y
Client Gender	Client's gender	Y
Client Marital Status	Client's marital status description. Choices include, Marry, Single, Divorce, etc	Y
Client Race ID	Client's race as defined in 9902 form. The CMS assigns an ID associated with the appropriate descriptions.	Y
Client Ethnicity ID	Client's ethnicity as defined in 9902 form. The CMS assigns an ID associated with the appropriate descriptions.	Y
Client Household Head	Indicate if client is designated as the 'Head' of the household	Y
Client Household Gross Monthly Income	Household's gross monthly income from all household members	Y
Client Birth Date	Client's day of birth	N
Client Counselor ID	Identifies the counselor ID assigned to conduct counseling	Y

Client Highest Education	Client's description indicating the highest level of completed education.	Y
Client Farm Worker	Indicate if client is a farm worker.	Y
Client Colonias Resident	Indicate if client is a colonias resident	Y
Client HUD Assistance	The type of HUD assistance received by the client to for their housing problem	Y
Client Disabled	Indicate if the client has a disability	Y
Client Dependents Number	Indicates the number of individuals in the household that rely on support	Y
Client Intake Date	Date when client initiated agency counseling services	Y
Client Counsel Session Date Start	The day when the client conducted counseling for a specific counseling service	Y
Client Counsel Session Date End	The day when the client counseling session ended for a specific counseling service.	Y
Client Language Spoken	The language the client is fluent	Y
Client Session Duration	The session is the counseling meeting conducted each time the client meets with assigned counselor. Session duration time will be recorded in minutes.	Y

Client Counseling Type	The type of counseling as listed in agency profile	Y
Client Counseling Termination	Reason the counseling service is terminated. The termination is based upon the outcome listed in section #7 of the 9902 report.	Y
Client Counseling Fee	The cost the client paid out of pocket for counseling services	Y
Client Attribute HUD Grant	Indicate if the client's counseling session was funded by HUD Grant	Y
Client HECM Certificate	Indicate if the client received a HECM certificate	Y
Client HECM Certificate Issue Date	If applicable, the date the HECM certificate was issue and started the time when the certificate is usable.	N
Client HECM Certificate expiration Date	The date the HECM certificate expires	N
Client HECM Certificate ID	The HECM certificate ID that was issue	N
Client Predatory Lending	Indicator of whether or not the client is a victim of predatory lending practices	Y
Client Mortgage Type	Indicates the client's existing mortgage type before counseling.	Y
Client Mortgage Type After	Indicates the client's renegotiated mortgage type as a result from counseling	Y

Client Finance Type Before	Indicates the type of financing the client had prior to counseling	Y
Client Finance Type After	Indicates the type of financing the client receive after counseling	Y
Client First Time Home Buyer	Indicator whether the client is a first time home buyer at the time of counseling.	Y
Client Discrimination Victim	Indicator whether the client is a victim of discrimination in housing	Y
Client Mortgage Closing Cost	Client's Closing cost on the new mortgage from counseling.	N
Client Mortgage Interest Rate	Client's interest rate on the new mortgage from counseling.	N
Client Referred By	Indicates the source of referral the client learned about the counseling program.	Y
Client Sales Contract Signed	Indicating the date the sales contract was signed.	N
Client Credit Score	The client's FICO score from a major acceptable credit reporting agency	N
Client Job Duration	Length of time employed in months	Y
Client household Debt	Monthly household liabilities	Y

Client Mortgage Delinquency	Mortgage payments missed in months	N
Client Spouse First Name	Client's spouse first name	N
Client Spouse Last Name	Client spouse last name	N
Client Spouse Middle Name	Client's spouse middle name or initial	N
Client Spouse SSN	Client's spouse complete social security number	N
Client Income Level	Indicates the client's Household income level as defined in 9902 Section #5	Y
Client Pre-Purchase Counsel	Indicates the outcome of Pre-Purchase counseling as indicated in section 7a in 9902 report	Y
Client Prevent Mortgage delinquency	Indicates the outcome of Mortgage Delinquency counseling as indicated in section 7b in 9902 report	Y
Client Home Maintenance Financial Management	Indicates the outcome of Home Maintenance Financial Management as indicated in section 7c in 9902 report	Y
Client Seeking Help Housing	Indicates the outcome for Assistance in seeking Rental Housing as indicated in section 7d in 9902 report	Y
Client Occupied	Indicates the outcome for Homeless seeking shelter or residence as indicated in section 7e in 9902 report	Y

Group Education Attendee – Client Level Data Elements

The following table lists and describes the required client level data fields for all attendees of group education.

Data Elements Common Titles	Data Descriptions	Value Required Y = Yes N = No
Attendee First Name	Clients attending agency workshops/education seminars First name	Y
Attendee Last Name	Clients attending agency workshops/education seminars last name	Y
Attendee Middle Name	Clients attending agency workshops/education seminars middle name or initial	N
Attendee Fee Amount	The cost the client paid to attend workshop	Y
Attendee Referred By	Reference the source how the client discovered the workshop	Y
Attendee First Time Home Buyer	Indicates if the client attending workshop is learning to become a first time homebuyer	Y
Attendee Address1	Client's existing street address line #1 attending workshop	Y
Attendee Address2	Client's existing street address line #2 attending workshop	N

Attendee City	Client's existing address city attending workshop	Y
Attendee State	Client's existing address state attending workshop	Y
Attendee Zip Code	Client's existing address zip code attending workshop	Y
Attendee Race ID	Indicate the Client's race attending workshop as indicated on 9902 Section #3	Y
Attendee Ethnicity ID	Indicate the Client's ethnicity attending workshop as indicated on 9902 Section #4	Y
Attendee Income Level	Indicate the Client's income level attending workshop as indicated on 9902 Section #5	Y