

Foreclosure Mitigation Counseling Agreement

By signing below, I/We agree to and understand the following:

1. I understand that Neighborhood Housing Services of Duluth, Inc. (NHS) provides foreclosure mitigation counseling in or after which I will receive an action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Neighborhood Housing Services of Duluth, Inc. (NHS) receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2011 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Neighborhood Housing Services of Duluth, Inc.'s (NHS) Privacy Policy. (See below)
5. I understand I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that Neighborhood Housing Services of Duluth, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Neighborhood Housing Services of Duluth, Inc. in no way obligates me to choose any of these particular loan products or housing programs. I further understand that it is my responsibility to ensure that I am receiving the best products and /or services available to me in the marketplace that meet my individual or family needs.
8. I understand that any information or documentation that Neighborhood Housing Services of Duluth, Inc. may require for the services rendered will be provided in a timely fashion. Services can be denied for lack of information requested or due to actions deemed inappropriate behavior.

9. I understand and agree that NHS of Duluth, Inc. and the Administering Entity, employees, members, officers and directors are to be held harmless for any errors or omissions resulting from unintentional oversight or unavoidable circumstances in connection with acts performed in any NHS's related activities.

10. I understand and agree that NHS is not responsible for decisions or actions with regard to other loan or assistance programs.

11. All documents will be read carefully prior to signing.

NOTE: Please print two copies (2.) Send in one signed copy and save the second copy for your records

Client's signature _____ Date _____

Client's signature _____ Date _____

Client's signature _____ Date _____

Client's signature _____ Date _____

Neighborhood Housing Services of Duluth, Inc. Privacy Policy

NOTE: Please keep for your records

Neighborhood Housing Services of Duluth, Inc. is committed to assuring 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 legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (218-727-8604) and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Authorization to Release Information

Borrower name: _____

Last Four Digits of Borrower Social Security Number: _ _ _ _

Co-Borrower:

Last Four Digits of Borrower Social Security Number: _ _ _ _

Co- Borrower:

Last Four Digits of Borrower Social Security Number: _ _ _ _

Property Address:

_____ Zip code: _____

Telephone Numbers:

Cell Phone Numbers:

Email Address: _____

Lender: _____

Loan Number: _____

Servicer: _____

Loan Type: Conventional () FHA () VA ()

Nonprofit Agency: Neighborhood Housing Services of Duluth, Inc.
224 East Forth Street
Duluth, MN 55805
Housing Counselor: Kristen Monson 218-727-8604
kmonson@nhsduluth.org

I/We authorize that the Non Profit Agency named above (herein after "Nonprofit Agency") and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/own loan and to provide to such parties documentation on my/behalf regarding my/our loan.

I/we authorize that nonprofit agency named above (herein after "Nonprofit Agency") and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Nonprofit Agency, including notification of loan modification status or future default or delinquency.

Nonprofit Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for loan refinance or modification.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above.

Borrower

Date

Co-Borrower

Date

Co-Borrower

Date

Housing Counselor

Date

