

**MSHDA's Division of Homeownership
Counseling Agreement and Release of Information**

Select Service Type:

- Homeownership Counseling
- Foreclosure Counseling
- NFMC Foreclosure Counseling

MSHDA Approved Counseling Agency: LINC Community Revitalization Inc		Loan Number:
Address for Foreclosure Counseling: 1167 Madison Ave SE	City: Grand Rapids	Zip: 49507

In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program being offered by this Michigan State Housing Development Authority (MSHDA) counseling agency in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency and to develop an Action Plan, in cooperation with the Counselor.

1. I may be referred to other housing services of the organization or another agency 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.
2. I understand that this Agency receives funds through MSHDA, HUD and the NFMC Programs and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I understand that a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. I understand that this Agency provides both pre-purchase and post-purchase counseling services and I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies or organizations as appropriate.
5. I understand that this Agency provides information and education on numerous housing programs and loan products and I further understand that the housing counseling I receive from this Agency in no way obligates me to choose any of these particular housing programs or loan products.

Failure to sign the consent form may result in denial of program assistance or termination of counseling program benefits.

CONSENT: I/We hereby allow this Agency its agents, employees, or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Homeownership Counseling Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

NOTE: If you or anyone in your family feels as though they have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related services, please contact MSHDA's Homeownership Counseling Program at (517)373-6840.

Client's Printed Name	Signature	Date
Client's Printed Name	Signature	Date
Client's Printed Name	Signature	Date
Alisa White Counselor's Printed Name	Counselor's Signature	Date signed
LINC Name of Counseling Agency	Grand Rapids City – Location of Agency	616-451-9140 Contact Number



community revitalization inc.

Loan # _____

Authorization to Release Information

I _____ authorize _____ (Lender)
to release information regarding my real estate loan number _____ to
the following persons or agency listed below:

Agency Name: LINC community revitalization inc
1167 Madison Ave Grand Rapids MI 49507
Phone: (616) 451-9140 Fax: (616) 451-0615

Counselors: Alisa White, Venessa Remo, Abby Krikke

This authorization is to remain in effect for one year unless a specific date given.

Borrowers Authorizing Signature

Date

Print Name

Last four Digits of SS#

Borrower's Address:

Michigan State Housing Development Authority
Division of Homeowner
National Foreclosure Mitigation Counseling Program

Privacy Policy

Our agency, a MSDA sub-grantee for the National Foreclosure Mitigation Counseling program, 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 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 our 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.

Client Initials and Date