



National Foreclosure Mitigation Counseling Program Foreclosure Mitigation Counseling Agreement/ Disclosure Form

I understand that _____ provides foreclosure mitigation counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that _____ receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and it is required to share some of my personal information with NFMC, the Minnesota Housing Finance Agency, the Home Ownership Center or their agents and other entities as described and acknowledged in the "Combined Privacy Act Notice and Tennessean Warning," for the purposes of program monitoring, management, compliance, and evaluation.

I understand that a counselor may answer questions and provide information, but not give legal advice.

I understand that, in addition to foreclosure mitigation counseling,

_____ also provides the following types of services:

I understand that _____ is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.

I understand that _____ or one of its foreclosure mitigation counselors may have one of the following conflicts through referral or in fact:

- We hold or service a mortgage secured against your property and have a stake in the performance of the loan;
- We purchase, redevelop, and sell, for a fee, properties at risk of, or involved in foreclosure;
- We receive financial support from mortgage servicer or investor. Payment may be based on acceptance of a loss mitigation offer.
- Other (Specify)

I understand that I may be referred to other 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.

I acknowledge that I have received a copy of the Combined Privacy Act Notice and Tennessee Warning. If you choose to not sign or verbally acknowledge the Combined Privacy Act Notice and Tennessee Warning, your counselor may not provide NFMC Counseling Services.

I acknowledge that NFMC may conduct follow-up with me related to program evaluation.

Please check here if you do not want to be contacted by NFMC for program evaluation purposes only. By checking this box you are only opting out of being contacted for program evaluation.

Client must sign **if information was provided by face-to-face counseling session.**

Print Name of Client Client's Signature Date

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Verbal Authorization is permissible if information was provided to client by non face-to-face counseling session.

The undersigned verifies that the client was fully informed of the information contained herein and understood its nature. The client has given verbal authorization and acknowledgement.

Client's Name Date Counselor's Signature

Note to Counselor:

Even If Information Was Reviewed During A Telephone Counseling Session, You Must Still Mail A Copy Of The "Foreclosure Mitigation Counseling Agreement" To Client.

If the client chooses not to sign this form or provide verbal authorization, the Counselor may not provide NFMC Counseling services.