

Authorization, Disclosure, Privacy Statement (3-in-1)

MY PERSONAL INFORMATION AND COUNSELING SERVICES

By signing this form, I agree to share my personal financial and other private information. Signing this form also allows lenders and the Counseling Agency to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that the Counseling Agency shares my information with these funders. These funders review Counseling Agency files, including my file, and may contact me to evaluate the counseling services that I receive.

I authorize my Counselor and the Counselor Agency to negotiate for me upon your request. The counselor services are offered free of charge, unless otherwise disclosed, and neither the Counselor, nor the Counseling Agency, guarantees any result or outcome. Services are at will and can be discontinued by either party at any time. I may be referred to other agencies for their services.

I understand that my Counselor cannot offer me legal advice or representation. If I need legal services, I can ask my Counselor for information about referral services

Counseling Services Checklist For CCHRA First-Time Homebuyer Workshop

Client must **initial** all items that are applicable:

Workshops and counseling services are free of cost

I have been verbally advised of the fee schedule, if any, prior to services being provided

I have discussed Home Buyer Options and related Pre-Purchase topics and I have received the HUD forms: "Ten Important Questions to Ask Your Home Inspector" & "For Your Protection: Get a Home Inspection"

I have received and reviewed a copy of the Fair Housing Pamphlet Documents are included with this form

- | | |
|--|---|
| <input type="checkbox"/> I understand that the counselor will discuss my budget with me and I will receive a copy of my budget | |
| <input type="checkbox"/> I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my Action Plan | |
| <input type="checkbox"/> I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction | |
| <input type="checkbox"/> Homebuyer Counseling | <input type="checkbox"/> Homebuyer Education |
| <input type="checkbox"/> Homeowner Counseling | <input type="checkbox"/> Homeowner Education |
| <input type="checkbox"/> Post-Purchase Non-Delinquency Counseling | <input type="checkbox"/> Post-Purchase Education |
| <input type="checkbox"/> <u>N/A</u> Delinquency and Default Counseling | <input type="checkbox"/> Delinquency and Default Education |
| <input type="checkbox"/> <u>N/A</u> Reverse Mortgage/HECM Counseling (age 62 or older) | <input type="checkbox"/> Fair Housing Education |
| <input type="checkbox"/> <u>N/A</u> Homelessness and Displacement Counseling | <input type="checkbox"/> Disaster Preparedness & Recovery Assistance |
| <input type="checkbox"/> <u>N/A</u> Rental Counseling | <input type="checkbox"/> Other Services: _____ |
| <input type="checkbox"/> I want to buy a home in the next six (6) months | <input type="checkbox"/> I want to buy a home, but not in the next six (6) months |

Counseling Agency Information

Counselor Name: Jennifer Clagett
Counseling Agency: Cumberland County Housing & Redevelopment Authorities
Client Number: _____

Phone: (717) 249-0789
Email: jclagett@cchra.com
Fax: (717) 249-4071

PRIVACY POLICY

This Counseling Agency respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with all applicable obligations to you, taken into consideration. We do not sell your personal information, and we only share information with your consent to provide you with counseling services.

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I am a HUD-assisted household as defined by the U.S. Department of Housing and Urban Development (HUD). HUD defines "HUD-assisted household" as a household receiving rental assistance under a HUD program including but not limited to: (1) Housing Choice Vouchers; (2) Project-Based Rental Assistance; and (3) Public Housing.

YES NO

I am an eligible homeowner as defined by HUD. HUD defines "eligible homeowner" as a borrower with a single-family mortgage loan that is made, insured or guaranteed, or held by HUD, the Department of Veterans Affairs, or the Department of Agriculture.

YES NO

Your "nonpublic personal information" (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

Types of Information That We Gather About You:

- Spoken or written information on applications and other documents, 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 If You Do Not Want Us to Share Your Information:

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling the Counseling Agency at the phone number listed on the Counseling Services Authorization provided with this Privacy Policy.

How We Use Your Information:

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

Client Authorization

By signing below, I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and the Counseling Agency. I authorize my Counselor and the Counseling Agency to collect information about my accounts and to share this information with others, including funders, as needed to provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in. I certify to the best of my knowledge that all information I report in this form is accurate.

CLIENT NAME(S):
Please print below:

CLIENT SIGNATURE(S):
Please sign below:

DATE:

1. _____

2. _____

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CLIENT ENGAGEMENT AGREEMENT

(This agreement is optional and does not impact the rest of the 3-in-1 form)

Please complete the form below if you are interested in one-on-one counseling services following the workshop.

Today's consumer is searching for real-time information on how to maneuver through the maze of financial products and services, establish or rebuild credit, reduce debt and save for the future. Helping clients reach their potential through a variety of services has never been more essential.

Financial counseling is an emerging field that supports clients as they work towards goals and strive to maximize their financial potential. Through an ongoing, systematic and collaborative process, coaches that specialize in financial capabilities can facilitate changes in clients' financial habits so that they can reach financial security. Participating in a regimented course of financial counseling services can increase the client's sense of well-being and safety through knowledge and promote changing behaviors that will improve their financial circumstance.

If you are interested in improving your financial capabilities, please agree to the following:

I am willing to commit to at least four sessions (minimum of one hour per session) over the course of 12 months and a minimum of one follow-up survey within three months of the final session.

The first session must be a face-to-face session with a counselor. Upon submission of required documentation, subsequent sessions can be conducted using alternative methods of communication such as: telephone, internet, Skype, Smart Phone, etc.

I understand that my counselor will review and discuss an updated Action Plan for each session, and I will receive a copy.

CLIENT NAME(S):	CLIENT SIGNATURE(S):	DATE:
1. _____	_____	_____
2. _____	_____	_____

Please ask your counselor about these other types of counseling that may be available to you at this agency. [CCHRA currently provides Pre-Purchase, Credit & Budget, and Post-Purchase counseling services. For a detailed description of these services, please see enclosed information provided in our Disclosure statement.](#)

One-on One Counseling

Pre-Purchase
 Credit & Budget
 Post Purchase – Non-Delinquency
(Home maintenance/Financial Mgt)
 [N/A](#) Post-Purchase – Foreclosure Mitigation
 [N/A](#) Reverse Mortgage/HECM
 [N/A](#) Rental Topics
 [N/A](#) Homeless Assistance
 [N/A](#) Financial Education Coaching (after the Financial Education Workshop)

Workshops

[N/A](#) Financial Education
 Pre-Purchase
 Anti-Predatory Lending &
Foreclosure Prevention
 Fair Housing/Fair Lending

Instructions for counselor: This page can be omitted if the client is not interested in the financial capability process as defined above. In the event your agency does not provide any of the above counseling services, please put "n/a" on the appropriate line.

