

# Washington County Housing and Redevelopment Authority Mortgage Foreclosure Prevention Program

## Foreclosure Mitigation Counseling Agreement

I understand that Washington County HRA 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 Washington County HRA 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 Tennesen Warning," for the purposes of program monitoring, management, compliance, and evaluation.

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 understand that a counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred to appropriate assistance.

I understand that the NFMC program also funds independent attorneys to provide legal advice. Specifically, the NFMC program has provided a grant to pay for attorneys to interpret loan documents, review case files, and provide advice to homeowners and counselors. The NFMC funds, however, are restricted and cannot be used for the purpose of filing a lawsuit or litigation. I authorize my housing counselor or the counseling agency to contact an NFMC funded attorney with questions related to my file. I also authorize my housing counselor or the counseling agency and an NFMC funded attorney to share information and documents related to my file. This information will be kept confidential.

Please check here if you do not want your file or information shared with an NFMC funded attorney for the purpose of obtaining legal advice or analysis.

I acknowledge that I have received a copy of the Combined Privacy Act Notice and Tennesen Warning.

Please check here if you do not want to be contacted by NFMC for program evaluation purposes.

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

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date