

Washington County Housing and Redevelopment Authority Mortgage Foreclosure Prevention Program

Authorization for Release of Information

321 Broadway Avenue, St. Paul Park, Minnesota 55071
Phone: (651) 458-0936 Fax: (651) 458-1696

I/We hereby authorize Washington County Housing and Redevelopment Authority (WCHRA), its agents or assigns to verify my/our past and present employment earnings, records, past and present employment status, bank accounts, obligations, and all other financial matters that are needed to process my/our application.

I/We also give my/our consent to contact my/our accountant, tax preparer, or the Internal Revenue Service, in the event my/our tax returns are needed to verify any reported income.

I/We authorize WCHRA, its agents or assigns to order a consumer credit report and verify other credit information, including past and present mortgages and contracts-for-deed.

I/We further authorize WCHRA to exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation. "Pertinent parties" shall include, but are not limited to, my lender or mortgage servicer, as well as the owner of the mortgage loan (such as Fannie Mae or Freddie Mac). It is understood that a photocopy of this form will also serve as authorization.

The information WCHRA, its agents or assigns obtains is to be used in the processing of my/our application for WCHRA's Mortgage Foreclosure Prevention Program (MFPP), I further allow WCHRA to contact my mortgage lender for a period of up to 36 months from the date of this application to inquire about the status of my/our mortgage, allowing the MFPP staff to track the long-term effects of the program.

Applicant Name (*please print*): _____

Social Security Number: _____

Co-Applicant Name (*please print*): _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

Loan No: _____ **Loan No** _____

Counselor Name (s): Nick Boettcher, Rae Thiede & Nicola Viana



Washington County Housing and Redevelopment Authority Mortgage Foreclosure Prevention Program

Counselor & Homeowner Agreement

The Washington County HRA provides a free and confidential counseling service to homeowners at risk of foreclosure.

The Washington County HRA and its counselors agree to provide professional foreclosure counseling services to

_____ (homeowner's name).

What to expect:

The counselor will help you:

- Understand the foreclosure process so that you know what to expect and when;
- Explore options available to you for preventing foreclosure.

Counselors are not able to prevent foreclosure in every situation but are committed to working with you so you can make the best decisions possible.

The counselor will work with you to understand:

- The amount and cause of the mortgage default;
- Your income and expenses by developing a spending plan;
- Solutions to the cause of default and adjustments to your spending plan, as needed;
- Your mortgage product and communicate with your mortgage company;
- Available options for preventing foreclosure including the pros and cons of each.

Together with the counselor, you will develop an action plan with steps for both you and the counselor.

Counselor Commitment

The counselor agrees to:

- Provide you with factual information;
- Complete action plan steps in a timely manner;
- Make referrals to needed resources;
- Provide services confidentially, honestly, and respectfully.

Homeowner Commitment

You understand that in order for the counselor to provide you with the best service possible, you agree to:

- Provide honest and complete information.
- Provide all necessary documentation and complete action plan steps within the timeframe requested.
- Notify the counselor immediately, preferably 24 hours before a scheduled appointment, if you will be unable to attend an appointment.
- Arrive on time for appointments. You understand that if you are late for an appointment, the appointment will still end at the scheduled time and the counselor may need to reschedule.
- Contact the counselor about any changes in your situation immediately.

Client's Signature

Date

Client's Signature

Date

Counselor's Signature

Date





National Foreclosure Mitigation Counseling Program Combined Privacy Act Notice And Tennessee Warning

Counseling Organization

Client First Name

Client Last Name

We are committed to ensuring 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 the limitations of law.

Please read carefully the disclosures and acknowledgements.

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Foreclosure Mitigation Counseling program if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Except for your social security number, providing and agreeing to share your private data is mandatory for participation in this Foreclosure Mitigation Counseling Program under the terms of the federal grant from NeighborWorks that funds the program. If you do not agree to allow us to share the data with the entities identified below, we will not be able to provide foreclosure mitigation counseling.

We will share the data only with the following entities or their representatives for the purposes of program management, compliance monitoring, and program evaluation:

- Staff of this organization who need it to work on your case.
- NeighborWorks America, the entity mandated by Congress to account for how the program funds are used and determine the program’s effectiveness, or its authorized representatives.
- The Minnesota Housing Finance Agency, the recipient of the grant for this program.
- The Minnesota Home Ownership Center, a contractor of the Minnesota Housing Finance Agency responsible for assisting program administration and reporting to NeighborWorks America.
- Any other entities properly authorized under law to view it.

If you agree to allow us to collect and share information as described above, please indicate your approval with your signature, below.

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

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

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information.

Print Client Name

Client Signature

Date

Print Client Name

Client Signature

Date



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 Tennessee 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

Print Name of Client 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 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.



Washington County Housing and Redevelopment Authority

Disclosure Statement

The Washington County HRA (the “Authority”) requires full disclosure of any potential and actual conflicts of interest so that you are in a position to make fully informed decisions. **I understand that I am under no obligation to utilize any of these services.**

The powers and duties of an HRA are regulated by State Law, primarily in Chapter 469. An HRA can purchase, lease, or sell land and buildings, undertake redevelopment projects or rehabilitation programs, issue a variety of bonds, construct, own and manage housing development projects, and administer a variety of federal or state housing and/or community development related programs relating to rent assistance, pollution clean up, or neighborhood revitalization programs.

The Services and Programs Provided by the Authority Include the Following:

A. Affordable Rental Housing for Families and Seniors:

- Ann Bodlovick Apartments - Senior – Stillwater
- Brick Pond Apartments - Senior – Stillwater
- Cobble Hill Apartments - Senior – Woodbury
- John Jergens Estates - Senior - Forest Lake
- Muller Manor - Senior – Hugo
- Oakhill Cottages - Senior - Scandia
- Briar Pond Apartments - Family – Oakdale
- Raymie Johnson Estates - Senior Apt & Family Townhomes – Stillwater
- Woodland Park Apartments - Family - Cottage Grove
- Parkside Apartments -Family - Cottage Grove
- Park Place I Apartments- Family - St. Paul Park
- Park Place II Apartments - Family - St. Paul Park
- Pioneer Apartments - Senior - St. Paul Park
- Trailside Senior Living – Forest Lake

B. Rental Assistance Programs:

- Metropolitan Housing Opportunity Program (MHOP)/ Public Housing
- Section 8 Housing Choice Vouchers
- Bridges
- Long Term Homeless
- Shelter Plus Care
- HPRP Youth in Transition

C. Home Ownership Programs:

- Pre-Purchase / Home Buying Classes and one-to-one counseling
- First time homebuyer programs through the Minnesota Housing Finance Agency
- Resolving or Preventing Mortgage Delinquency or Default counseling
- Foreclosure Prevention Assistance Program
- Re-housing Grant Program



Washington County Housing and Redevelopment Authority

Disclosure Statement (cont.)

Clients who participate in the Home Ownership Programs, please note:

While you may learn about the advantages/disadvantages of specific loan products, you are free to choose lenders, loan products and homes of your own choosing regardless of the recommendations made by counselors or educators during Home Stretch or pre-purchase counseling. Clients are under no obligation to use any realtor, lender, home inspector, or other parties that are recommended or mentioned by the Authority.

I understand the information I have been given above. I understand I may receive information on the services provided by the Authority and alternative services and programs. I am under no obligation to utilize any of these services. By signing below, I acknowledge that I have received and read this disclosure notice.

Client's Name *(please print)*

Client's Signature

Date

Client's Name *(please print)*

Client's Signature

Date

Counselor's Signature

Date

